#### 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 1 OF 11 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Middle Resolution Federal PAC Inc.	C C00512335
Check if X 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
	te of Public Distribution/Dissemination
Evans, Alga, , ,	10 16 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 4214 Riding Place Rd Amo	ount
City State Zip Code	160.00
Date	insaction ID : SE.7393 ie of Disbursement or Obligation
Purpose of Expenditure Phone Banking/Canvassing  Category/ Type  004	10 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 Sour	ight: House District:
TRUMP, DONALD J., , , Oppose Pres	sident Senate State:
Calendar Year-To-Date Per Election for Office Sought  Disbursem- 2020	nent For:
	te of Public Distribution/Dissemination
Evans, Alga, , ,	10 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 4214 Riding Place Rd Am	nount
City State Zip Code	160.00
Date	nsaction ID : SE.7394 te of Disbursement or Obligation
Purpose of Expenditure Phone Banking/Canvassing  Category/ Type  004	10 / 16 / Y Y Y Y Y Y Y
Name of Federal Candidate Support Office Sou	ught: House District: 00
GADE, DANIEL, M., , Oppose Pres	sident Senate State: VA
Calendar Year-To-Date Per Election for Office Sought  Disbursem 2020	nent For:
(a) SUBTOTAL of Itemized Independent Expenditures	320.00
	7 7 7
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7 7
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (party committee) any political party committee or its agent.	
Bach, Catharyne, L., ,  [Electronically Filed] Date 10	16 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

### 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 2 OF 11 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Middle Resolution Federal PAC Inc.	C C00512335
Check if <b>X</b> 24-hour report 48-hour report New report Amends re	eport filed on
Full Name of Payee	Date of Public Distribution/Dissemination
Evans, Alga, , ,	10 16 2020
Mailing Address 4214 Riding Place Rd	Amount
City State Zip Code	160.00
Henrico VA 23223	Transaction ID : SE.7395  Date of Disbursement or Obligation
Purpose of Expenditure Phone Banking/Canvassing  Category/ Type 0	04 10 16 7 2020
Name of Federal Candidate	t Office Sought: X House District: 07
FREITAS, NICK, J., , Oppose	President Senate State: VA
Calendar Year-To-Date Per Election for Office Sought 644.00	Disbursement For:  Primary  General 2020  Gther (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Heller, Ruth, , ,	10 16 7 2020
Mailing Address 5221 Largo Ct	Amount
Unit 101	
City State Zip Code Willimington NC 28409	404.00  Transaction ID : SE.7387  Date of Disbursement or Obligation
Purpose of Expenditure Phone Banking  Category/ Type	04   M
Name of Federal Candidate Suppor	t Office Sought: House District:
TRUMP, DONALD J., , ,	
Calendar Year-To-Date Per Election for Office Sought 404.00	Disbursement For:  Primary  General 2020  Gther (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	564.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(a) GGD 101712 of Grincomized masperidoric Experience minimum	
(c) TOTAL Independent Expenditures	······· <b>)</b>
Under penalty of perjury I certify that the independent expenditures reported herein we with, or at the request or suggestion of, any candidate or authorized committee or ager party committee) any political party committee or its agent.	
Bach, Catharyne, L., ,  [Electronically Filed]  Signature	Date 10 / 16 / 2020

Schedule E)	11 -71 -112.	1101120		- +	PAGE 3 OF 11 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)					ENTIFICATION NUMBER ▼
Middle Resolution Federal PAC Inc.					C00512335
Check if 24-hour report 48-hour report	X New repo	ort Amends repo		M = M /	D D / Y Y Y Y
Full Name of Payee Heller, Ruth, , ,					Distribution/Dissemination
				10	16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 5221 Largo Ct			Amou	unt	
Unit 101	Ototo	Zin Ondo			404.00
City Wilimington	State NC	Zip Code 28409	Trans	saction II	404.00 D : <b>SE.7388</b>
Purpose of Expenditure			Date	of Disbur	rsement or Obligation
Purpose of Expenditure Phone Banking		Category/ Type 004	$\Box \mid \Box$	10	16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		<b>✗</b> Support	Office Sough	ht:	House District: 00
GADE, DANIEL, M., ,		Oppose	Presid	lent x	Senate State: VA
Calendar Year-To-Date Per Election for Office Sought	77 1 1 00	404.00	Disbursemer 2020		Primary Seneral
Full Name of Payee	,			Other (spe	Distribution/Dissemination
Heller, Ruth, , ,				of Public	Distribution/Dissemination
Mailing Address 5221 Largo Ct			L	10	16 2020
Unit 101			Amou	unt	
City	State	Zip Code			404.00
Wilimington	NC	28409			: SE.7389 rsement or Obligation
Purpose of Expenditure Phone Banking		Category/ Type 004	$\Box \mid \Box$	10	16 / 2020
Name of Federal Candidate		<b>✗</b> Support	Office Sough	ht:	House District: 07
FREITAS, NICK, J., ,		Oppose	Presid	dent	Senate State: VA
Calendar Year-To-Date Per Election for Office Sought	7	404.00	Disbursemen 2020	nt For: Other (spe	Primary <b>X</b> Genera
(a) SUBTOTAL of Itemized Independent Expenditure	'es		•	7	808.00
(b) SUBTOTAL of Unitemized Independent Expendi	itures		· •	7	
(c) TOTAL Independent Expenditures			· ·		
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	late or authorized				
Bach, Catharyne, L., ,	[Electron	ically Filed] Date	e 10	16	2020
Signature					

		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Middle Resolution Federal PAC Inc.		C C00512335
Check if 24-hour report 48-hour report	New report Amends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee	С	Date of Public Distribution/Dissemination
Hill, Jeremy, , ,		10 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 540 Lombard St	А	mount
City	ate Zip Code	80.00
Green River	VY 82935 <b>T</b>	ransaction ID : SE.7390 Date of Disbursement or Obligation
Purpose of Expenditure Phone Banking	Category/ Type 004	10 16 2020
Name of Federal Candidate	🗶 Support Office S	ought: House District:
TRUMP, DONALD J., , ,	Oppose X Pr	resident Senate State:
Calendar Year-To-Date Per Election for Office Sought	484.00 Disburse 2020	ement For: Primary   General  Other (specify)
Full Name of Payee Hill, Jeremy, , ,  Mailing Address 540 Lombard St		Date of Public Distribution/Dissemination  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
5-40 Edilibard of	A	Amount
City	ate Zip Code	80.00
		ansaction ID : SE.7391 Date of Disbursement or Obligation
Purpose of Expenditure Phone Banking	Category/ Type 004	10 / 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 S	ought: House District: 00
GADE, DANIEL, M., ,	Oppose P	resident Senate State: VA
Calendar Year-To-Date Per Election for Office Sought	484.00 Disburse 2020	ement For: Primary <b>X</b> General  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures		160.00
(b) SUBTOTAL of Unitemized Independent Expenditures	·	
(c) TOTAL Independent Expenditures	······	
Under penalty of perjury I certify that the independent exith, or at the request or suggestion of, any candidate of party committee) any political party committee or its age	or authorized committee or agent of either, or	
Bach, Catharyne, L., , Signature	[Electronically Filed] Date 10	/ 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
<b>J</b>		

PAGE

OF

		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Middle Resolution Federal PAC Inc.		C C00512335
Check if 24-hour report 48-hour report	New report Amends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee	Di	ate of Public Distribution/Dissemination
Hill, Jeremy, , ,		10 16 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 540 Lombard St	Ai	mount
City	ate Zip Code	80.00
Green River		ransaction ID : SE.7392 ate of Disbursement or Obligation
Purpose of Expenditure Phone Banking	Category/ Type 004	10 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 So	ought: 🗶 House District:07
FREITAS, NICK, J., ,	Oppose Pre	esident Senate State: VA
Calendar Year-To-Date Per Election for Office Sought	484.00 Disburse 2020	ment For: Primary   ✓ General  Other (specify)
Full Name of Payee	D	ate of Public Distribution/Dissemination
Lindsey, Fiona, , ,		10 16 2020
Mailing Address 815 N Almon St	А	mount
City	ate Zip Code	460.00
Moscow		ansaction ID : SE.7399 ate of Disbursement or Obligation
Purpose of Expenditure Canvassing	Category/ Type 004	10 / 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	<b>✗</b> Support Office So	ought: House District:
TRUMP, DONALD J., , ,	Oppose x Pro	esident Senate State:
Calendar Year-To-Date Per Election for Office Sought	1344.00 Disburse 2020	ment For:
(a) SUBTOTAL of Itemized Independent Expenditures	·····	540.00
(b) SUBTOTAL of Unitemized Independent Expenditures	<b>&gt;</b>	
(c) TOTAL Independent Expenditures	·····	7 7 7
Under penalty of perjury I certify that the independent e with, or at the request or suggestion of, any candidate o party committee) any political party committee or its age	or authorized committee or agent of either, or	
Bach, Catharyne, L., , Signature	[Electronically Filed] Date	16 2020
- · <del>G</del> ·· <del></del>		

PAGE

OF

				FOR SE OF FORM 24	/48
	COMMITTEE (In Full)  Resolution Federal PAC Inc.			FEC IDENTIFICATION NUMB	ER ▼
iviidale	E NESUIUIIUII FEUEIAI PAC IIIC.			C C00512335	
Check if	X 24-hour report 48-hour report New rep	ort Amends repor		- M / D - D / Y - Y - Y	Y
Full N	lame of Payee dsey, Fiona, , ,		Date of	of Public Distribution/Dissemina	tion
	•		М	10 16 Y Y Y 2020	
Mailir	ng Address 815 N Almon St		Amour	nt	
City	State	Zip Code		460.0	00
Mos	cow ID	83843		action ID : SE.7400 of Disbursement or Obligation	
	ose of Expenditure vassing	Category/ Type 004		10	
Name	of Federal Candidate	<b>x</b> Support	Office Sough	t: House District:	00
GAD	E, DANIEL, M., ,	Oppose	Preside	ent X Senate State:	VA
	Calendar Year-To-Date Per Election for Office Sought	1344.00	Disbursement 2020 Of	t For: Primary <b>X</b> Gether (specify) ▶	eneral
Lin	Name of Payee dsey, Fiona, , , ang Address 815 N Almon St		Date of	of Public Distribution/Dissemina	Y Y
			Alliou		-
City	State	Zip Code	Trompo	460.0	00
Mos		83843		of Disbursement or Obligation	
	ose of Expenditure vassing	Category/ Type 004		10 / 16 / 2020	
	e of Federal Candidate	<b>x</b> Support	Office Sough	t: K House District: _	07
FRE	TAS, NICK, J., ,	Oppose	Preside	ent Senate State: _	VA
	Calendar Year-To-Date Per Election for Office Sought	1344.00	Disbursemen 2020 O	t For: Primary <b>X</b> Gotther (specify) ▶	eneral
(a) Sl	JBTOTAL of Itemized Independent Expenditures		<b>.</b>	920.0	0
(b) Sl	IBTOTAL of Unitemized Independent Expenditures		•	7 1 7 1 7	
(c) TC	TAL Independent Expenditures		•	7 1 7 1 0	
with, o	penalty of perjury I certify that the independent expenditures r at the request or suggestion of, any candidate or authorized committee) any political party committee or its agent.				
Sig	Bach, Catharyne, L., , [Electron nature	ically Filed] Date	10	16 2020	
- 9					

PAGE

OF

				FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full Middle Resolution Fed				FEC IDENTIFICATION NUMBER ▼
wilding izesolution Fet	uciai FAO IIIC.			C C00512335
Check if 24-hour report	48-hour report X New rep	port Amends repo		M
Full Name of Payee Lindsey, lan, , ,			Date	of Public Distribution/Dissemination
				10 16 2020
Mailing Address 815 N Almo	on St		Amou	int
City	State	Zip Code		460.00
Moscow	ID	83843		saction ID : SE.7402 of Disbursement or Obligation
Purpose of Expenditure Canvassing		Category/ Type 004		10 16 / 2020
Name of Federal Candidate		<b>x</b> Support	Office Sough	nt: House District:
TRUMP, DONALD J., , ,		Oppose	<b>x</b> Preside	ent Senate State:
Calendar Year-To-Date Per Election for Office S	Sought	1804.00	Disbursemen 2020	nt For:
Full Name of Payee Lindsey, lan, , ,			Date	of Public Distribution/Dissemination
Mailing Address 815 N Ali	mon St		Amou	10 16 2020 unt
City	State	Zip Code	— L.	460.00
Moscow	ID	83843		action ID : SE.7403 of Disbursement or Obligation
Purpose of Expenditure Canvassing		Category/ Type 004		10 16 2020
Name of Federal Candidate		<b>x</b> Support	Office Sough	nt: <b>X</b> House District:00
GADE, DANIEL, M., ,		Oppose	Presid	lent Senate State: VA
Calendar Year-To-Date Per Election for Office	Sought	460.00	Disbursemer 2020	nt For:
(a) SUBTOTAL of Itemized II	ndependent Expenditures		•	920.00
(b) SUBTOTAL of Unitemized	Independent Expenditures		•	
(c) TOTAL Independent Expe	enditures		•	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	rtify that the independent expenditures gestion of, any candidate or authorize party committee or its agent.			
Bach, Catharyne,		nically Filed] Date	10	16 2020

PAGE

OF

ooneddie Ly	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Middle Resolution Federal PAC Inc.	C C00512335
Check if 24-hour report 48-hour report New report Amends report filed on	M M / D D / Y Y Y Y Y
	Date of Public Distribution/Dissemination
Lindsey, lan, , ,	10 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 815 N Almon St	Amount
City State Zip Code	460.00
Moscow ID 83843 T	ransaction ID : SE.7404 Date of Disbursement or Obligation
Purpose of Expenditure Canvassing  Category/ Type  004	10 16 2020
Name of Federal Candidate Support Office S	cought: X House District: 07
FREITAS, NICK, J., , Oppose Pr	resident Senate State: VA
Calendar Year-To-Date Per Election for Office Sought  Disburse 2020	ement For: Primary General
Full Name of Payee	Other (specify)
Pegram, David, , ,	Date of Public Distribution/Dissemination  10 16 2020
Mailing Address 6101 Glenway Ct	10 16 2020 Amount
City State Zip Code	240.00
	ransaction ID : SE.7396 Date of Disbursement or Obligation
Purpose of Expenditure Phone Banking  Category/ Type  004	10 16 / Y Y Y Y Y
Name of Federal Candidate Support Office S	Sought: House District:
TRUMP, DONALD J., , ,	resident Senate State:
Calendar Year-To-Date Per Election for Office Sought  Disburse 2020	ement For:
(a) SUBTOTAL of Itemized Independent Expenditures	700.00
(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 with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
Bach, Catharyne, L., ,  [Electronically Filed] Date 10	16 2020
Signature	التنتا ليا ا

PAGE 8

OF

Scl	hedule E)	10.120		PAGE 9 OF 11 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Mı	iddle Resolution Federal PAC Inc.			C C00512335
Che	eck if 24-hour report 48-hour report New report	ort Amends repo		T = M / D = D / Y = Y = Y
T	Full Name of Payee Pegram, David, , ,			of Public Distribution/Dissemination
1	Mailing Address 6101 Glenway Ct		Amou	10 16 2020 unt
-	City State	Zip Code		240.00
	Richmond VA	23225		saction ID : SE.7397 of Disbursement or Obligation
	Purpose of Expenditure Phone Banking	Category/ Type 004		10
1	Name of Federal Candidate	<b>✗</b> Support	Office Sough	nt: House District: 00
	GADE, DANIEL, M., ,	Oppose	Preside	
	Calendar Year-To-Date Per Election for Office Sought	884.00	Disbursemen 2020 O	nt For:  Primary
	Full Name of Payee Pegram, David, , ,  Mailing Address 6101 Glenway Ct			of Public Distribution/Dissemination
-	·		Amou	
	City State Richmond VA	Zip Code 23225		240.00 action ID : SE.7398 of Disbursement or Obligation
	Purpose of Expenditure Phone Banking	Category/ Type 004		10 16 2020
ľ	Name of Federal Candidate	<b>x</b> Support	Office Sough	nt: Nouse District: 07
-	FREITAS, NICK, J., ,	Oppose	Preside	lent Senate State: VA
	Calendar Year-To-Date Per Election for Office Sought	884.00	Disbursemen 2020	nt For:  Primary
(	a) SUBTOTAL of Itemized Independent Expenditures			480.00
(1	b) SUBTOTAL of Unitemized Independent Expenditures		•	
((	c) TOTAL Independent Expenditures		•	7 7 7
W	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.			
		ically Filed] Date	10	16 2020
	Signature			

Signature

# (

24/48 HOUR REPORT OF INDEPENDENT EXPENDI	TURES	PAGE 10 OF 11
Schedule E)		PAGE 10 OF 11 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Middle Resolution Federal PAC Inc.		C C00512335
Check if 24-hour report 48-hour report New report	ort Amends repo	rt filed on
Full Name of Payee Walls, Benjamin, , ,		Date of Public Distribution/Dissemination
Mailing Address 1909 Colgate Ave		10 16 2020 Amount
City State	Zip Code	180.00
Richmond VA	23226	Transaction ID : SE.7405 Date of Disbursement or Obligation
Purpose of Expenditure Canvassing	Category/ Type 004	10 16 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	<b>x</b> Support	Office Sought: House District:
TRUMP, DONALD J., , ,	Oppose	▼ President Senate State:
Calendar Year-To-Date Per Election for Office Sought	1984.00	Disbursement For: Primary Seneral 2020 Other (specify) ▶
Full Name of Payee		Date of Public Distribution/Dissemination
Walls, Benjamin, , ,		10 16 2020
Mailing Address 1909 Colgate Ave		Amount
City State	Zip Code	180.00
Richmond VA	23226	Transaction ID : SE.7406  Date of Disbursement or Obligation
Purpose of Expenditure Canvassing	Category/ Type 004	10 / 16 / Y Y Y Y
Name of Federal Candidate	<b>✗</b> Support	Office Sought: House District: 00
GADE, DANIEL, M., ,	Oppose	President Senate State: VA
Calendar Year-To-Date Per Election for Office Sought	1524.00	Disbursement For:  Primary
(a) SUBTOTAL of Itemized Independent Expenditures		360.00
(b) SUBTOTAL of Unitemized Independent Expenditures		· •
(c) TOTAL Independent Expenditures		<b>&gt;</b>
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.		
Bach, Catharyne, L., ,	ically Filed1 Doto	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Middle Resolution Federal PAC Inc.		C C00512335
Check if 24-hour report 48-hour report New re	eport Amends report f	iled on
Full Name of Payee		Date of Public Distribution/Dissemination
Walls, Benjamin, , ,		10 16 2020
Mailing Address 1909 Colgate Ave		Amount
City State	Zip Code	180.00
Richmond	23226	Transaction ID : SE.7407  Date of Disbursement or Obligation
Purpose of Expenditure Canvassing	Category/ Type 004	10 16 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	🗶 Support O	ffice Sought: X House District: 07
FREITAS, NICK, J., ,	Oppose	President Senate State: VA
Calendar Year-To-Date Per Election for Office Sought		isbursement For: Primary   ☐ General  Other (specify)  ☐ Other (specify)
Full Name of Payee		Date of Public Distribution/Dissemination
Mailing Address		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 C	Office Sought: House District:
	Oppose	President Senate State:
Calendar Year-To-Date Per Election for Office Sought	D	Other (specify) ► General
(a) SUBTOTAL of Itemized Independent Expenditures		180.00
(b) SUBTOTAL of Unitemized Independent Expenditures	······	
(c) TOTAL Independent Expenditures	······	5952.00
Under penalty of perjury I certify that the independent expenditure with, or at the request or suggestion of, any candidate or authoriz party committee) any political party committee or its agent.		
Bach, Catharyne, L., ,  [Electronic Signature]	onically Filed] Date	10 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
-		

PAGE

OF