

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

PAGE 1 OF 1
FOR SE OF FORM 24/48

| | | | |
|---|--|--|--|
| NAME OF COMMITTEE (In Full) AMERICAN WORKING FAMILIES | | FEC IDENTIFICATION NUMBER ▼ C C00511915 | |
| 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 <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY / / </div> <div>MM / DD / YYYY / / </div> <div>MM / DD / YYYY / / </div> </div> | |

| | | | | | |
|--|-------------|--|---|--|--|
| Full Name of Payee Targeted Platform Media | | | Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 28 / 2020 | | |
| Mailing Address PO Box 237 | | | Amount 15000.00 | | |
| City Crownsville | State MD | Zip Code 20132 | Transaction ID : SE.4878 | | |
| Purpose of Expenditure TV Advertising | | Category/Type | Date of Disbursement or Obligation MM / DD / YYYY 08 / 27 / 2020 | | |
| Name of Federal Candidate MORSE, ALEX, , , | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MA | | |
| Calendar Year-To-Date Per Election for Office Sought 1011125.00 | | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2020 <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 | Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____ | | |
| Calendar Year-To-Date Per Election for Office Sought | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ | | |

| | |
|---|----------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 15000.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | |
| (c) TOTAL Independent Expenditures.....▶ | 15000.00 |

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.

Jackson, Bud, , ,

[Electronically Filed]

Date

MM / DD / YYYY
08 / 27 / 2020

Signature