24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Ohioans for Our Future PAC	C C00676593
	O
Check if X 24-hour report 48-hour report New report Amends report filed	d on M = M / D = D / Y = Y = Y
Full Name of Payee	Date of Public Distribution/Dissemination
Ax Media	05 03 2018
Mailing Address 1251 NW Briarcliff Parkway	
Suite 85	Amount
City State Zip Code	17000.00
Kansas City MO 64116	Transaction ID : SE.4110 Date of Disbursement or Obligation
Purpose of Expenditure Media Buy Category/ Type 004	05 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	e Sought: X House District: 12
KANE, TIM, , ,	President Senate State: OH
Calendar Year-To-Date Per Election for Office Sought Disb 2018	oursement For: Primary General Other (specify)
Full Name of Payee	Date of Public Distribution/Dissemination
	M = M / D = D / Y = Y = Y
Mailing Address	
	Amount
City State Zip Code	
	Date of Dishurament or Ohlisation
Purpose of Expenditure Category/	Date of Disbursement or Obligation
Type	
Name of Federal Candidate Support Office	ce Sought: House District:
Oppose	President Senate State:
Calendar Year-To-Date Dist	pursement For: Primary General
Per Election for Office Sought	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	17000.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(b) SOBTOTAL OF OTHERMIZED INDEPENDENT EXPENDITURES	7 1 7 1 7
(c) TOTAL Independent Expenditures	17000.00
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.	
	05 03 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	