24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 1 OF 1 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
45 Committee Inc.	C C90016478
Check if X 24-hour report 48-hour report New report Amends report filed on	
Full Name of Payee D	ate of Public Distribution/Dissemination
DDC	04 13 2017
	mount
Suite 300	50000.00
	59292.80 ransaction ID : 001
Purpose of Expenditure	ate of Disbursement or Obligation
Direct mail Category/ Type 004	04 / 11 / 2017
Name of Federal Candidate Support Office So	ought: X House District: 06
Gray Rob	esident Senate State: GA
Par Election for Office Sought 59292.80 2017	ement For: Primary General C Other (specify) ► Special General
Full Name of Payee D	Date of Public Distribution/Dissemination
Mailing Address	
	mount
City State Zip Code	
	Date of Disbursement or Obligation
Purpose of Expenditure Category/ Type	M M / D D / Y Y Y Y
Name of Federal Candidate Support Office So	ought: House District:
Oppose Pr	resident Senate State:
Calendar Year-To-Date Per Election for Office Sought	ement For: Primary General
	Other (specify) -
(a) SUBTOTAL of Itemized Independent Expenditures	
(b) SUBTOTAL of Unitemized Independent Expenditures	
	A92 A92 A52
(c) TOTAL Independent Expenditures	59292.80
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Wojciechowski, Maria, , , [Electronically Filed] Date 04	14 2017
Signature	