24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
L PAC	
	C C00519413
Check if 24-hour report 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y Y
Full Name of Payee	Date of Public Distribution/Dissemination
DMFI PAC	M M / D D / Y Y Y Y
Mailing Address 1023 31St St NW	10 28 2020 Amount
Ste 530	
City State Zip Code	5000.00
Washington DC 20007-4458	Transaction ID: VNV49A1FN85 Date of Disbursement or Obligation
Purpose of Expenditure Television Advertising Category/ Type	10 28 2020
Name of Federal Candidate Support Office	e Sought: House District: 53
JACOBS, SARA, , ,	President Senate State: CA
Calendar Year-To-Date Per Election for Office Sought Disbut 25000.00 Disbut 2020	orsement 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	
	Pate of Pichamana at an Ohlinetian
Purpose of Expenditure Category/	Date of Disbursement or Obligation
Type	
Name of Federal Candidate Support Office	e Sought: House District:
Oppose	President Senate State:
Calendar Year-To-Date Disbu	ursement For: Primary General
Per Election for Office Sought	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	5000.00
(b) SUBTOTAL of Unitemized Independent Expenditures	4 4
(a) TOTAL Independent Expanditures	
(c) TOTAL Independent Expenditures	5000.00
Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Rosen, Hilary, , ,	M (D D)
[Electronically Filed] Date 1	0 29 2020
Signature	