

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

PAGE 1 OF 6
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Middle Resolution Federal PAC Inc.		FEC IDENTIFICATION NUMBER ▼ C C00512335
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on

Full Name of Payee i360, LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 19 / 2020
Mailing Address 29734 Network Place		Amount 380.00
City Chicago	State IL	Zip Code 60673
Purpose of Expenditure Text Program	Category/Type 004	Transaction ID : SE.7431 Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate TRUMP, DONALD J., ,		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 2364.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee i360, LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 26 / 2020
Mailing Address 29734 Network Place		Amount 460.00
City Chicago	State IL	Zip Code 60673
Purpose of Expenditure Text Program	Category/Type 004	Transaction ID : SE.7432 Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate TRUMP, DONALD J., ,		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 2824.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	840.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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.

Bach, Catharyne, L., ,

[Electronically Filed]

Date

MM / DD / YYYY
10 / 28 / 2020

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
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NAME OF COMMITTEE (In Full) Middle Resolution Federal PAC Inc.		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00512335 </div>
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name of Payee i360, LLC		Date of Public Distribution/Dissemination MM / DD / YYYY <div style="display: flex; justify-content: space-around;"><div>10</div><div>27</div><div>2020</div></div>	
Mailing Address 29734 Network Place		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1160.00</div>	
City Chicago	State IL	Zip Code 60673	Transaction ID : SE.7433
Purpose of Expenditure Text Program		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate TRUMP, DONALD J., ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee i360, LLC		Date of Public Distribution/Dissemination MM / DD / YYYY <div style="display: flex; justify-content: space-around;"><div>10</div><div>19</div><div>2020</div></div>	
Mailing Address 29734 Network Place		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">380.00</div>	
City Chicago	State IL	Zip Code 60673	Transaction ID : SE.7434
Purpose of Expenditure Text Program		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate GADE, DANIEL, M., ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>VA</u>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">1540.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

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.

Bach, Catharyne, L., ,

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Date

 MM / DD / YYYY

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2020

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
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NAME OF COMMITTEE (In Full) Middle Resolution Federal PAC Inc.		FEC IDENTIFICATION NUMBER ▼ C C00512335
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee i360, LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 26 / 2020
Mailing Address 29734 Network Place		Amount 460.00
City Chicago	State IL	Zip Code 60673
Purpose of Expenditure Text Program	Category/ Type 004	Transaction ID : SE.7435 Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate GADE, DANIEL, M., ,		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: VA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee i360, LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2020
Mailing Address 29734 Network Place		Amount 1160.00
City Chicago	State IL	Zip Code 60673
Purpose of Expenditure Text Program	Category/ Type 004	Transaction ID : SE.7436 Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate GADE, DANIEL, M., ,		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: VA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	1620.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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*Bach, Catharyne, L., ,**[Electronically Filed]*

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NAME OF COMMITTEE (In Full) Middle Resolution Federal PAC Inc.		FEC IDENTIFICATION NUMBER ▼ C C00512335
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee i360, LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 26 / 2020
Mailing Address 29734 Network Place		Amount 230.00
City Chicago	State IL	Zip Code 60673
Purpose of Expenditure Text Program	Category/ Type 004	Transaction ID : SE.7437 Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate FREITAS, NICK, J., ,		Office Sought: <input checked="" type="checkbox"/> House District: 07 <input type="checkbox"/> President <input type="checkbox"/> Senate State: VA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee i360, LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2020
Mailing Address 29734 Network Place		Amount 580.00
City Chicago	State IL	Zip Code 60673
Purpose of Expenditure Text Program	Category/ Type 004	Transaction ID : SE.7438 Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate FREITAS, NICK, J., ,		Office Sought: <input checked="" type="checkbox"/> House District: 07 <input type="checkbox"/> President <input type="checkbox"/> Senate State: VA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	810.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Full Name of Payee i360, LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 19 / 2020	
Mailing Address 29734 Network Place		Amount 190.00	
City Chicago	State IL	Zip Code 60673	Transaction ID : SE.7439
Purpose of Expenditure Text Program		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate GOOD, ROBERT, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 05 <input type="checkbox"/> President <input type="checkbox"/> Senate State: VA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee i360, LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 26 / 2020	
Mailing Address 29734 Network Place		Amount 230.00	
City Chicago	State IL	Zip Code 60673	Transaction ID : SE.7440
Purpose of Expenditure Text Program		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate GOOD, ROBERT, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 05 <input type="checkbox"/> President <input type="checkbox"/> Senate State: VA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	420.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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.

Bach, Catharyne, L., ,

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(Schedule E)PAGE 6 OF 6
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Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee i360, LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2020
Mailing Address 29734 Network Place		Amount 580.00
City Chicago	State IL	Zip Code 60673
Purpose of Expenditure Text Program	Category/ Type 004	Transaction ID : SE.7441 Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate GOOD, ROBERT, , ,		Office Sought: <input checked="" type="checkbox"/> House District: 05 <input type="checkbox"/> President <input type="checkbox"/> Senate State: VA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee i360, LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 19 / 2020
Mailing Address 29734 Network Place		Amount 190.00
City Chicago	State IL	Zip Code 60673
Purpose of Expenditure Text Program	Category/ Type 004	Transaction ID : SE.7442 Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate FREITAS, NICK, J., ,		Office Sought: <input checked="" type="checkbox"/> House District: 07 <input type="checkbox"/> President <input type="checkbox"/> Senate State: VA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	770.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	6000.00

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.

*Bach, Catharyne, L., ,**[Electronically Filed]*

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