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

Schedule E)		PAGE 1 OF 1 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼		
ESAFund		C C00489856
		0 330 135355
Check if X 24-hour report 48-hour report New report Amends report filed on		
Full Name of Payee	Date	of Public Distribution/Dissemination
DDC Advocacy		04 08 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 805 15th Street, N.W.	Amou	unt
Suite 300		10500.00
	Code	12590.88 saction ID : SE.7409
- Tudonington		of Disbursement or Obligation
Purpose of Expenditure telephone calls	tegory/ Type	M = M / D = D / Y = Y = Y
Name of Federal Candidate	<b>✗</b> Support Office Sough	ht: X House District: 06
Handel, Karen, Christine, ,	Oppose Presid	
Calendar Year-To-Date	Disbursemer 2017	
Per Election for Office Sought	0.00 × C	Other (specify) ► Special-General
Full Name of Payee	Date	of Public Distribution/Dissemination
		M = M / D = D / Y = Y = Y
Mailing Address	Amou	
	Amou	unt
City State Zip	Code	
	Date	of Disbursement or Obligation
Purpose of Expenditure Car	tegory/	M - M / D - D / Y - Y - Y - Y
	Type	
Name of Federal Candidate	Support Office Sough	ht: House District:
<u> </u>	Oppose Presid	dent Senate State:
Calendar Year-To-Date	Disbursemen	nt For: Primary General
Per Election for Office Sought		Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	······	12590.88
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures		40500.00
(b) TOTAL independent Expenditures	<b>)</b>	12590.88
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.		
Watkins, Nancy H., , ,  [Electronically	Filed! Date Of	09 / Y Y Y Y
Signature	Filed Date 04	08 2017