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

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
DMFI PAC	
	C C00710848
Check if 24-hour report 48-hour report New report Amends report fi	led on Man / Dad / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
Trilogy Interactive, LLC	M M / D D / Y Y Y
Non-Contribution Account Mailing Address PO Box 4177	10 15 2020
FO BOX 4177	Amount
City State Zip Code	1041.00
Mountain View CA 94040-0177	Transaction ID : VVBANAQ8ZP3
	Date of Disbursement or Obligation
Purpose of Expenditure Digital Advertising Buy & Production - Estimated Cost Category/ Type 004	M M / D D / Y Y Y Y
Name of Federal Candidate Support Of	fice Sought: House District:
Gideon, Sara, , , Oppose	President Senate State: ME
Calendar Year-To-Date Di	sbursement For: Primary X General
	20 Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
	M = M / D = D / Y = Y = Y
Mailing Address	
	Amount
City State Zip Code	
Purpose of Expenditure	Date of Disbursement or Obligation
Category/	M M / D D / Y Y Y Y
Name of Fodoval Condidate	
Support	ffice Sought: House District:
Oppose	President Senate State:
Calendar Year-To-Date Per Election for Office Sought	sbursement For: Primary General
Per Election for Office Sought	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	1041.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(a) TOTAL Independent Expanditures	
(c) TOTAL Independent Expenditures	1041.00
Under penalty of perjury I certify that the independent expenditures reported herein were not	•
with, or at the request or suggestion of, any candidate or authorized committee or agent of ei- party committee) any political party committee or its agent.	urer, or the reporting entity is not a political
Lebin, Jennifer, , , [Electronically Filed] Date	10 16 2020
Signature	