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 ▼
PACRONYM	
	C C00646877
Check if 24-hour report 48-hour report New report Amends report	t filed on Man / Dab / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
Local Voices	M M / D D / Y Y Y Y Y
[MEMO ITEM] * Mailing Address 363 Bond St	05 14 2020
Apt 214	Amount
City State Zip Code	2326.45
Brooklyn NY 11231-3770	Transaction ID : VVAHVAPTVX4 Date of Disbursement or Obligation
Purpose of Expenditure Production Costs - Estimate Category/ Type	M = M / D = D / Y = Y = Y
Name of Federal Candidate Support	Office Sought: House District:00
TRUMP, DONALD J., , ,	▼ President Senate State: PA
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: ✓ Primary General 2020 Other (specify)
Full Name of Payee	Date of Public Distribution/Dissemination
Local Voices [MEMO ITEM] *	05 14 2020
Mailing Address 363 Bond St	05 14 2020
Apt 214	Amount
City State Zip Code	7923.55
Brooklyn NY 11231-3770	Transaction ID : VVAHVAPTVY2 Date of Disbursement or Obligation
Purpose of Expenditure Production Costs - Estimate Category/ Type	M = M / D = D / Y = Y = Y
Name of Federal Candidate Support	Office Sought: House District:00
TRUMP, DONALD J., , ,	▼ President Senate State: 00
Calendar Year-To-Date Per Election for Office Sought 3320673.55	Disbursement For: Primary General 2020
	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	0
(b) SUBTOTAL of Unitemized Independent Expenditures	·
(c) TOTAL Independent Expenditures	0
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.	
Bowen, Amanda, , , [Electronically Filed] Date	05 / 15 / 2020
Signature	