

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 1 OF 4  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>FEDUP POLITICAL ACTION COMMITTEE AKA FEDUP PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00455923
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on

Full Name of Payee <b>American Target Advertising</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 24 / 2020</b>
Mailing Address <b>9625 Surveyor Court</b> <b>Suite 400</b>		Amount <b>504.39</b>
City <b>Manassas</b>	State <b>VA</b>	Zip Code <b>20110</b>
Purpose of Expenditure <b>Writing, sending, monitoring Emails</b>	Category/Type <b>004</b>	Transaction ID : <b>SE.16112</b> Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 24 / 2020</b>
Name of Federal Candidate <b>BIDEN, JOSEPH R JR, ,</b>		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 <b>212022.20</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <b>American Target Advertising</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 24 / 2020</b>
Mailing Address <b>9625 Surveyor Court</b> <b>Suite 400</b>		Amount <b>813.50</b>
City <b>Manassas</b>	State <b>VA</b>	Zip Code <b>20110</b>
Purpose of Expenditure <b>Writing, sending, monitoring emails</b>	Category/Type <b>004</b>	Transaction ID : <b>SE.16113</b> Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 24 / 2020</b>
Name of Federal Candidate <b>TRUMP, DONALD J., ,</b>		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 <b>212835.70</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>1317.89</b>
(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.

Testa, Donna, Doe, ,

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Date

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Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 2 OF 4  
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NAME OF COMMITTEE (In Full) <b>FEDUP POLITICAL ACTION COMMITTEE AKA FEDUP PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00455923
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on

Full Name of Payee <b>American Target Advertising</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 25 / 2020</b>
Mailing Address <b>9625 Surveyor Court</b> <b>Suite 400</b>		Amount <b>507.90</b>
City <b>Manassas</b>	State <b>VA</b>	Zip Code <b>20110</b>
Purpose of Expenditure <b>Creative Production Serivces (Estimate)</b>	Category/ Type <b>004</b>	Transaction ID : <b>SE.16114</b> Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 25 / 2020</b>
Name of Federal Candidate <b>TRUMP, DONALD J., ,</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose 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 <b>213343.60</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <b>Data Management Inc.</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 25 / 2020</b>
Mailing Address <b>PO Box 846</b>		Amount <b>180.00</b>
City <b>Stoneville</b>	State <b>NC</b>	Zip Code <b>27048</b>
Purpose of Expenditure <b>Data Processing (Estimate)</b>	Category/ Type <b>004</b>	Transaction ID : <b>SE.16118</b> Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 25 / 2020</b>
Name of Federal Candidate <b>TRUMP, DONALD J., ,</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose 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 <b>224529.46</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<b>687.90</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
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Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on

Full Name of Payee <b>Day &amp; Night Printing</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 25 / 2020</b>	
Mailing Address 8618 Westwood Center Drive Suite LL-100		Amount <b>4240.63</b>	
City Vienna	State VA	Zip Code 22182	Transaction ID : <b>SE.16116</b>
Purpose of Expenditure Printing and Mailshop (Estimate)	Category/ Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 25 / 2020</b>	
Name of Federal Candidate TRUMP, DONALD J., ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	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		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	
		<b>223739.98</b>	

Full Name of Payee <b>The Viguerie Company</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 25 / 2020</b>	
Mailing Address 9625 Surveyor Court Suite 400		Amount <b>609.48</b>	
City Manassas	State VA	Zip Code 20110	Transaction ID : <b>SE.16117</b>
Purpose of Expenditure List Rental (Estimate)	Category/ Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 25 / 2020</b>	
Name of Federal Candidate TRUMP, DONALD J., ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	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		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	
		<b>224349.46</b>	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>4850.11</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on

Full Name of Payee <b>United States Postal Service</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 25 / 2020</b>
Mailing Address <b>475 L'Enfant Plaza SW</b>		Amount <b>6155.75</b>
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20260</b>
Purpose of Expenditure Postage and Shipping (Estimate)	Category/Type <b>004</b>	Transaction ID : <b>SE.16115</b> Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 25 / 2020</b>
Name of Federal Candidate <b>TRUMP, DONALD J., ,</b>		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 <b>219499.35</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY
Mailing Address		Amount
City	State	Zip Code
Purpose of Expenditure	Category/Type	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		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>6155.75</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<b>13011.65</b>

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