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

schedule E)	FOR SE OF FORM 24/48	
AME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼	
PACRONYM	C C00646877	
	C 00040877	
check if 24-hour report	on M M / D D / Y Y Y Y Y	
Full Name of Payee	Date of Public Distribution/Dissemination	
Blueshift Technologies [MEMO ITEM] *	07 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address 1301 W Fletcher St	07 02 2020	
Apt 406	Amount	
City State Zip Code	12500.00	
Chicago IL 60657-3255	Transaction ID : VVAHVAPYSQ5 Date of Disbursement or Obligation	
Purpose of Expenditure Website - 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 Disbut 2020	rsement For: Primary ✓ General Other (specify)	
Full Name of Payee	Date of Public Distribution/Dissemination	
Local Voices [MEMO ITEM]	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address 363 Bond St	07 01 2020	
Apt 214	Amount	
City State Zip Code	6250.00	
Brooklyn NY 11231-3770	Transaction ID : VVAHVAPYPH1 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	
2020	rsement For: Primary 🗶 General	
Per Election for Office Sought 5130505.34 2020	Other (specify)	
(a) SUBTOTAL of Itemized Independent Expenditures	0	
(b) SUBTOTAL of Unitemized Independent Expenditures	1171171171	
(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.		
Bowen, Amanda, , , [Electronically Filed] Date	7 02 2020	
Signature		

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 2 OF 3 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼	
PACRONYM	C C00646877	
Check if 24-hour report	ends report filed on	
Full Name of Payee	Date of Public Distribution/Dissemination	
Local Voices x	07 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address 363 Bond St	Amount	
Apt 214		
City State Zip Code Brooklyn NY 11231-3770	250.00 Transaction ID : VVAHVAPYSS9	
	Date of Disbursement or Obligation	
Purpose of Expenditure Production Costs - Estimate Category/ Type	M M / D D / Y Y Y Y	
Name of Federal Candidate	Support Office Sought: House District: 00	
TRUMB DONALD I	Oppose	
Calendar Year-To-Date Per Election for Office Sought 5130505.34	Disbursement For: Primary General 2020	
	U Other (specify) ►	
Full Name of Payee Lockwood Strategy Labs *	Date of Public Distribution/Dissemination 07 01 2020	
Mailing Address 1050 Connecticut Ave NW	07 01 2020	
# 66016	Amount	
City State Zip Code	227366.29	
Washington DC 20036-5303	Transaction ID : VVAHVAPYPF5 Date of Disbursement or Obligation	
Purpose of Expenditure Media Buy - Estimate Category/ Type	M = M / D = D / Y = Y = Y	
Name of Federal Candidate	Support Office Sought: House District: 00	
TRUMP DONALD I	Oppose President Senate State: 00	
Calendar Year-To-Date Per Election for Office Sought 5130505.34	Disbursement For: Primary ★ General 2020 Other (specify) ▶	
•		
(a) SUBTOTAL of Itemized Independent Expenditures	0.00	
(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.		
Bowen, Amanda, , , [Electronically Filed] Signature	Date 07 02 2020	
Signaturo		

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 3 OF 3 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)	EC IDENTIFICATION NUMBER ▼	
PACRONYM	C00646877	
Check if 24-hour report 48-hour report New report Amends report filed on	M / D = D / Y = Y = Y	
Full Name of Payee Date of F	Public Distribution/Dissemination	
Lockwood Strategy Labs		
Mailing Address 1050 Connecticut Ave NW # 66016		
City State Zip Code	17012.49	
Washington DC 20036-5303 Transact	tion ID : VVAHVAPYPG3 Disbursement or Obligation	
Purpose of Expenditure Production Costs - Estimate Category/ Type		
Name of Federal Candidate	House District: 00	
TRUMP, DONALD J., , , Support Office Sought: ** Oppose		
Calendar Year-To-Date Per Election for Office Sought Disbursement F 2020 Othe	or: Primary X General	
	Public Distribution/Dissemination	
M ·		
Mailing Address Amount		
City State Zip Code		
Potent I	Dishara and an Obligation	
Purpose of Expenditure	Disbursement or Obligation	
Name of Federal Candidate Support Office Sought:	House District:	
Oppose President	Senate State:	
Calendar Year-To-Date Per Election for Office Sought Other	or: Primary General	
	(opcony) ·	
(a) SUBTOTAL of Itemized Independent Expenditures	0.00	
(b) SUBTOTAL of Unitemized Independent Expenditures	7 1 7 1 7 1	
(c) TOTAL Independent Expenditures	18750.00	
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.		
	02 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	