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

Full Name of Payee Big Dog Strategies  Mailing Address P.O. Box 217  City State Zip Code Clarence Center NY 14032  Purpose of Expenditure Direct Mail  Category/ Type 004  Date of Public Distribution/Dissemination  10 12 2020  Amount  Transaction ID: SE.001 Date of Disbursement or Obligation  10 05 2020	
Check if 24-hour report	
Check if 24-hour report	
Check if 24-hour report	-
Big Dog Strategies  Mailing Address P.O. Box 217  City State Zip Code Clarence Center NY 14032  Purpose of Expenditure Direct Mail  Name of Federal Candidate Tiperneni, Hiral, , ,	Y
Mailing Address P.O. Box 217  City State Zip Code Clarence Center NY 14032  Purpose of Expenditure Direct Mail  Category/ Type  Category/ Type  Od4  Transaction ID : SE.001 Date of Disbursement or Obligation  M M M / D D / 2020  Name of Federal Candidate Tiperneni, Hiral, , ,	n
Mailing Address P.O. Box 217  City State Zip Code Clarence Center NY 14032  Purpose of Expenditure Direct Mail  Category/ Type 004  Category/ Type 004  Tiperneni, Hiral, , ,  Calendar Year-To-Date Per Election for Office Sought  Amount  Amount  Category/ Type 004  Transaction ID : SE.001 Date of Disbursement or Obligation  Office Sought: ▼ House District: Company ▼ Oppose President Senate State: Amount  Category/ Type 004  Tope 005  Tope 004  Tope 005  Tope 005	Y
City State Zip Code  Clarence Center NY 14032  Purpose of Expenditure Direct Mail  Category/ Type 004  Category/ Type 004  Category/ Type 004  Transaction ID : SE.001 Date of Disbursement or Obligation  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	_
Clarence Center  NY  14032  Transaction ID: SE.001  Date of Disbursement or Obligation  Purpose of Expenditure Direct Mail  Category/ Type  004  Name of Federal Candidate  Support  Tiperneni, Hiral, , ,  Calendar Year-To-Date Per Election for Office Sought  190085.50  Transaction ID: SE.001  Date of Disbursement or Obligation  M	
Purpose of Expenditure Direct Mail  Name of Federal Candidate Tiperneni, Hiral, , ,  Calendar Year-To-Date Per Election for Office Sought  Date of Disbursement or Obligation  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Direct Mail    Direct Mail	
Tiperneni, Hiral, , ,  Calendar Year-To-Date Per Election for Office Sought  Tiperneni, Hiral, , ,  Calendar Year-To-Date Per Election for Office Sought  Tiperneni, Hiral, , ,  A House District. Senate State: A  Disbursement For: Primary ★ Ger 2020  Other (specify) ▶	Y
Calendar Year-To-Date Per Election for Office Sought  Disbursement For: Primary X Ger 2020  Other (specify)	6
Per Election for Office Sought 190085.50 2020 Other (specify) ▶	Z
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M M / D D / Y Y Y	Y
Mailing Address	_
Amount	
City State Zip Code	
Date of Disbursement or Obligation	
Purpose of Expenditure  Category/ Type  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 Ger	eral
Per Election for Office Sought  ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures	
(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 cooperation, consultation, or cond 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.	
Crosby, Caleb, , ,  [Electronically Filed] Date 10 14 2020	ì
Signature	