

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

 PAGE 1 OF 4
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Priorities USA Action	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00495861 </div>
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 Getty Images Paid with American Express.		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 08 / 2020</div> </div>	
Mailing Address 605 5th Ave S Ste 400		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1500.00</div>	
City State Zip Code Seattle WA 98104-3887	Transaction ID : VNTYHA15NY1 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY</div> </div>		
Purpose of Expenditure Ad Production (Estimate)	Category/Type		
Name of Federal Candidate BIDEN, JOSEPH, R., , JR		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: 00	
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) ▶	

Full Name of Payee John Lotas Productions, Inc.		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 08 / 2020</div> </div>	
Mailing Address 1123 Broadway Ste 1218		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">675.00</div>	
City State Zip Code New York NY 10010-2007	Transaction ID : VNTYHA15NW5 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY</div> </div>		
Purpose of Expenditure Ad Production (Estimate)	Category/Type		
Name of Federal Candidate BIDEN, JOSEPH, R., , JR		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: 00	
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) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">2175.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

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, , ,

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Date

MM / DD / YYYY
09 / 09 / 2020

Signature

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Full Name of Payee Magnus Pearson Media		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 09 / 2020	
Mailing Address 311 Wolfe St		Amount 20538.82	
City Alexandria	State VA	Zip Code 22314-3725	Transaction ID : VNTYHA15P23
Purpose of Expenditure Ad Production (Estimate)		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY
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: 00
Calendar Year-To-Date Per Election for Office Sought		49442205.84	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Maxwell Nunes		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 08 / 2020	
Mailing Address 1332 15th St NW		Amount 7500.00	
City Washington	State DC	Zip Code 20005-2969	Transaction ID : VNTYHA15NX3
Purpose of Expenditure Ad Production (Estimate)		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate BIDEN, JOSEPH, R., , JR		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: 00
Calendar Year-To-Date Per Election for Office Sought		49442205.84	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	28038.82
(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 Targeted Platform Media LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 08 / 2020	
Mailing Address 651 Maid Marion Rd		Amount 28603.65	
City Annapolis	State MD	Zip Code 21405-2027	Transaction ID : VNTYHA15NZ9
Purpose of Expenditure Ad Buy (Estimate)		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate BIDEN, JOSEPH, R., , JR		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: 00
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) ▶	

Full Name of Payee Targeted Platform Media LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 08 / 2020	
Mailing Address 651 Maid Marion Rd		Amount 1268371.44	
City Annapolis	State MD	Zip Code 21405-2027	Transaction ID : VNTYHA15P07
Purpose of Expenditure Ad Buy (Estimate)		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY
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: 00
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) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1296975.09
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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Full Name of Payee Verizon		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 08 / 2020
Mailing Address 14010 Fnb Pkwy		Amount 270995.00
City Omaha	State NE	Zip Code 68154-5206
Purpose of Expenditure Ad Buy (Estimate)	Category/Type	Transaction ID : VNTYHA15NV7 Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate COLLINS, SUSAN M., , ,		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: ME
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) ▶

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"/> Oppose <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.....▶	270995.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	1598183.91

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