

FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees)

| | | |
|---|--|--|
| 1. (a) Name of Individual, Organization or Corporation Majority Forward | | 3. FEC Identification Number C C90016098 |
| (b) Address (number and street) <input type="checkbox"/> check if different than previously reported 700 13th Street NW, Suite 600 | | |
| (c) City, State and ZIP Code Washington DC 20005 | | |
| 2. Occupation and Name of Employer (for Individual Filers Only) | | |

4. TYPE OF REPORT (check appropriate boxes):

- (a) April 15 Quarterly Report
- July 15 Quarterly Report 24-Hour Report
- October 15 Quarterly Report 48-Hour Report
- January 31 Year-End Report

b) Is this Report an amendment? No Yes, it amends the report filed on / /

5. COVERING PERIOD: FROM / / 09 / 15 / 2018
THROUGH / / 09 / 15 / 2018

6. TOTAL CONTRIBUTIONS..... 0.00
7. TOTAL INDEPENDENT EXPENDITURES 77367.70

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 any political party committee or its agent.

| | | |
|---|---------------------------|-------------|
| TYPE OR PRINT NAME OF PERSON COMPLETING FORM | SIGNATURE | DATE |
| Poersch, J.B., , , | <i>Poersch, J.B., , ,</i> | 09/17/2018 |

[Electronically Filed]

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. §437g.

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
Majority Forward

| | | | |
|--|-------------------|--|------------------------------|
| Full Name (Last, First, Middle Initial) of Payee MVAR Media, LLC | | Date of Public Distribution/Dissemination 09 / 15 / 2018 | |
| Mailing Address 1199 N Fairfax St Ste 220 | | Amount 19301.70 | |
| City Alexandria | State VA | Zip Code 22314-1437 | Transaction ID : 500047955 |
| Purpose of Expenditure Media Production Costs - Estimate | Category/ Type | Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President | State: ND District: _____ |
| Name of Federal Candidate Supported or Opposed by Expenditure: Cramer, Kevin, , , | | Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | |
| Calendar Year-To-Date Per Election for Office Sought 534726.89 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____ | |

| | | | |
|--|-------------------|--|------------------------------|
| Full Name (Last, First, Middle Initial) of Payee Siegel Strategies, LLC | | Date of Public Distribution/Dissemination 09 / 15 / 2018 | |
| Mailing Address 1 Morton Sq #3CW | | Amount 33000.00 | |
| City New York | State NY | Zip Code 10014-7801 | Transaction ID : 500047956 |
| Purpose of Expenditure Media Production Costs - Estimate | Category/ Type | Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President | State: WV District: _____ |
| Name of Federal Candidate Supported or Opposed by Expenditure: Morrisey, Patrick, , , | | Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | |
| Calendar Year-To-Date Per Election for Office Sought 698306.00 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____ | |

| | | | |
|--|-------------------|--|------------------------------|
| Full Name (Last, First, Middle Initial) of Payee Waterfront Strategies | | Date of Public Distribution/Dissemination 09 / 15 / 2018 | |
| Mailing Address 3050 K St NW Ste 100 | | Amount 25066.00 | |
| City Washington | State DC | Zip Code 20007-5161 | Transaction ID : 500047954 |
| Purpose of Expenditure Media Buy - Estimate | Category/ Type | Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President | State: WV District: _____ |
| Name of Federal Candidate Supported or Opposed by Expenditure: Morrisey, Patrick, , , | | Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | |
| Calendar Year-To-Date Per Election for Office Sought 698306.00 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____ | |

| | |
|---|----------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... | 77367.70 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | |
| (c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7) | 77367.70 |