Signature

TEMIZED INDEPENDENT EXPENDITURES				PAGE 628 OF 633
NAME OF COMMITTEE (L. F. II)				FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) SMP			F	FEC IDENTIFICATION NUMBER ▼
SIVIF				C C00484642
Check if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed on	M / D D / Y Y Y Y
Full Name of Payee			M	Public Distribution/Dissemination M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 3050 K St NW				7 17 2010
Ste 100			Amount	
City	State	Zip Code		138545.00
Washington	DC	20007-5161		ction ID : 500044564 Disbursement or Obligation
Purpose of Expenditure Media Buy		Category/ Type		06 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		Support	Office Sought:	House District:
Cramer, Kevin, , ,		x Oppose	Presiden	□ ND
Calendar Year-To-Date Per Election for Office Sought	7	997828.19	Disbursement 2018 Oth	For: Primary X General ner (specify) ▶
Full Name of Payee			M	Public Distribution/Dissemination Margin
Mailing Address 3050 K St NW Ste 100			Amount	
City	State	Zip Code	 :	523766.00
Washington	DC	20007-5161		ction ID: 500043500 Disbursement or Obligation
Purpose of Expenditure Media Buy		Category/ Type		07 / 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		Support	Office Sought:	House District:
Hawley, Joshua, D., ,			Presiden	state: MO
Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date 6495990.33 Disbursement For: ▼ Primary Other (specify) ▶				
(a) SUBTOTAL of Itemized Independent Expenditures				
(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.				
Lambe, Rebecca, , ,	Electronically Fil	[ed] Date		20 / 2018