24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	FOR SE OF FORM 24/48
JAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
DMFI PAC	C C00710848
Check if X 24-hour report 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y
Full Name of Payee Trilogy Interactive, LLC	Date of Public Distribution/Dissemination
Non-Contribution Account	10 23 2020
Mailing Address PO Box 4177	Amount
City State Zip Code	256.11
Mountain View CA 94040-0177	Transaction ID : VVBANAQBWV7 Date of Disbursement or Obligation
Purpose of Expenditure Digital Advertising Buy & Production - Estimated Cost Category/ Type 004	10 / 20 / Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	Sought: House District:
GREENFIELD, THERESA, , ,	President Senate State: IA
Calendar Year-To-Date Per Election for Office Sought Disbut 2020	rsement For: Primary X General Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Trilogy Interactive, LLC Non-Contribution Account	10 24 2020
Mailing Address PO Box 4177	Amount
City State Zip Code	0.04
Mountain View CA 94040-0177	Transaction ID : VVBANAQBWW5 Date of Disbursement or Obligation
Purpose of Expenditure Digital Advertising Buy - Estimated Cost Category/ Type 004	10 20 / 2020
Name of Federal Candidate Support Office	e Sought: House District:
GREENFIELD, THERESA, , ,	President Senate State: IA
Calendar Year-To-Date Per Election for Office Sought Disbut 2020	orsement For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	256.15
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not ma 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.	· · · · · · · · · · · · · · · · · · ·
Lebin, Jennifer, , , [Electronically Filed] Date 1	1 02 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

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
	0,
Check if 24-hour report 48-hour report New report Amends report filed	I on M M / D D / Y Y Y Y Y
Full Name of Payee Trilogy Interactive, LLC	Date of Public Distribution/Dissemination
Non-Contribution Account	10 25 / Y Y Y Y
Mailing Address PO Box 4177	Amount
City State Zip Code	0.19
Mountain View CA 94040-0177	Transaction ID: VVBANAQBWX3 Date of Disbursement or Obligation
Purpose of Expenditure Digital Advertising Buy - Estimated Cost Category/ Type 004	10 20 / 2020
Name of Federal Candidate Support Office	e Sought: House District:
GREENFIELD, THERESA, , ,	President Senate State: IA
Calendar Year-To-Date Per Election for Office Sought Disbut 2020	ursement For: Primary X General Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Trilogy Interactive, LLC Non-Contribution Account	10 26 2020
Mailing Address PO Box 4177	Amount
City State Zip Code	1.39
Mountain View CA 94040-0177	Transaction ID : VVBANAQC2W8 Date of Disbursement or Obligation
Purpose of Expenditure Digital Advertising Buy - Estimated Cost Category/ Type 004	10 D D Z 2020
Name of Federal Candidate Support Offic	e Sought: House District:
GREENFIELD, THERESA, , ,	President Senate State: IA
Calendar Year-To-Date Per Election for Office Sought Disb 2020	ursement For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	1.58
(1) 02 10 11 2 0 10 11 20 11 11 11 11 11 11 11 11 11 11 11 11 11	7 7 7
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not mwith, 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.	
Lebin, Jennifer, , , [Electronically Filed] Date	11 02 7 2020
Oignatule	

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

Schedule E)	I EXI EIVE			PAGE 3 OF 6 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 repo	ort Amends	report filed	on M M / D D / Y Y Y Y Y Y
Full Name of Payee Trilogy Interactive, LLC Non-Contribution Accoun	nt			Date of Public Distribution/Dissemination 10 27 2020
Mailing Address PO Box 4177				Amount
City	State	Zip Code		5.10
Mountain View	CA	94040-0177		Transaction ID : VVBANAQC2X5 Date of Disbursement or Obligation
Purpose of Expenditure Digital Advertising Buy - Estimated Cost		Category/ Type	004	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		x Suppor	t Office	Sought: House District:
GREENFIELD, THERESA, , ,		Oppose		President Senate State: IA
Calendar Year-To-Date Per Election for Office Sought		1610.78	Disbu 2020	rsement For: Primary General Other (specify) ▶
Full Name of Payee Trilogy Interactive, LLC Non-Contribution Account Mailing Address PO Box 4177	<u>ıt</u>			Date of Public Distribution/Dissemination 10 28 2020 Amount
City	State	Zip Code		64.95
Mountain View	CA	94040-0177		Transaction ID : VVBANAQC325 Date of Disbursement or Obligation
Purpose of Expenditure Digital Advertising Buy - Estimated Cost		Category/ Type 0	004	10 20 / 2020
Name of Federal Candidate		x Suppor	rt Office	Sought: House District:
GREENFIELD, THERESA, , ,		Oppos		President Senate State: IA
Calendar Year-To-Date Per Election for Office Sought	, ,	1610.78	Disbu 2020	orsement For: Primary ★ General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditure	·S		······ >	70.05
(b) SUBTOTAL of Unitemized Independent Expenditu	ures		······ >	
(c) TOTAL Independent Expenditures			······ >	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	te or authorized			
Lebin, Jennifer, , ,	[Electron	ically Filed]	Date 1	
Signature				

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 4 OF 6 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 filed on	M = M / D = D / Y = Y = Y
Full Name of Payee Trilogy Interactive, LLC Non-Contribution Account	e of Public Distribution/Dissemination
Mailing Address PO Box 4177 Amo	10 29 2020 ount
City State Zip Code	215.03
	nsaction ID : VVBANAQC359 e of Disbursement or Obligation
Purpose of Expenditure Digital Advertising Buy - Estimated Cost Category/ Type 004	10 28 / 2020
Name of Federal Candidate Support Office Sou	ght: House District:
GREENEIELD THERESA	ident Senate State: IA
Calendar Year-To-Date Per Election for Office Sought Disburseme 2020	ent For: Primary ★ General Other (specify) ▶
Trilogy Interactive, LLC	e of Public Distribution/Dissemination
Non-Contribution Account Mailing Address PO Box 4177 Amo	10 30 2020 ount
City State Zip Code	253.41
Date	saction ID: VVBANAQC367 e of Disbursement or Obligation
Purpose of Expenditure Digital Advertising Buy - Estimated Cost Category/ Type 004	10 / 28 / 2020
Name of Federal Candidate Support Office Sour	ght: House District:
GREENFIELD, THERESA, , , Oppose Pres	sident Senate State: IA
Calendar Year-To-Date Per Election for Office Sought Disburseme 2020	ent For:
(a) SUBTOTAL of Itemized Independent Expenditures	468.44
(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 with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (party committee) any political party committee or its agent.	
Lebin, Jennifer, , , [Electronically Filed] Date Manual Manua	02 / 2020

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	XI ENDITORIES		PAGE 5 OF 6 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
DMFI PAC			C C00710848
Check if X 24-hour report 48-hour report	New report Ame	ends report filed on	M = M / D = D / Y = Y = Y = Y
Full Name of Payee Trilogy Interactive, LLC Non-Contribution Account		Date	e of Public Distribution/Dissemination
Mailing Address PO Box 4177		Amo	
City Sta	te Zip Code		444.41
Mountain View Ca	A 94040-0177		nsaction ID : VVBANAQCP42 e of Disbursement or Obligation
Purpose of Expenditure Digital Advertising Buy - Estimated Cost	Category/ Type	004	10 28 2020
Name of Federal Candidate	x s	upport Office Sou	ght: House District:
GREENFIELD, THERESA, , ,		ppose Presi	ident Senate State: IA
Calendar Year-To-Date Per Election for Office Sought	1610.78	Disburseme 2020	ent For:
Full Name of Payee		Date	e of Public Distribution/Dissemination
Trilogy Interactive, LLC Non-Contribution Account			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address PO Box 4177		Amo	ount
City Sta	te Zip Code		370.15
Mountain View Ca	A 94040-0177		saction ID: VVBANAQCP50 e of Disbursement or Obligation
Purpose of Expenditure Digital Advertising Buy - Estimated Cost	Category/ Type	004	10 28 / 2020
Name of Federal Candidate	x S	Support Office Sou	ght: House District:
GREENFIELD, THERESA, , ,	C	Oppose Pres	ident Senate State: IA
Calendar Year-To-Date Per Election for Office Sought	1610.78	Disbursem 2020	ent For:
(a) SUBTOTAL of Itemized Independent Expenditures			814.56
(b) SUBTOTAL of Unitemized Independent Expenditures.			
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent ex with, or at the request or suggestion of, any candidate or party committee) any political party committee or its agent	authorized committee o		
Lebin, Jennifer, , , Signature	[Electronically Filed]	Date 11	02 / 2020

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (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 filed on	M = M / D = D / Y = Y = Y
	te of Public Distribution/Dissemination
Trilogy Interactive, LLC Non-Contribution Account	10 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address PO Box 4177	nount
City State Zip Code	66.79
Mountain View CA 94040-0177 Tra	ansaction ID : VVBANAQCPA9 te of Disbursement or Obligation
Purpose of Expenditure Digital Advertising Buy - Estimated Cost Category/ Type 004	10 28 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate X Support Office Sou	ught: House District:
PETERS, GARY, , , Oppose Pres	sident Senate State: MI
Calendar Year-To-Date Per Election for Office Sought Disbursem 2020	
Tot Elocatori for Office Godgitt	Other (specify)
Full Name of Payee Trilogy Interactive, LLC Non-Contribution Account	te of Public Distribution/Dissemination
Mailing Address PO Box 4177	nount
City State Zip Code	128.40
	nsaction ID: VVBANAQCPB7 te of Disbursement or Obligation
Purpose of Expenditure Digital Advertising Buy - Estimated Cost Category/ Type 004	10 28 2020
Name of Federal Candidate X Support Office Sou	ught: House District:
PETERS, GARY, , , Oppose Pre:	sident Senate State: MI
Calendar Year-To-Date Per Election for Office Sought Disbursen 2020	nent For:
(a) SUBTOTAL of Itemized Independent Expenditures	195.19
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	1805.97
Under penalty of perjury I certify that the independent expenditures reported herein were not made i with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
Lebin, Jennifer, , , [Electronically Filed] Date 11	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

PAGE 6

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