24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
ENGAGE GEORGIA	
	C C00646653
Check if 24-hour report 48-hour report New report Amends report filed	on Mam / Dad / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
GPS Impact	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 100 East Grand Ave	06 07 2017 Amount
Suite 380	
City State Zip Code	63381.00
Des Moines IA 50309	Transaction ID : SE.4106 Date of Disbursement or Obligation
Purpose of Expenditure Online Video Advertising Category/ Type 004	06 08 7 2017
Name of Federal Candidate Support Office	e Sought: X House District:06
OSSOFF, T. JONATHAN, , ,	President Senate State: GA
Calendar Year-To-Date Per Election for Office Sought Disbut 2017	ursement For: Primary General ✓ Other (specify) ► Runoff
Full Name of Payee	Date of Public Distribution/Dissemination
Mailing Address	
	Amount
City State Zip Code	
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 Disb	ursement For: Primary General
Per Election for Office Sought	Other (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditures	63381.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	63381.00
Under penalty of perjury I certify that the independent expenditures reported herein were not mount 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.	
Small, Leslie, , , [Electronically Filed] Date	06 08 2017
Signature	