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FOR SE OF FORM 24/48			

FEC Schedule E (Form 24/28) Rev. 09/2013

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

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FOR SE OF FORM 24/48			

NAME OF COMMITTEE (In Full) Grand Traverse County Democratic Committee		FEC IDENTIFICATION NUMBER ▼ C C00402842	
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 Traverse City Record Eagle		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2020	
Mailing Address 120 W Front Street		Amount 349.67	
City Traverse City	State MI	Zip Code 49684	Transaction ID : SE.8464
Purpose of Expenditure print ad	Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2020	
Name of Federal Candidate Peters, Gary, , ,		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MI	
Calendar Year-To-Date Per Election for Office Sought 349.67		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee Traverse City Record Eagle		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2020	
Mailing Address 120 W Front Street		Amount 349.67	
City Traverse City	State MI	Zip Code 49684	Transaction ID : SE.8459
Purpose of Expenditure Print ad	Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2020	
Name of Federal Candidate biden, Joe R, , ,		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MI	
Calendar Year-To-Date Per Election for Office Sought 699.34		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	699.34
(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.

Klein, Leonard, , ,

[Electronically Filed]

Date

MM	DD	YYYY
11	01	2020

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 3 OF 3
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Grand Traverse County Democratic Committee		FEC IDENTIFICATION NUMBER ▼ C C00402842	
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 Traverse City Record Eagle			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2020		
Mailing Address 120 W Front Street			Amount 349.67		
City Traverse City	State MI	Zip Code 49684	Transaction ID : SE.8460		
Purpose of Expenditure print ad		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2020		
Name of Federal Candidate ferguson, Dana, , ,			<input checked="" type="checkbox"/> Support Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate State: MI		
Calendar Year-To-Date Per Election for Office Sought 699.34			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee Traverse City Record Eagle			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2020		
Mailing Address 120 W Front Street			Amount 349.67		
City Traverse City	State MI	Zip Code 49684	Transaction ID : SE.8462		
Purpose of Expenditure print ad		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2020		
Name of Federal Candidate Peters, Gary, , ,			<input checked="" type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MI		
Calendar Year-To-Date Per Election for Office Sought 699.34			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	699.34
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	2098.02

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.

Klein, Leonard, , ,

[Electronically Filed]

Date

MM / DD / YYYY
11 / 01 / 2020

Signature