07/30/2016 07 : 54

Image# 201607309021962428 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

(Schedule E)	JIIONES	PAGE 1 OF 1 FOR SE OF FORM 24/48
		FEC IDENTIFICATION NUMBER ▼
CAPE FOX PROFESSIONAL LICENSE		C C00622266
Check if24-hour report 🛛 🗙 48-hour report 🕅 🗙 New re	port Amends repo	ort filed on
Full Name of Payee		Date of Public Distribution/Dissemination
Cape fox professional license		07 30 2016
Mailing Address 7050 infantry ridge rd		Amount
Gity State	Zip Code	89000.00
Manassas VA	20109	Transaction ID : WFT2016630441-1 Date of Disbursement or Obligation
Purpose of Expenditure 215	Category/ Type	M M / D D / Y Y Y Y 07 / 30 / 2016
Name of Federal Candidate	X Support	Office Sought: House District:
DAVIS MARIE	Oppose	President Senate State: CA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary X General 2016 Other (specify) ►
Full Name of Payee		Date of Public Distribution/Dissemination
Mailing Address		
		Amount
City State	Zip Code	
		Date of Disbursement or Obligation
Purpose of Expenditure	Category/ Type	
Name of Federal Candidate	Support	Office Sought: House District:
	Oppose	President Senate State:
Calendar Year-To-Date		Disbursement For: Primary General
Per Election for Office Sought		Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures		▶ 89000.00
(b) SUBTOTAL of Unitemized Independent Expenditures		•••
(c) TOTAL Independent Expenditures		
Under penalty of perjury I certify that the independent expenditure with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.		
Davis Elizabeth Marie	nioally Eil- 11	
[Electro	nically Filed] Date	e 07 30 2016