

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

 PAGE 1 OF 2
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Sierra Club Independent Action		FEC IDENTIFICATION NUMBER ▼ C C00483693	
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 Mission Control, Inc.			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2020		
Mailing Address 624 Hebron Ave Ste 200			Amount 75.00		
City Glastonbury	State CT	Zip Code 06033-5006	Transaction ID : VVAJ5AQC3Q2		
Purpose of Expenditure Photography Costs		Category/ Type 011	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2020		
Name of Federal Candidate CUNNINGHAM, CAL, , ,			<input checked="" type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
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 Mission Control, Inc.			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2020		
Mailing Address 624 Hebron Ave Ste 200			Amount 30363.24		
City Glastonbury	State CT	Zip Code 06033-5006	Transaction ID : VVAJ5AQC3R0		
Purpose of Expenditure Printing Costs		Category/ Type 011	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2020		
Name of Federal Candidate CUNNINGHAM, CAL, , ,			<input checked="" type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
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..... ▶	30438.24
(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.

Asdal, Laurin, , ,

[Electronically Filed]

Date

MM / DD / YYYY
10 / 21 / 2020

Signature

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FOR SE OF FORM 24/48			

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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 Mission Control, Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2020	
Mailing Address 624 Hebron Ave Ste 200		Amount 41451.63	
City Glastonbury	State CT	Zip Code 06033-5006	Transaction ID : VVAJ5AQC3S8
Purpose of Expenditure Postage & Shipping Costs	Category/Type 011	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2020	
Name of Federal Candidate CUNNINGHAM, CAL, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 161190.42		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC 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	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure	Category/Type		
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____ Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	41451.63
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	71889.87

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.

Asdal, Laurin, , ,

[Electronically Filed]

Date

MM	DD	YYYY
10	21	2020

Signature