24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Priorities USA Action	
	C C00495861
Check if 24-hour report 48-hour report New report Amends report filed	on Mam / Dad / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
Shorr Johnson Magnus	M M / D D / Y Y Y Y
Mailing Address 100 N 20th St	10 26 2016 Amount
Ste 201	Amount
City State Zip Code	5838.40
Philadelphia PA 19103-1454	Transaction ID: VNTYH9TX376 Date of Disbursement or Obligation
Purpose of Expenditure Video Production (Estimate) Category/ Type	10 26 / Y Y Y Y Y Y
Name of Federal Candidate Support Office	e Sought: House District: 00
TRUMP, DONALD J, , ,	President Senate State: 00
Calendar Year-To-Date Per Election for Office Sought Disbrace 2016	ursement For: Primary X General Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Shorr Johnson Magnus	10 26 2016
Mailing Address 100 N 20th St	
Ste 201	Amount
City State Zip Code	5838.39
Philadelphia PA 19103-1454	Transaction ID : VNTYH9TX384 Date of Disbursement or Obligation
Purpose of Expenditure Video Production (Estimate) Category/ Type	10 26 / 2016
Name of Federal Candidate Support Offic	e Sought: 🗶 House District:01
BLUM, RODNEY, , ,	President Senate State: IA
Calendar Year-To-Date Per Election for Office Sought Disb 2016	ursement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	11676.79
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(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	11676.79
Under penalty of perjury I certify that the independent expenditures reported herein were not m 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.	
24.0	0 27 2016
Signature	