

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

NAME OF COMMITTEE (In Full) <b>DMFI PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00710848
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 <b>AMERICAN WORKING FAMILIES</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>08 / 18 / 2020</b>
Mailing Address 107 S West St # 527		Amount <b>4000.00</b>
City Alexandria	State VA	Zip Code 22314-2824
Purpose of Expenditure In-Kind Received: TV Advertising Production	Category/ Type <b>004</b>	Transaction ID : <b>VVBANAQ02A6</b> Date of Disbursement or Obligation MM / DD / YYYY <b>08 / 04 / 2020</b>
Name of Federal Candidate MORSE, ALEX, , ,	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: <b>01</b> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>MA</b>
Calendar Year-To-Date Per Election for Office Sought <b>104000.00</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Targeted Platform Media, LLC</b> Non-Contribution Account		Date of Public Distribution/Dissemination MM / DD / YYYY <b>08 / 18 / 2020</b>
Mailing Address PO Box 237		Amount <b>100000.00</b>
City Crownsville	State MD	Zip Code 21032-0237
Purpose of Expenditure TV Advertising Buy	Category/ Type <b>004</b>	Transaction ID : <b>VVBANAQ0G39</b> Date of Disbursement or Obligation MM / DD / YYYY <b>08 / 07 / 2020</b>
Name of Federal Candidate MORSE, ALEX, , ,	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: <b>01</b> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>MA</b>
Calendar Year-To-Date Per Election for Office Sought <b>104000.00</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>104000.00</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<b>104000.00</b>

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.

Lebin, Jennifer, , ,

[Electronically Filed]

Date

MM / DD / YYYY  
**08 / 18 / 2020**

Signature