

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

 PAGE 1 OF 1
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) End Citizens United			FEC IDENTIFICATION NUMBER ▼ C C00573261		
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: flex; justify-content: space-between; width: 100%;"> <div><input type="text" value="MM"/> <input type="text" value="MM"/> / <input type="text" value="DD"/> <input type="text" value="DD"/> / <input type="text" value="YY"/> <input type="text" value="YY"/> <input type="text" value="YY"/> <input type="text" value="YY"/></div> <div><input type="text" value="MM"/> <input type="text" value="MM"/> / <input type="text" value="DD"/> <input type="text" value="DD"/> / <input type="text" value="YY"/> <input type="text" value="YY"/> <input type="text" value="YY"/> <input type="text" value="YY"/></div> <div><input type="text" value="MM"/> <input type="text" value="MM"/> / <input type="text" value="DD"/> <input type="text" value="DD"/> / <input type="text" value="YY"/> <input type="text" value="YY"/> <input type="text" value="YY"/> <input type="text" value="YY"/></div> </div>					
Full Name of Payee The Pivot Group, Inc.			Date of Public Distribution/Dissemination <div><input type="text" value="MM"/> <input type="text" value="MM"/> / <input type="text" value="DD"/> <input type="text" value="DD"/> / <input type="text" value="YY"/> <input type="text" value="YY"/> <input type="text" value="YY"/> <input type="text" value="YY"/></div> <div>10 / 12 / 2018</div>		
Mailing Address 1509 16Th St NW FI 3			Amount <div><input type="text" value="MM"/> <input type="text" value="MM"/> <input type="text" value="MM"/> <input type="text" value="MM"/> <input type="text" value="MM"/> <input type="text" value="MM"/> <input type="text" value="MM"/> <input type="text" value="MM"/> <input type="text" value="MM"/> <input type="text" value="MM"/> <input type="text" value="MM"/> <input type="text" value="MM"/></div> <div>12144.87</div>		
City Washington State DC Zip Code 20036-1461		Transaction ID : VPEP0A86TH9 Date of Disbursement or Obligation <div><input type="text" value="MM"/> <input type="text" value="MM"/> / <input type="text" value="DD"/> <input type="text" value="DD"/> / <input type="text" value="YY"/> <input type="text" value="YY"/> <input type="text" value="YY"/> <input type="text" value="YY"/></div> <div>10 / 12 / 2018</div>			
Purpose of Expenditure Postage & Shipping Estimated Costs		Category/Type <input type="text" value="MM"/> <input type="text" value="MM"/> <input type="text" value="MM"/> <input type="text" value="MM"/>			
Name of Federal Candidate Bost, Michael, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate Office Sought: <input checked="" type="checkbox"/> House District: 12 State: IL		
Calendar Year-To-Date Per Election for Office Sought <div><input type="text" value="MM"/> <input type="text" value="MM"/> <input type="text" value="MM"/> <input type="text" value="MM"/> <input type="text" value="MM"/> <input type="text" value="MM"/> <input type="text" value="MM"/> <input type="text" value="MM"/> <input type="text" value="MM"/> <input type="text" value="MM"/> <input type="text" value="MM"/> <input type="text" value="MM"/></div> <div>515581.25</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee The Pivot Group, Inc. [MEMO ITEM]			Date of Public Distribution/Dissemination <div><input type="text" value="MM"/> <input type="text" value="MM"/> / <input type="text" value="DD"/> <input type="text" value="DD"/> / <input type="text" value="YY"/> <input type="text" value="YY"/> <input type="text" value="YY"/> <input type="text" value="YY"/></div> <div>10 / 12 / 2018</div>		
Mailing Address 1509 16Th St NW FI 3			Amount <div><input type="text" value="MM"/> <input type="text" value="MM"/> <input type="text" value="MM"/> <input type="text" value="MM"/> <input type="text" value="MM"/> <input type="text" value="MM"/> <input type="text" value="MM"/> <input type="text" value="MM"/> <input type="text" value="MM"/> <input type="text" value="MM"/> <input type="text" value="MM"/> <input type="text" value="MM"/></div> <div>17620.50</div>		
City Washington State DC Zip Code 20036-1461		Transaction ID : VPEP0A86TJ7 Date of Disbursement or Obligation <div><input type="text" value="MM"/> <input type="text" value="MM"/> / <input type="text" value="DD"/> <input type="text" value="DD"/> / <input type="text" value="YY"/> <input type="text" value="YY"/> <input type="text" value="YY"/> <input type="text" value="YY"/></div>			
Purpose of Expenditure Printing & Production Estimated Costs		Category/Type <input type="text" value="MM"/> <input type="text" value="MM"/> <input type="text" value="MM"/> <input type="text" value="MM"/>			
Name of Federal Candidate Bost, Michael, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate Office Sought: <input checked="" type="checkbox"/> House District: 12 State: IL		
Calendar Year-To-Date Per Election for Office Sought <div><input type="text" value="MM"/> <input type="text" value="MM"/> <input type="text" value="MM"/> <input type="text" value="MM"/> <input type="text" value="MM"/> <input type="text" value="MM"/> <input type="text" value="MM"/> <input type="text" value="MM"/> <input type="text" value="MM"/> <input type="text" value="MM"/> <input type="text" value="MM"/> <input type="text" value="MM"/></div> <div>515581.25</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶		
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>(a) SUBTOTAL of Itemized Independent Expenditures..... ▶</p> <p>(b) SUBTOTAL of Unitemized Independent Expenditures ▶</p> <p>(c) TOTAL Independent Expenditures..... ▶</p> </div> <div style="width: 35%; text-align: right;"> <div><input type="text" value="MM"/> <input type="text" value="MM"/> <input type="text" value="MM"/> <input type="text" value="MM"/> <input type="text" value="MM"/> <input type="text" value="MM"/> <input type="text" value="MM"/> <input type="text" value="MM"/> <input type="text" value="MM"/> <input type="text" value="MM"/> <input type="text" value="MM"/> <input type="text" value="MM"/></div> <div>12144.87</div> <div><input type="text" value="MM"/> <input type="text" value="MM"/> <input type="text" value="MM"/> <input type="text" value="MM"/> <input type="text" value="MM"/> <input type="text" value="MM"/> <input type="text" value="MM"/> <input type="text" value="MM"/> <input type="text" value="MM"/> <input type="text" value="MM"/> <input type="text" value="MM"/> <input type="text" value="MM"/></div> <div>12144.87</div> </div> </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.					
Signature <u>Nesburg, Deanna, , ,</u>			Date <div><input type="text" value="MM"/> <input type="text" value="MM"/> / <input type="text" value="DD"/> <input type="text" value="DD"/> / <input type="text" value="YY"/> <input type="text" value="YY"/> <input type="text" value="YY"/> <input type="text" value="YY"/></div> <div>10 / 14 / 2018</div>		

[Electronically Filed]