## 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	
Full Name of Payee	Date of Public Distribution/Dissemination
Targeted Platform Media, LLC Non-Contribution Account	M M / D D / Y Y Y Y Y
Mailing Address PO Box 237	08 28 2020
1 O BOX 237	Amount
City State Zip Code	de 75000.00
Crownsville MD 21032-02	
Purpose of Expenditure TV Advertising Buy  Categor Typ	ory/ type 004 08 / 27 / 2020
Name of Federal Candidate	Support Office Sought:   * House District: 01
MORSE, ALEX, , ,	
Calendar Year-To-Date Per Election for Office Sought 179000.	Disbursement For:   Disbursement For:   Primary General  Other (specify)   Other (specify)
Full Name of Payee	Date of Public Distribution/Dissemination
	M M / D D / Y Y Y Y
Mailing Address	Amount
City State Zip Code	de
	Date of Disbursement or Obligation
Purpose of Expenditure Categor	ory/ iype M M / D D / Y Y Y Y
Name of Federal Candidate	Support Office Sought: House District:
	Oppose President Senate State:
Calendar Year-To-Date	Disbursement For: Primary General
Per Election for Office Sought	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	75000.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
	73000.00
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	ed] Date 08 28 2020
Signature	