

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

 PAGE 1 OF 1
 FOR SE OF FORM 24/48

| | | | |
|---|--|---|--|
| NAME OF COMMITTEE (In Full) PA Common Sense | | FEC IDENTIFICATION NUMBER ▼ C C00623595 | |
| 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: inline-block; border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</div> | |

| | | | | | |
|---|-------------|---|---|--|--|
| Full Name of Payee Indigo Strategies LLC | | | Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</div> 10 / 31 / 2016 | | |
| Mailing Address 1312 9th St NW | | | Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;">933.60</div> | | |
| City Washington | State DC | Zip Code 20001 | Transaction ID : SE.4115 | | |
| Purpose of Expenditure canvass supplies | | Category/ Type 006 | Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</div> 10 / 31 / 2016 | | |
| Name of Federal Candidate CLINTON, HILLARY, , , | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____ | | |
| Calendar Year-To-Date Per Election for Office Sought | | <div style="display: inline-block; border: 1px solid black; padding: 2px;">933.60</div> | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ► _____ | | |

| | | | | | |
|---|-------|---|---|--|--|
| Full Name of Payee | | | Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</div> | | |
| Mailing Address | | | Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;"></div> | | |
| City | State | Zip Code | Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</div> | | |
| 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 | | <div style="display: inline-block; border: 1px solid black; padding: 2px;"></div> | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ► _____ | | |

| | |
|---|---|
| (a) SUBTOTAL of Itemized Independent Expenditures..... | <div style="display: inline-block; border: 1px solid black; padding: 2px;">933.60</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures | <div style="display: inline-block; border: 1px solid black; padding: 2px;"></div> |
| (c) TOTAL Independent Expenditures..... | <div style="display: inline-block; border: 1px solid black; padding: 2px;">933.60</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.

Ludwig, Walter, , ,

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y

 10 / 31 / 2016

Signature