

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 1 OF 3
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Priorities USA Action			FEC IDENTIFICATION NUMBER ▼ C C00495861		
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			MM / DD / YYYY		
Full Name of Payee Targeted Platform Media LLC			Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 03 / 2020		
Mailing Address 651 Maid Marion Rd			Amount 315352.38		
City Annapolis	State MD	Zip Code 21405-2027	Transaction ID : VNTYHA0EM59		
Purpose of Expenditure Ad Buy (Estimate)		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 03 / 03 / 2020		
Name of Federal Candidate TRUMP, DONALD J., ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: PA		
Calendar Year-To-Date Per Election for Office Sought		624509.45	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Targeted Platform Media LLC			Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 03 / 2020		
Mailing Address 651 Maid Marion Rd			Amount 4547.03		
City Annapolis	State MD	Zip Code 21405-2027	Transaction ID : VNTYHA0EMA8		
Purpose of Expenditure Ad Buy (Estimate)		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 03 / 03 / 2020		
Name of Federal Candidate TRUMP, DONALD J., ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: WV		
Calendar Year-To-Date Per Election for Office Sought		8854.24	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			319899.41		
(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.					
Speed, Greg, , ,		[Electronically Filed]	Date MM / DD / YYYY 03 / 03 / 2020		
Signature					

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 2 OF 3
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Priorities USA Action		FEC IDENTIFICATION NUMBER ▼ C C00495861	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee Targeted Platform Media LLC		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 03 / 03 / 2020	
Mailing Address 651 Maid Marion Rd		Amount 1196.59	
City Annapolis	State MD	Zip Code 21405-2027	Transaction ID : VNTYHA0EMB6
Purpose of Expenditure Ad Buy (Estimate)	Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 03 / 03 / 2020	
Name of Federal Candidate TRUMP, DONALD J., ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MD
Calendar Year-To-Date Per Election for Office Sought 2330.07		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Targeted Platform Media LLC		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 03 / 03 / 2020	
Mailing Address 651 Maid Marion Rd		Amount 146876.18	
City Annapolis	State MD	Zip Code 21405-2027	Transaction ID : VNTYHA0EME0
Purpose of Expenditure Ad Buy (Estimate)	Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 03 / 03 / 2020	
Name of Federal Candidate TRUMP, DONALD J., ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: WI
Calendar Year-To-Date Per Election for Office Sought 294780.32		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	148072.77
(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.

*Speed, Greg, ,**[Electronically Filed]*

Date

M M M / D D D / Y Y Y Y Y Y
03 / 03 / 2020

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 3 OF 3
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Priorities USA Action		FEC IDENTIFICATION NUMBER ▼ C C00495861	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Targeted Platform Media LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 03 / 2020	
Mailing Address 651 Maid Marion Rd		Amount 1559.33	
City Annapolis	State MD	Zip Code 21405-2027	Transaction ID : VNTYHA0EMG6
Purpose of Expenditure Ad Buy (Estimate)		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 03 / 03 / 2020
Name of Federal Candidate TRUMP, DONALD J., ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MI
Calendar Year-To-Date Per Election for Office Sought		3131.93	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure		Category/Type	
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	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) SUBTOTAL of Itemized Independent Expenditures.....▶	1559.33
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	469531.51

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.

*Speed, Greg, ,**[Electronically Filed]*

Date

MM / DD / YYYY
03 / 03 / 2020

Signature