24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 1 OF 4 FOR SE OF FORM 24/48					
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼					
VOTEVETS	C C00418897					
Check if 24-hour report						
Full Name of Payee	ate of Public Distribution/Dissemination					
Grassroots Campaigns Inc.	09 19 2016					
Mailing Address PO Box 120557	mount					
City State Zip Code	32225.95					
Boston MA 02112-0557 Tr	ransaction ID : D650485 ate of Disbursement or Obligation					
Purpose of Expenditure Canvassing Services Category/ Type 001	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
Name of Federal Candidate Support Office So	ought: House District:					
KATHI FEN ALANA MCGINTY	esident Senate State: PA					
Calendar Year-To-Date Per Election for Office Sought Disburser 2016	ment For:					
	ate of Public Distribution/Dissemination					
Grassroots Campaigns Inc.	09 / 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
Mailing Address PO Box 120557	mount					
City State Zip Code	64451.90					
	ansaction ID : D650486 ate of Disbursement or Obligation					
Purpose of Expenditure Canvassing Services Category/ Type 001	09 / D D / Y Y Y Y Y 12 2016					
Name of Federal Candidate Support Office Sc	ought: House District:					
HILLARY RODHAM CLINTON	esident Senate State:					
Calendar Year-To-Date Per Election for Office Sought Disburse 2016	ment For:					
(a) SUBTOTAL of Itemized Independent Expenditures						
	7 7 7					
(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.						
Rick Hegdahl [Electronically Filed] Date 09	21 2016					
Signature						

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	FOR SE OF FORM 24/48					
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼					
VOTEVETS						
	C C00418897					
Check if 24-hour report 48-hour report New report Amends report filed on						
Full Name of Payee	Date of Public Distribution/Dissemination					
Grassroots Campaigns Inc.	09 19 2016					
Mailing Address PO Box 120557	Amount					
City State Zip Code Boston MA 02112-0557	32225.95 Transaction ID : D650487					
	Date of Disbursement or Obligation					
Purpose of Expenditure Canvassing Services Category/ Type 001	09 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
Name of Federal Candidate Support Office	e Sought: House District:					
PATRICK E MURPHY Oppose	President State: FL					
Calendar Year-To-Date Per Election for Office Sought Disbut 2016	ursement For: Primary General Other (specify) ▶					
Full Name of Payee	Date of Public Distribution/Dissemination					
Mack Sumner	M = M / D = D / Y = Y = Y					
Mailing Address 2001 N Beauregard St	09 19 2016					
200 / N Doddiogaid Ol	Amount					
City State Zip Code	3862.50					
Alexandria VA 22311-1739	Transaction ID: D649741					
Purpose of Expenditure Category/ Occ	Date of Disbursement or Obligation					
Printing O06 Type 006	09 13 2016					
Name of Federal Candidate Support Office	e Sought: House District:					
HILLARY RODHAM CLINTON Oppose	President Senate State:					
Caloffdal four to Bato	ursement For: Primary X General					
Per Election for Office Sought 741392.56	Other (specify)					
(a) SUBTOTAL of Itemized Independent Expenditures	36088.45					
(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.						
24.0	09 21 2016					
Signature						

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

Schedule E)			101120		PAGE 3 OF 4 FOR SE OF FORM 24/48		
NAME OF COMMITT	EE (In Full)				FEC IDENTIFICATION NUMBER ▼		
VOTEVETS					C C00418897		
					0 00011000		
Check if 24-hour	r report 🗶 48-hour r	report New repo	ort Amends repo		M = M / D = D / Y = Y = Y		
Full Name of Pay Mack Sumr				Date	of Public Distribution/Dissemination		
				I N	09 19 / 2016		
Mailing Address	2001 N Beauregard St			Amou	unt		
City		State	Zip Code	— r	3862.50		
Alexandria		VA	22311-1739		Transaction ID : D650481 Date of Disbursement or Obligation		
Purpose of Exper	nditure		Category/	- IV	M M / D D / Y Y Y Y		
			Type 006		09 13 2016		
Name of Federal			✗ Support	Office Sough			
KATHLEEN ALA	NA MCGINTY		Oppose	Preside	lent Senate State: PA		
Calendar Ye Per Election	ar-To-Date for Office Sought		36088.45	Disbursement 2016	nt For: Primary X General Other (specify) ▶		
Full Name of Pay	vee				of Public Distribution/Dissemination		
Mission Con					M = M / D = D / Y = Y = Y		
Mailing Address	624 Hebron Ave			<u> </u>	09 19 2016		
	024 11651011 7.40			Amou	unt		
City		State	Zip Code		5305.00		
Glastonbury		СТ	06033-2470		Transaction ID : D650482 Date of Disbursement or Obligation		
Purpose of Expe Printing	nditure		Category/ Type 006		M 09 / 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Name of Federal	Candidate		✗ Support	Office Sough	ht: House District:		
HILLARY RODH.	AM CLINTON		Oppose	x Presid	dent Senate State:		
Calendar Ye Per Election	ear-To-Date n for Office Sought		741392.56	Disbursemer 2016	, ,		
		5			Other (specify) -		
(a) SUBTOTAL of	Itemized Independent E	Expenditures		•	9167.50		
(b) SUBTOTAL of	Unitemized Independer	nt Expenditures		•			
(c) TOTAL Indepe	ndent Expenditures			··· •	7		
with, or at the requ		iny candidate or authorized			cooperation, consultation, or concert the reporting entity is not a political		
Rick I	Hegdahl	[Electron	ically Filed] Date	e 09	21 2016		
Signature							

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

Sc	chedule E)	101.20		PAGE 4 OF 4 FOR SE OF FORM 24/48		
NA	AME OF COMMITTEE (In Full)		FF	C IDENTIFICATION NUMBER ▼		
	OTEVETS					
				000410097		
Ch	neck if 24-hour report 🗶 48-hour report 🗴 New report	ort Amends repo	ort filed on	/ D = D / Y = Y = Y		
П	Full Name of Payee		Date of P	Public Distribution/Dissemination		
	Mission Control, Inc.		09			
	Mailing Address 624 Hebron Ave		Amount			
	City State	Zip Code		5305.00		
		·				
	Purpose of Expenditure Printing	Category/ Type 006	Date of D			
	Name of Federal Candidate	Support	Office Sought:	House District:		
	PATRICK E MURPHY	Support Oppose	Office Sought: President	House District:		
	Calendar Year-To-Date		Disbursement Fo	Defiate State.		
	Per Election for Office Sought	37530.95	2016 Other	r (specify) ►		
	Full Name of Payee		Date of F	Public Distribution/Dissemination		
			M = 1	M / D D / Y Y Y Y		
	Mailing Address		Amount			
	Chata	7:- 0-40				
	City State	Zip Code		7 7 7		
	Purpose of Expenditure	1	Date of D	Date of Disbursement or Obligation		
	Pulpose of Experimitate	Category/ Type	M	M / D D / Y Y Y Y Y		
	Name of Federal Candidate	Support	Office Sought:	House District:		
		Oppose	President	Senate State:		
	Calendar Year-To-Date Per Election for Office Sought		Disbursement Fo			
	Fel Election for Office Sought		Othe	r (specify) -		
	(a) SUBTOTAL of Itemized Independent Expenditures		. •	5305.00		
				7 1 7 1 7		
	(b) SUBTOTAL of Unitemized Independent Expenditures		· •	7		
	(c) TOTAL Independent Expenditures			147238.80		
	(6)			147230.00		
1	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.					
	Rick Hegdahl [Electroni	ically Filed] Date	e 09	21 2016		
	Signature	_				