

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 1 OF 1
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) DMFI PAC		FEC IDENTIFICATION NUMBER ▼ C C00710848	
Check if ☒ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Savvy Communications LLC Non-Contribution Account		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 06 / 04 / 2020	
Mailing Address 1910 Thomes Ave		Amount 5405.78	
City Cheyenne	State WY	Zip Code 82001-3527	Transaction ID : VVBANAPSQH7
Purpose of Expenditure Digital Communications	Category/Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 06 / 05 / 2020	
Name of Federal Candidate ENGEL, ELIOT L., ,		☒ Support ☐ Oppose	Office Sought: ☒ House District: 16 ☐ President ☐ Senate State: NY
Calendar Year-To-Date Per Election for Office Sought 72926.34		Disbursement For: ☒ Primary ☐ General ☐ Other (specify) ▶	
Full Name of Payee		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y
Purpose of Expenditure	Category/Type		
Name of Federal Candidate		☐ Support ☐ Oppose	Office Sought: ☐ House District: _____ ☐ President ☐ Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		5405.78	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶		5405.78	
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, , , Signature		[Electronically Filed] Date 06 / 05 / 2020	