## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	FOR SE OF FORM 24/48
IAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
KelliPAC	C C00572941
	<b>O</b> 333320
Check if X 24-hour report 48-hour report New report Amends report filed	on
Full Name of Payee	Date of Public Distribution/Dissemination
Rainmakers	08
Mailing Address PO Box 1082	Amount
City State Zip Code	76500.00
Springfield VA 22151	Transaction ID : SE.4880 Date of Disbursement or Obligation
Purpose of Expenditure Fundraising  Category/ Type  003	08 / 04 / 2018
Name of Federal Candidate Support Office	e Sought: House District:
WARD, KELLI, , ,	President State: AZ
Calendar Year-To-Date Per Election for Office Sought  Disbut 2018	ursement For:   ✓ Primary General  Other (specify)  ✓
Full Name of Payee	Date of Public Distribution/Dissemination
	M = M / D = D / Y = Y = Y
Mailing Address	Amount
	Amount
City State Zip Code	
	Date of Disbursement or Obligation
Purpose of Expenditure  Category/ Type	M = M / D = D / Y = Y = Y
Name of Federal Candidate Support Offic	e Sought: House District:
Oppose	President Senate State:
04.01.44. 10 E4.0	ursement For: Primary General
Per Election for Office Sought	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	76500.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	76500.00
Under penalty of perjury I certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
	05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	