## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
C3 PAC	
	C C00680314
Check if 24-hour report 48-hour report New report Amends report filed on	
Full Name of Payee END GAME CONSULTING	Date of Public Distribution/Dissemination
Mailing Address 4501 FORD AVE	11 01 2018
SUITE 22303	Amount
City State Zip Code	18500.00
ALEXANDRIA VA 22303	Transaction ID : SE.4198 Date of Disbursement or Obligation
Purpose of Expenditure FIELD CANVASSERS  Category/ Type	11 02 / 2018
Name of Federal Candidate Support Office	e Sought: House District: 00
HAWLEY, JOSHUA DAVID, , , Oppose	President Senate State: MO
Calendar Year-To-Date Per Election for Office Sought  Disbut 2018	rsement For: Primary   General  Other (specify) ▶
Full Name of Payee END GAME CONSULTING	Date of Public Distribution/Dissemination  M M M O O O O O O O O O O O O O O O O
Mailing Address 4501 FORD AVE	
SUITE 22303	Amount
City State Zip Code	18500.00
ALEXANDRIA VA 22303	Transaction ID : SE.4199  Date of Disbursement or Obligation
Purpose of Expenditure FIELD CANVASSERS  Category/ Type	11 02 / 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: 00
MCCASKILL, CLAIRE, , ,	President Senate State: MO
Calendar Year-To-Date Per Election for Office Sought  Disbut	ursement For: Primary   General  Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	37000.00
	7 7
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7
(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.	
OZANUS, WILLIAM, K, ,  [Electronically Filed] Date	1 02 2018
Signature	

## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
C3 PAC	C C00680314
Check if X 24-hour report 48-hour report New report Amends report file	ed on Mam / Dab / Yayayay
Full Name of Payee MURPHY NASICA	Date of Public Distribution/Dissemination
Mailing Address	11 01 2018
Mailing Address 815-A BRAZOS ST	Amount
STE 304  City State Zip Code	4112.87
AUSTIN TX 78701	Transaction ID : SE.4196
Purpose of Expenditure	Date of Disbursement or Obligation
PRINTING/POSTAGE  Category/ Type	11 02 2018
Name of Federal Candidate Support Offi	ice Sought: House District: 00
MCCASKILL, CLAIRE, , ,	President Senate State: MO
Calendar Year-To-Date Per Election for Office Sought  Dis 201	
Full Name of Payee	Other (specify) ▶  Date of Public Distribution/Dissemination
MURPHY NASICA	Date of Public Distribution/Dissernination
Mailing Address 815-A BRAZOS ST	
STE 304	Amount
City State Zip Code	4112.88
AUSTIN TX 78701	Transaction ID : SE.4197  Date of Disbursement or Obligation
Purpose of Expenditure PRINTING/POSTAGE Category/ Type	11 02 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Off	ice Sought: House District: 00
HAWLEY, JOSHUA DAVID, , ,	President X Senate State: MO
Calendar Year-To-Date Per Election for Office Sought  Dis 20	
Tel Election for Office Sought	Other (specify) -
(a) SUBTOTAL of Itemized Independent Expenditures	8225.75
(b) SUBTOTAL of Unitemized Independent Expenditures	
(b) SUBTOTAL of Officernized independent Experiations	7 7 7
(c) TOTAL Independent Expenditures	45225.75
Under penalty of perjury I certify that the independent expenditures reported herein were not with, or at the request or suggestion of, any candidate or authorized committee or agent of eith party committee) any political party committee or its agent.	•
OZANUS, WILLIAM, K, ,  [Electronically Filed] Date	11 02 2018
Signature	