

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 1 OF 1
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) AMERICAN WORKING FAMILIES		FEC IDENTIFICATION NUMBER ▼ C C00511915	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on		MM / DD / YYYY 08 / 27 / 2020	

Full Name of Payee Jackson Group Media, LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 28 / 2020	
Mailing Address 206 North Washington Street Suite 10		Amount 1900.00	
City Alexandria	State VA	Zip Code 22314	Transaction ID : SE.4970
Purpose of Expenditure Ad Production		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 09 / 09 / 2020
Name of Federal Candidate MORSE, ALEX, ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MA
Calendar Year-To-Date Per Election for Office Sought		1013025.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Targeted Platform Media		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 28 / 2020	
Mailing Address PO Box 237		Amount 15000.00	
City Crownsville	State MD	Zip Code 20132	Transaction ID : SE.4878
Purpose of Expenditure TV Advertising		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 08 / 27 / 2020
Name of Federal Candidate MORSE, ALEX, ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MA
Calendar Year-To-Date Per Election for Office Sought		1011125.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	16900.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	16900.00

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.

Jackson, Bud, , ,

[Electronically Filed]

Date

MM / DD / YYYY
10 / 15 / 2020

Signature