

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 1 OF 11
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Middle Resolution Federal PAC Inc.		FEC IDENTIFICATION NUMBER ▼ C C00512335
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		MM / DD / YYYY / /

Full Name of Payee Evans, Alga, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 16 / 2020
Mailing Address 4214 Riding Place Rd		Amount 160.00
City Henrico	State VA	Zip Code 23223
Purpose of Expenditure Phone Banking/Canvassing	Category/ Type 004	Transaction ID : SE.7393 Date of Disbursement or Obligation MM / DD / YYYY 10 / 16 / 2020
Name of Federal Candidate TRUMP, DONALD J., ,		Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee Evans, Alga, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 16 / 2020
Mailing Address 4214 Riding Place Rd		Amount 160.00
City Henrico	State VA	Zip Code 23223
Purpose of Expenditure Phone Banking/Canvassing	Category/ Type 004	Transaction ID : SE.7394 Date of Disbursement or Obligation MM / DD / YYYY 10 / 16 / 2020
Name of Federal Candidate GADE, DANIEL, M., ,		Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: VA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	320.00
(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.

Bach, Catharyne, L., ,

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Date

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10 / 16 / 2020

Signature

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NAME OF COMMITTEE (In Full) Middle Resolution Federal PAC Inc.	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00512335 </div>
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	

Full Name of Payee Evans, Alga, , ,			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YY 10 / 16 / 2020</div> </div>		
Mailing Address 4214 Riding Place Rd			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">160.00</div>		
City Henrico	State VA	Zip Code 23223	Transaction ID : SE.7395 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YY 10 / 16 / 2020</div> </div>		
Purpose of Expenditure Phone Banking/Canvassing		Category/ Type 004	Name of Federal Candidate FREITAS, NICK, J., , <div style="float: right;"> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose </div>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">644.00</div>			Office Sought: <input checked="" type="checkbox"/> House District: 07 <input type="checkbox"/> President <input type="checkbox"/> Senate State: VA Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee Heller, Ruth, , ,			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YY 10 / 16 / 2020</div> </div>		
Mailing Address 5221 Largo Ct Unit 101			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">404.00</div>		
City Wilimington	State NC	Zip Code 28409	Transaction ID : SE.7387 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YY 10 / 16 / 2020</div> </div>		
Purpose of Expenditure Phone Banking		Category/ Type 004	Name of Federal Candidate TRUMP, DONALD J., , , <div style="float: right;"> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose </div>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">404.00</div>			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____ Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">564.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></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.

Bach, Catharyne, L., ,

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NAME OF COMMITTEE (In Full) Middle Resolution Federal PAC Inc.		FEC IDENTIFICATION NUMBER ▼ C C00512335
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		MM / DD / YYYY

Full Name of Payee Heller, Ruth, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 16 / 2020
Mailing Address 5221 Largo Ct Unit 101		Amount 404.00
City Wilimington	State NC	Zip Code 28409
Purpose of Expenditure Phone Banking	Category/ Type 004	Transaction ID : SE.7388 Date of Disbursement or Obligation MM / DD / YYYY 10 / 16 / 2020
Name of Federal Candidate GADE, DANIEL, M., ,		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: VA <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Heller, Ruth, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 16 / 2020
Mailing Address 5221 Largo Ct Unit 101		Amount 404.00
City Wilimington	State NC	Zip Code 28409
Purpose of Expenditure Phone Banking	Category/ Type 004	Transaction ID : SE.7389 Date of Disbursement or Obligation MM / DD / YYYY 10 / 16 / 2020
Name of Federal Candidate FREITAS, NICK, J., ,		Office Sought: <input checked="" type="checkbox"/> House District: 07 <input type="checkbox"/> President <input type="checkbox"/> Senate State: VA <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	808.00
(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.

*Bach, Catharyne, L., ,**[Electronically Filed]*

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NAME OF COMMITTEE (In Full) Middle Resolution Federal PAC Inc.		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00512335 </div>	
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			

Full Name of Payee Hill, Jeremy, , ,			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">10</div> <div style="border: 1px solid black; padding: 2px;">16</div> <div style="border: 1px solid black; padding: 2px;">2020</div> </div>		
Mailing Address 540 Lombard St			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">80.00</div>		
City Green River	State WY	Zip Code 82935	Transaction ID : SE.7390 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">10</div> <div style="border: 1px solid black; padding: 2px;">16</div> <div style="border: 1px solid black; padding: 2px;">2020</div> </div>		
Purpose of Expenditure Phone Banking		Category/ Type <div style="border: 1px solid black; padding: 2px;">004</div>	Name of Federal Candidate TRUMP, DONALD J., , ,		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">484.00</div>		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____ Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ► _____			

Full Name of Payee Hill, Jeremy, , ,			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">10</div> <div style="border: 1px solid black; padding: 2px;">16</div> <div style="border: 1px solid black; padding: 2px;">2020</div> </div>		
Mailing Address 540 Lombard St			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">80.00</div>		
City Green River	State WY	Zip Code 82935	Transaction ID : SE.7391 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">10</div> <div style="border: 1px solid black; padding: 2px;">16</div> <div style="border: 1px solid black; padding: 2px;">2020</div> </div>		
Purpose of Expenditure Phone Banking		Category/ Type <div style="border: 1px solid black; padding: 2px;">004</div>	Name of Federal Candidate GADE, DANIEL, M., , ,		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">484.00</div>		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>VA</u> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ► _____			

(a) SUBTOTAL of Itemized Independent Expenditures..... ►	<div style="border: 1px solid black; padding: 2px; text-align: right;">160.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ►	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures..... ►	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </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.

Bach, Catharyne, L., ,
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NAME OF COMMITTEE (In Full) Middle Resolution Federal PAC Inc.		FEC IDENTIFICATION NUMBER ▼ C C00512335	
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	

Full Name of Payee Hill, Jeremy, , ,			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 16 / 2020		
Mailing Address 540 Lombard St			Amount 80.00		
City Green River	State WY	Zip Code 82935	Transaction ID : SE.7392		
Purpose of Expenditure Phone Banking		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 16 / 2020		
Name of Federal Candidate FREITAS, NICK, J., ,			<input checked="" type="checkbox"/> Support Office Sought: <input checked="" type="checkbox"/> House District: 07 <input type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate State: VA		
Calendar Year-To-Date Per Election for Office Sought 484.00			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee Lindsey, Fiona, , ,			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 16 / 2020		
Mailing Address 815 N Almon St			Amount 460.00		
City Moscow	State ID	Zip Code 83843	Transaction ID : SE.7399		
Purpose of Expenditure Canvassing		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 16 / 2020		
Name of Federal Candidate TRUMP, DONALD J., , ,			<input checked="" type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought 1344.00			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	540.00
(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.

*Bach, Catharyne, L., ,**[Electronically Filed]*

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NAME OF COMMITTEE (In Full) Middle Resolution Federal PAC Inc.		FEC IDENTIFICATION NUMBER ▼ C C00512335
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		MM / DD / YYYY

Full Name of Payee Lindsey, Fiona, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 16 / 2020
Mailing Address 815 N Almon St		Amount 460.00
City Moscow	State ID	Zip Code 83843
Purpose of Expenditure Canvassing	Category/ Type 004	Transaction ID : SE.7400 Date of Disbursement or Obligation MM / DD / YYYY 10 / 16 / 2020
Name of Federal Candidate GADE, DANIEL, M., ,		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: VA <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 1344.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Lindsey, Fiona, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 16 / 2020
Mailing Address 815 N Almon St		Amount 460.00
City Moscow	State ID	Zip Code 83843
Purpose of Expenditure Canvassing	Category/ Type 004	Transaction ID : SE.7401 Date of Disbursement or Obligation MM / DD / YYYY 10 / 16 / 2020
Name of Federal Candidate FREITAS, NICK, J., ,		Office Sought: <input checked="" type="checkbox"/> House District: 07 <input type="checkbox"/> President <input type="checkbox"/> Senate State: VA <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 1344.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	920.00
(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.

*Bach, Catharyne, L., ,**[Electronically Filed]*

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NAME OF COMMITTEE (In Full) Middle Resolution Federal PAC Inc.		FEC IDENTIFICATION NUMBER ▼ C C00512335	
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	

Full Name of Payee Lindsey, Ian, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 16 / 2020	
Mailing Address 815 N Almon St		Amount 460.00	
City Moscow	State ID	Zip Code 83843	Transaction ID : SE.7402
Purpose of Expenditure Canvassing	Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 16 / 2020	
Name of Federal Candidate TRUMP, DONALD J., ,		<input checked="" type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought 1804.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee Lindsey, Ian, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 16 / 2020	
Mailing Address 815 N Almon St		Amount 460.00	
City Moscow	State ID	Zip Code 83843	Transaction ID : SE.7403
Purpose of Expenditure Canvassing	Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 16 / 2020	
Name of Federal Candidate GADE, DANIEL, M., ,		<input checked="" type="checkbox"/> Support Office Sought: <input checked="" type="checkbox"/> House District: 00 <input type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate State: VA	
Calendar Year-To-Date Per Election for Office Sought 460.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	920.00
(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.

*Bach, Catharyne, L., ,**[Electronically Filed]*

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NAME OF COMMITTEE (In Full) Middle Resolution Federal PAC Inc.		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00512335 </div>
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		

Full Name of Payee Lindsey, Ian, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY <div style="display: flex; justify-content: space-around;"><div>10</div><div>16</div><div>2020</div></div>	
Mailing Address 815 N Almon St		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">460.00</div>	
City Moscow	State ID	Zip Code 83843	Transaction ID : SE.7404
Purpose of Expenditure Canvassing	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	Date of Disbursement or Obligation MM / DD / YYYY <div style="display: flex; justify-content: space-around;"><div>10</div><div>16</div><div>2020</div></div>	
Name of Federal Candidate FREITAS, NICK, J., ,		Office Sought: <input checked="" type="checkbox"/> House District: 07 <input type="checkbox"/> President <input type="checkbox"/> Senate State: VA	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">1804.00</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Pegram, David, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY <div style="display: flex; justify-content: space-around;"><div>10</div><div>16</div><div>2020</div></div>	
Mailing Address 6101 Glenway Ct		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">240.00</div>	
City Richmond	State VA	Zip Code 23225	Transaction ID : SE.7396
Purpose of Expenditure Phone Banking	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	Date of Disbursement or Obligation MM / DD / YYYY <div style="display: flex; justify-content: space-around;"><div>10</div><div>16</div><div>2020</div></div>	
Name of Federal Candidate TRUMP, DONALD J., , ,		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="border: 1px solid black; padding: 2px; display: inline-block;">884.00</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">700.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></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.

Bach, Catharyne, L., ,

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NAME OF COMMITTEE (In Full) Middle Resolution Federal PAC Inc.		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00512335 </div>
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		

Full Name of Payee Pegram, David, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY <div style="display: flex; justify-content: space-around;"><div>10</div><div>16</div><div>2020</div></div>	
Mailing Address 6101 Glenway Ct		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">240.00</div>	
City Richmond	State VA	Zip Code 23225	Transaction ID : SE.7397
Purpose of Expenditure Phone Banking	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>		Date of Disbursement or Obligation MM / DD / YYYY <div style="display: flex; justify-content: space-around;"><div>10</div><div>16</div><div>2020</div></div>
Name of Federal Candidate GADE, DANIEL, M., ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>VA</u>
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">884.00</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ►	

Full Name of Payee Pegram, David, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY <div style="display: flex; justify-content: space-around;"><div>10</div><div>16</div><div>2020</div></div>	
Mailing Address 6101 Glenway Ct		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">240.00</div>	
City Richmond	State VA	Zip Code 23225	Transaction ID : SE.7398
Purpose of Expenditure Phone Banking	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>		Date of Disbursement or Obligation MM / DD / YYYY <div style="display: flex; justify-content: space-around;"><div>10</div><div>16</div><div>2020</div></div>
Name of Federal Candidate FREITAS, NICK, J., ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>07</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>VA</u>
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">884.00</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ►	

(a) SUBTOTAL of Itemized Independent Expenditures..... ►	<div style="border: 1px solid black; padding: 2px; display: inline-block;">480.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ►	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ►	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></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.

Bach, Catharyne, L., ,
[Electronically Filed]

Date

 MM / DD / YYYY

10

16

2020

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 10 OF 11
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Middle Resolution Federal PAC Inc.		FEC IDENTIFICATION NUMBER ▼ C C00512335	
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	

Full Name of Payee Walls, Benjamin, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 16 / 2020	
Mailing Address 1909 Colgate Ave		Amount 180.00	
City Richmond	State VA	Zip Code 23226	Transaction ID : SE.7405
Purpose of Expenditure Canvassing	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 16 / 2020	
Name of Federal Candidate TRUMP, DONALD J., ,		<input checked="" type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought 1984.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee Walls, Benjamin, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 16 / 2020	
Mailing Address 1909 Colgate Ave		Amount 180.00	
City Richmond	State VA	Zip Code 23226	Transaction ID : SE.7406
Purpose of Expenditure Canvassing	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 16 / 2020	
Name of Federal Candidate GADE, DANIEL, M., ,		<input checked="" type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: VA	
Calendar Year-To-Date Per Election for Office Sought 1524.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	360.00
(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.

Bach, Catharyne, L., ,

[Electronically Filed]

Date

MM / DD / YYYY
10 / 16 / 2020

Signature

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

 PAGE 11 OF 11
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Middle Resolution Federal PAC Inc.		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00512335 </div>
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		

Full Name of Payee Walls, Benjamin, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 16 / 2020	
Mailing Address 1909 Colgate Ave		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">180.00</div>	
City Richmond	State VA	Zip Code 23226	Transaction ID : SE.7407
Purpose of Expenditure Canvassing	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	Date of Disbursement or Obligation MM / DD / YYYY 10 / 16 / 2020	
Name of Federal Candidate FREITAS, NICK, J., ,		Office Sought: <input checked="" type="checkbox"/> House District: 07 <input type="checkbox"/> President <input type="checkbox"/> Senate State: VA	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">1984.00</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
City	State	Zip Code	
Purpose of Expenditure	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	Date of Disbursement or Obligation MM / DD / YYYY	
Name of Federal Candidate		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="border: 1px solid black; padding: 2px; display: inline-block;"></div>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">180.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">5952.00</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.

Bach, Catharyne, L., ,
[Electronically Filed]

Date

 MM / DD / YYYY
10 / 16 / 2020

Signature