

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 1 OF 11
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Middle Resolution Federal PAC Inc.		FEC IDENTIFICATION NUMBER ▼ C C00512335
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		MM / DD / YYYY

Full Name of Payee Evans, Alga, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2020
Mailing Address 4214 Riding Place Rd		Amount 116.00
City Henrico	State VA	Zip Code 23223
Purpose of Expenditure Phone Banking/Canvassing	Category/Type 004	Transaction ID : SE.7468 Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2020
Name of Federal Candidate TRUMP, DONALD J., ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 4100.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee Evans, Alga, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2020
Mailing Address 4214 Riding Place Rd		Amount 116.00
City Henrico	State VA	Zip Code 23223
Purpose of Expenditure Phone Banking/Canvassing	Category/Type 004	Transaction ID : SE.7469 Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2020
Name of Federal Candidate GADE, DANIEL, M., ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: VA
Calendar Year-To-Date Per Election for Office Sought 3640.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	232.00
(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.

*Bach, Catharyne, L., ,**[Electronically Filed]*

Date

MM / DD / YYYY
10 / 30 / 2020

Signature

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NAME OF COMMITTEE (In Full) Middle Resolution Federal PAC Inc.		FEC IDENTIFICATION NUMBER ▼ C C00512335
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		MM / DD / YYYY

Full Name of Payee Evans, Alga, ,		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2020
Mailing Address 4214 Riding Place Rd		Amount 116.00
City Henrico	State VA	Zip Code 23223
Purpose of Expenditure Phone Banking/Canvassing	Category/Type 004	Transaction ID : SE.7470 Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2020
Name of Federal Candidate FREITAS, NICK, J., ,		Office Sought: <input checked="" type="checkbox"/> House District: 07 <input type="checkbox"/> President <input type="checkbox"/> Senate State: VA
Calendar Year-To-Date Per Election for Office Sought 3100.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Heller, Ruth, ,		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2020
Mailing Address 5221 Largo Ct Unit 101		Amount 148.00
City Wilimington	State NC	Zip Code 28409
Purpose of Expenditure Phone Banking	Category/Type 004	Transaction ID : SE.7471 Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2020
Name of Federal Candidate TRUMP, DONALD J., ,		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 4292.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	264.00
(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.

*Bach, Catharyne, L., ,**[Electronically Filed]*

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NAME OF COMMITTEE (In Full) Middle Resolution Federal PAC Inc.		FEC IDENTIFICATION NUMBER ▼ C C00512335	
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 Heller, Ruth, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2020	
Mailing Address 5221 Largo Ct Unit 101		Amount 148.00	
City Wilimington	State NC	Zip Code 28409	Transaction ID : SE.7472
Purpose of Expenditure Phone Banking	Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2020	
Name of Federal Candidate GADE, DANIEL, M., ,		<input checked="" type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: VA	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Heller, Ruth, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2020	
Mailing Address 5221 Largo Ct Unit 101		Amount 148.00	
City Wilimington	State NC	Zip Code 28409	Transaction ID : SE.7473
Purpose of Expenditure Phone Banking	Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2020	
Name of Federal Candidate FREITAS, NICK, J., ,		<input checked="" type="checkbox"/> Support Office Sought: <input checked="" type="checkbox"/> House District: 07 <input type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate State: VA	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	296.00
(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.

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FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Middle Resolution Federal PAC Inc.		FEC IDENTIFICATION NUMBER ▼ C C00512335	
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 Lindsey, Fiona, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2020	
Mailing Address 815 N Almon St		Amount 40.00	
City Moscow	State ID	Zip Code 83843	Transaction ID : SE.7481
Purpose of Expenditure Canvassing	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2020	
Name of Federal Candidate TRUMP, DONALD J., ,		<input checked="" type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought 4412.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee Lindsey, Fiona, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2020	
Mailing Address 815 N Almon St		Amount 40.00	
City Moscow	State ID	Zip Code 83843	Transaction ID : SE.7482
Purpose of Expenditure Canvassing	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2020	
Name of Federal Candidate GADE, DANIEL, M., ,		<input checked="" type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: VA	
Calendar Year-To-Date Per Election for Office Sought 3952.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	80.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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NAME OF COMMITTEE (In Full) Middle Resolution Federal PAC Inc.		FEC IDENTIFICATION NUMBER ▼ C C00512335	
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 Lindsey, Fiona, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2020	
Mailing Address 815 N Almon St		Amount 40.00	
City Moscow	State ID	Zip Code 83843	Transaction ID : SE.7483
Purpose of Expenditure Canvassing	Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2020	
Name of Federal Candidate FREITAS, NICK, J., ,		<input checked="" type="checkbox"/> Support Office Sought: <input checked="" type="checkbox"/> House District: 07 <input type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate State: VA	
Calendar Year-To-Date Per Election for Office Sought 3412.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Lindsey, Ian, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2020	
Mailing Address 815 N Almon St		Amount 4.00	
City Moscow	State ID	Zip Code 83843	Transaction ID : SE.7484
Purpose of Expenditure Canvassing	Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2020	
Name of Federal Candidate TRUMP, DONALD J., , ,		<input checked="" type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought 4416.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	44.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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NAME OF COMMITTEE (In Full) Middle Resolution Federal PAC Inc.		FEC IDENTIFICATION NUMBER ▼ C C00512335	
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 Lindsey, Ian, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2020	
Mailing Address 815 N Almon St		Amount 4.00	
City Moscow	State ID	Zip Code 83843	Transaction ID : SE.7485
Purpose of Expenditure Canvassing	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2020	
Name of Federal Candidate GADE, DANIEL, M., ,		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: VA	
Calendar Year-To-Date Per Election for Office Sought 3956.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Lindsey, Ian, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2020	
Mailing Address 815 N Almon St		Amount 4.00	
City Moscow	State ID	Zip Code 83843	Transaction ID : SE.7486
Purpose of Expenditure Canvassing	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2020	
Name of Federal Candidate FREITAS, NICK, J., ,		Office Sought: <input checked="" type="checkbox"/> House District: 07 <input type="checkbox"/> President <input type="checkbox"/> Senate State: VA	
Calendar Year-To-Date Per Election for Office Sought 3416.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	8.00
(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.

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
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NAME OF COMMITTEE (In Full) Middle Resolution Federal PAC Inc.		FEC IDENTIFICATION NUMBER ▼ C C00512335	
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 Pegram, David, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2020	
Mailing Address 6101 Glenway Ct		Amount 80.00	
City Richmond	State VA	Zip Code 23225	Transaction ID : SE.7477
Purpose of Expenditure Phone Banking	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2020	
Name of Federal Candidate TRUMP, DONALD J., ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought 4372.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ► _____	

Full Name of Payee Pegram, David, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2020	
Mailing Address 6101 Glenway Ct		Amount 80.00	
City Richmond	State VA	Zip Code 23225	Transaction ID : SE.7478
Purpose of Expenditure Phone Banking	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2020	
Name of Federal Candidate GADE, DANIEL, M., ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: VA	
Calendar Year-To-Date Per Election for Office Sought 3912.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ► _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ►	160.00
(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.

Bach, Catharyne, L., ,

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NAME OF COMMITTEE (In Full) Middle Resolution Federal PAC Inc.		FEC IDENTIFICATION NUMBER ▼ C C00512335
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		MM / DD / YYYY

Full Name of Payee Pegram, David, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2020
Mailing Address 6101 Glenway Ct		Amount 80.00
City Richmond	State VA	Zip Code 23225
Purpose of Expenditure Phone Banking	Category/ Type 004	Transaction ID : SE.7479 Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2020
Name of Federal Candidate FREITAS, NICK, J., ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 07 State: VA
Calendar Year-To-Date Per Election for Office Sought 3372.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Ross, Britton, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2020
Mailing Address 805 W Cary St Unit 224		Amount 666.67
City Richmond	State VA	Zip Code 23220
Purpose of Expenditure GOTV Consulting	Category/ Type 004	Transaction ID : SE.7487 Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2020
Name of Federal Candidate TRUMP, DONALD J., , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President State: _____
Calendar Year-To-Date Per Election for Office Sought 5082.67		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	746.67
(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.

*Bach, Catharyne, L., ,**[Electronically Filed]*

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NAME OF COMMITTEE (In Full) Middle Resolution Federal PAC Inc.		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00512335 </div>
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 Ross, Britton, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2020	
Mailing Address 805 W Cary St Unit 224		Amount 666.67	
City Richmond	State VA	Zip Code 23220	Transaction ID : SE.7488
Purpose of Expenditure GOTV Consulting	Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2020	
Name of Federal Candidate GADE, DANIEL, M., ,		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: VA <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Ross, Britton, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2020	
Mailing Address 805 W Cary St Unit 224		Amount 333.33	
City Richmond	State VA	Zip Code 23220	Transaction ID : SE.7489
Purpose of Expenditure GOTV Consulting	Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2020	
Name of Federal Candidate FREITAS, NICK, J., ,		Office Sought: <input checked="" type="checkbox"/> House District: 07 <input type="checkbox"/> President <input type="checkbox"/> Senate State: VA <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	1000.00
(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.

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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 Walls, Benjamin, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2020	
Mailing Address 1909 Colgate Ave		Amount 44.00	
City Richmond	State VA	Zip Code 23226	Transaction ID : SE.7474
Purpose of Expenditure Canvassing	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2020	
Name of Federal Candidate TRUMP, DONALD J., ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought 4144.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ► _____	

Full Name of Payee Walls, Benjamin, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2020	
Mailing Address 1909 Colgate Ave		Amount 44.00	
City Richmond	State VA	Zip Code 23226	Transaction ID : SE.7475
Purpose of Expenditure Canvassing	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2020	
Name of Federal Candidate GADE, DANIEL, M., ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: VA	
Calendar Year-To-Date Per Election for Office Sought 3684.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ► _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	88.00
(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.

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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 Walls, Benjamin, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY <div style="display: flex; justify-content: space-around;"><div>10</div><div>30</div><div>2020</div></div>	
Mailing Address 1909 Colgate Ave		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">44.00</div>	
City Richmond	State VA	Zip Code 23226	Transaction ID : SE.7476
Purpose of Expenditure Canvassing	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	Date of Disbursement or Obligation MM / DD / YYYY <div style="display: flex; justify-content: space-around;"><div>10</div><div>30</div><div>2020</div></div>	
Name of Federal Candidate FREITAS, NICK, J., ,		Office Sought: <input checked="" type="checkbox"/> House District: 07 <input type="checkbox"/> President <input type="checkbox"/> Senate State: VA <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">3144.00</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
City	State	Zip Code	
Purpose of Expenditure	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	Date of Disbursement or Obligation MM / DD / YYYY	
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____ <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">44.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">2962.67</div>

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.

Bach, Catharyne, L., ,

Signature

[Electronically Filed]

Date

 MM / DD / YYYY

10

30

2020