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

Schedule E)		PAGE 1 OF 2 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
MOUNTAIN FAMILIES PAC		C C00674689
Check if 24-hour report 48-hour report New report Amends report filed on		
Full Name of Payee MAIN STREET MEDIA GROUP		Date of Public Distribution/Dissemination
Mailing Address PO BOX 25093		04 13 2018
1 O BOX 23093		Amount
City State	Zip Code	680966.69
ALEXANDRIA VA	22313	Transaction ID : SE.4110 Date of Disbursement or Obligation
Purpose of Expenditure MEDIA PLACEMENT	Category/ Type	04 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support O	ffice Sought: House District: 00
BLANKENSHIP, DON, , ,	X Oppose	President Senate State: WV
Calendar Year-To-Date Per Election for Office Sought		isbursement For: ✓ Primary General Other (specify) ✓
Full Name of Payee MCCARTHY HENNINGS WHALEN, INC		Date of Public Distribution/Dissemination
		04 13 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1850 M ST NW		Amount
STE 235	7'- 0-4-	14072.00
City State WASHINGTON DC	Zip Code 20036	Transaction ID : SE.4113 Date of Disbursement or Obligation
Purpose of Expenditure MEDIA PRODUCTION	Category/ Type	04 D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support	Office Sought: House District: 00
BLANKENSHIP, DON, , ,	x Oppose	President Senate State: WV
Calendar Year-To-Date Per Election for Office Sought		oisbursement For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	······	695039.78
(b) SUBTOTAL of Unitemized Independent Expenditures		7 7 7
(c) TOTAL Independent Expenditures	······································	
Under penalty of perjury I certify that the independent expenditure with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.	•	
	onically Filed] Date	04 13 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		

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

Schedule E)	FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full) MOUNTAIN FAMILIES PAC	FEC IDENTIFICATION NUMBER ▼		
MOUNTAIN PAMILIES PAC	C C00674689		
	M M / D D / Y Y Y Y		
Check if 24-hour report 48-hour report New report Amends report file			
Full Name of Payee MCCARTHY HENNINGS WHALEN, INC	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Mailing Address 1850 M ST NW			
STE 235	Amount		
City State Zip Code	1118.34		
WASHINGTON DC 20036	Transaction ID: SE.4117 Date of Disbursement or Obligation		
Purpose of Expenditure MEDIA PRODUCTION Category/ Type	04 / 13 / 2018		
Name of Federal Candidate Support Of	fice Sought: House District:00		
BLANKENSHIP, DON, , ,	President X Senate State: WV		
Calendar Year-To-Date Per Election for Office Sought Dis 20:	sbursement For:		
Full Name of Payee	Date of Public Distribution/Dissemination		
TARGETED VICTORY, LLC	04 13 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Mailing Address 1100 WILSON BLVD	Amount		
FL 10	Amount		
City State Zip Code	47700.00		
ARLINGTON VA 22209	Transaction ID : SE.4118 Date of Disbursement or Obligation		
Purpose of Expenditure WEB ADS Category/ Type	04 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Name of Federal Candidate Support Of	fice Sought: House District: 00		
BLANKENSHIP, DON, , ,	President Senate State: WV		
	sbursement For:		
(a) SUBTOTAL of Itemized Independent Expenditures	48818.34		
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures	743858.12		
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.			
OTTENHOFF, BENJAMIN, , , [Electronically Filed] Date 04 13 2018			
Signature			