## 07/13/2018 20 : 19

## Image# 201807139115457323 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

	chedule E)		TUNES		PAGE 1 OF 1 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)					EC IDENTIFICATION NUMBER V	
	ISSOURI RISING ACTION				C C00652875	
Ch	neck if 🗶 24-hour report 🗌 48-hour	report X New rep	port Amends rep	ort filed on	M / D = D / Y = Y = Y = Y	
	Full Name of Payee Strategic Media Services			Date of	Public Distribution/Dissemination	
	Mailing Address 1911 North Ft. Myer Drive				07 11 2018	
	Ste 400	ive		Amount		
	City	State	Zip Code		1080430.00	
	Arlington	VA	22209		ction ID : SE.4179 Disbursement or Obligation	
	Purpose of Expenditure TV Ad Placement and Production		Category/ Type 004	М		
	Name of Federal Candidate		Support	Office Sought:	House District:00	
	MCCASKILL, CLAIRE, , ,		X Oppose	Presiden	t X Senate State: <u>MO</u>	
	Calendar Year-To-Date Per Election for Office Sought		1140430.00	Disbursement 2018 Oth	For: ✗ Primary General er (specify) ►	
	Full Name of Payee				Public Distribution/Dissemination	
	Mailing Address			Amount		
				Amoun		
	City	State	Zip Code		- ay ay ay	
	Purpose of Expenditure				Disbursement or Obligation	
			Category/ Type	M		
	Name of Federal Candidate		Support	Office Sought:	House District:	
			Oppose	Presider		
	Calendar Year-To-Date Per Election for Office Sought			Disbursement	For: Primary General	
(a) SUBTOTAL of Itemized Independent Expenditures						
(b) SUBTOTAL of Unitemized Independent Expenditures						
	Under penalty of perjury I certify that the with, or at the request or suggestion of, party committee) any political party comm	any candidate or authorized				
	Hayes, Deanna, , ,	[Electron	nically Filed] Date			
	Signature		Date	e 07	13 2018	