## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)	FOR SE OF FORM 24/48
JAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
MISSOURI RISING ACTION	
	C C00652875
Check if 24-hour report 48-hour report New report Amends report file	d on M = M / D = D / Y = Y = Y
Full Name of Payee	Date of Public Distribution/Dissemination
Columbia Daily Tribune	M M / D D / Y Y Y Y
Mailing Address 101 N. 4th Street	09 30 2018
	Amount
City State Zip Code	2867.00
Columbia MO 65201	Transaction ID : SE.4238 Date of Disbursement or Obligation
Purpose of Expenditure Print Ad  Category/ Type 004	09 / 09 / 27 / 2018
Name of Federal Candidate Support Office	ce Sought: House District:
MCCASKILL, CLAIRE, , ,	President Senate State: MO
Calendar Year-To-Date Per Election for Office Sought  Dist 2018	oursement For: Primary General  Other (specify)
Full Name of Payee FP1 Digital LLC	Date of Public Distribution/Dissemination
Mailing Address 3001 Washington Blvd	09
7th Floor	Amount
City State Zip Code	50000.00
Arlington VA 22201	Transaction ID : SE.4215  Date of Disbursement or Obligation
Purpose of Expenditure Digital Advertising  Category/ Type 004	09 / 21 / Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	ce Sought: House District:
MCCASKILL, CLAIRE, , ,	President Senate State: MO
Calendar Year-To-Date Per Election for Office Sought  Dist 201	oursement For: Primary <b>X</b> General 8 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	52867.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not n with, or at the request or suggestion of, any candidate or authorized committee or agent of eith party committee) any political party committee or its agent.	·
	09 28 2018
Signature	

## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	DENT EXPEND	HONES		PAGE 2 OF 5 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
MISSOURI RISING ACTION			C	C00652875
Check if 24-hour report 🗶 48-hour repor	t New rep	port Amends repo	ort filed on	/ D D / Y D Y D Y
Full Name of Payee Hannibal Courier News			Date of Pul	olic Distribution/Dissemination
Mailing Address 200 N. 3rd Street			09 Amount	27 2018
City  Hannibal	State MO	Zip Code 63401		n ID : SE.4239
Purpose of Expenditure Print Ad		Category/ Type 004	Date of Dis	/ D D / Y Y Y Y Y Y Z Y Z Y Z 2018
Name of Federal Candidate		Support	Office Sought:	House District:
MCCASKILL, CLAIRE, , ,		X Oppose	President	Senate State: MO
Calendar Year-To-Date Per Election for Office Sought		72078.50	Disbursement For: 2018 Other (	Primary <b>x</b> General specify) ▶
Full Name of Payee			Date of Pu	blic Distribution/Dissemination
Jefferson City News Tribune			09	30 / 2018
Mailing Address 210 Monroe St			Amount	
City	State	Zip Code		2123.62
Jefferson City  Purpose of Expenditure	MO	65101		ID: SE.4241 sbursement or Obligation
Print Ad		Category/ Type 004	M 09 M	28 / 2018
Name of Federal Candidate		Support	Office Sought:	House District:
MCCASKILL, CLAIRE, , ,		<b>x</b> Oppose	President	Senate State: MO
Calendar Year-To-Date Per Election for Office Sought		74202.12	Disbursement For 2018 Other	: Primary <b>X</b> General (specify) ▶
(a) SUBTOTAL of Itemized Independent Experi	nditures		▶	3573.62
(b) SUBTOTAL of Unitemized Independent Ex	penditures		·· •	
(c) TOTAL Independent Expenditures			· •	7 7 7
Under penalty of perjury I certify that the indewith, or at the request or suggestion of, any caparty committee) any political party committee	andidate or authorized			
Hayes, Deanna, , ,	[Electron	nically Filed] Date	9 09 28	
- <b>J</b>				

# 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)	FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼	
MISSOURI RISING ACTION	C C00652875	
Check if 24-hour report 48-hour report New report Amends report	t filed on M M / D D / Y Y Y Y Y	
Full Name of Payee  Joplin Globe	Date of Public Distribution/Dissemination	
<u> </u>	09 / 30 / 2018	
Mailing Address 117 East 4th Street	Amount	
City State Zip Code	3192.75	
Joplin MO 64801	Transaction ID : SE.4229  Date of Disbursement or Obligation	
Purpose of Expenditure Print Ads  Category/ Type  004	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Name of Federal Candidate Support	Office Sought: House District:	
MCCASKILL, CLAIRE, , ,	President Senate State: MO	
Calendar Year-To-Date Per Election for Office Sought 3192.75	Disbursement For:  Primary  General 2048  Other (specify) ▶	
Full Name of Payee	Date of Public Distribution/Dissemination	
SE Missourian	09 30 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address PO Box 699	Amount	
City State Zip Code	3060.00	
Cape Girardeau MO 63701	Transaction ID : SE.4228  Date of Disbursement or Obligation	
Purpose of Expenditure Print Ads  Category/ Type  004	09 / 27 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Name of Federal Candidate Support	Office Sought: House District:	
MCCASKILL, CLAIRE, , ,	President Senate State: MO	
Calendar Year-To-Date Per Election for Office Sought 67761.50	Disbursement For:  Primary  General   2018  General   Other (specify) ▶	
(a) SUPTOTAL of Itomized Independent Europelitures		
(a) SUBTOTAL of Itemized Independent Expenditures	6252.75	
(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.		
Hayes, Deanna, , ,  [Electronically Filed] Date Signature	09 / 28 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
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#### 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	DENT EXICIO	TIONES		PAGE 4 OF 5 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
MISSOURI RISING ACTION			C	C00652875
Check if 24-hour report				
Full Name of Payee			Date of Pub	lic Distribution/Dissemination
Springfield News Leader			09	/ 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 651 Boonville Road			Amount	
City	State	Zip Code		12300.00
Springfield	МО	65086		ID : SE.4221 oursement or Obligation
Purpose of Expenditure Print Ads		Category/ Type 004	M 09	27 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District:
MCCASKILL, CLAIRE, , ,		<b>X</b> Oppose	President	Senate State: MO
Calendar Year-To-Date Per Election for Office Sought		64701.50	Disbursement For: 2018 Other (s	Primary <b>X</b> General specify) ▶
Full Name of Payee			Date of Pub	lic Distribution/Dissemination
St. Joseph News Press			09	30 / 2018
Mailing Address 825 Edmond Street			Amount	
City	State	Zip Code		5044.40
Saint Joseph	МО	64501	Transaction Date of Disl	ID: SE.4240 oursement or Obligation
Purpose of Expenditure Print Ad		Category/ Type 004	M 09	27 / 2018
Name of Federal Candidate		Support	Office Sought:	House District:
MCCASKILL, CLAIRE, , ,		<b>X</b> Oppose	President	Senate State: MO
Calendar Year-To-Date Per Election for Office Sought		8237.15	Disbursement For: 2048 Other (s	Primary X General
(a) SUBTOTAL of Itemized Independent Expe	nditures			17344.40
			7	7
(b) SUBTOTAL of Unitemized Independent Ex	penditures		·· •	
(c) TOTAL Independent Expenditures			<b>)</b>	7
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.				
Hayes, Deanna, , ,	[Electron	nically Filed] Date	9 09 / 28	2018

### 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)		PAGE 5 OF 5 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)	FEC	IDENTIFICATION NUMBER ▼	
MISSOURI RISING ACTION	C	C00652875	
Check if 24-hour report 48-hour report New report A	mends report filed on	/ D = D / Y = Y = Y	
Full Name of Payee	Date of Pu	blic Distribution/Dissemination	
The Examiner	M = M 09	/ 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address 410 S. Liberty Street	Amount		
City State Zip Code		2401.50	
Independence MO 64050		n ID : SE.4218 sbursement or Obligation	
Purpose of Expenditure Print Ad  Category Typ		/ D D / Y Y Y Y Y Y Y 2018	
Name of Federal Candidate	Support Office Sought:	House District:	
MCCASKILL, CLAIRE, , ,	Oppose President	Senate State: MO	
Calendar Year-To-Date Per Election for Office Sought 52401.5	Disbursement Form 2018 Other (	: Primary <b>X</b> General (specify) ▶	
Full Name of Payee	Date of Pu	blic Distribution/Dissemination	
Mailing Address	Amount		
	Amount		
City State Zip Code	L	g	
Durance of Europe distance	Date of Dis	sbursement or Obligation	
Purpose of Expenditure Category Typ		/ D D / Y Y Y Y Y	
Name of Federal Candidate	Support Office Sought:	House District:	
	Oppose President	Senate State:	
Calendar Year-To-Date Per Election for Office Sought	Disbursement For	: Primary General	
		(-1)/	
(a) SUBTOTAL of Itemized Independent Expenditures	······	2401.50	
(b) SUBTOTAL of Unitemized Independent Expenditures		7 1 4 1 4	
(c) TOTAL Independent Expenditures		82439.27	
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.			
Hayes, Deanna, , ,  [Electronically Filed] Signature	Date 09 28		
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