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

Schedule E)	FOR SE OF FORM 24/48
IAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
MISSOURI RISING ACTION	
	C C00652875
Check if X 24-hour report 48-hour report New report Amends report filed	d on Mam / Dad / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
Columbia Daily Tribune	M M / D D / Y Y Y Y
Mailing Address 101 N. 4th Street	11 05 2018 Amount
City State Zip Code	2000.00
Columbia MO 65201	Transaction ID : SE.4414 Date of Disbursement or Obligation
Purpose of Expenditure Print Ad Placement (Estimated) Category/ Type 004	11 D D / 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:
MCCASKILL, CLAIRE, , ,	President Senate State: MO
Calendar Year-To-Date Per Election for Office Sought Disb 2018	ursement For: Primary General Other (specify)
Full Name of Payee	Date of Public Distribution/Dissemination
	M = M / D = D / Y = Y = Y
Mailing Address	
	Amount
City State Zip Code	
Purpose of Expenditure	Date of Disbursement or Obligation
Category/ Type	M M / D D / Y Y Y Y
Name of Federal Candidate Support Office	ee Sought: House District:
Oppose	President Senate State:
Calendar Year-To-Date Dist	oursement For: Primary General
Per Election for Office Sought	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	2000.00
(a) SOBTOTAL OF HEIMIZED INDEPENDENT EXPENDITURES	2000.00
(b) SUBTOTAL of Unitemized Independent Expenditures	1171171171
(c) TOTAL Independent Expenditures	2000.00
(b) Foraz maspandon Expondituros	2000.00
Under penalty of perjury I certify that the independent expenditures reported herein were not me with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	· · · · · · · · · · · · · · · · · · ·
Hayes, Deanna, , ,	-M / D D / Y - Y - Y
[Electronically Filed] Date	11 06 2018
Signature	