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

Schedule E)		PAGE 1 OF 3 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 rep	ort Amends report file	d on M M / D D / Y Y Y Y Y
Full Name of Payee		Date of Public Distribution/Dissemination
Trilogy Interactive, LLC Non-Contribution Account		10 21 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address PO Box 4177		Amount
City State	Zip Code	124.59
Mountain View CA	94040-0177	Transaction ID : VVBANAQBNB8 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	ce Sought: House District:
Gideon, Sara, , ,	Oppose	President Senate State: ME
Calendar Year-To-Date Per Election for Office Sought	2618.24 Disk 202	oursement For: Primary General Other (specify)
Full Name of Payee		Date of Public Distribution/Dissemination
Trilogy Interactive, LLC Non-Contribution Account		10 22 2020
Mailing Address PO Box 4177		Amount
City State Mountain View CA	Zip Code 94040-0177	127.78 Transaction ID : VVBANAQBNC6
Purpose of Expenditure	Category/ 004	Date of Disbursement or Obligation
Digital Advertising Buy - Estimated Cost	Type 004	10 20 2020
Name of Federal Candidate	🗶 Support Offi	ce Sought: House District:
Gideon, Sara, , ,	Oppose	President Senate State: ME
Calendar Year-To-Date Per Election for Office Sought	2618.24 Diss 202	bursement For: Primary X General 20 Other (specify) ▶
-	'	
(a) SUBTOTAL of Itemized Independent Expenditures	·····	252.37
(b) SUBTOTAL of Unitemized Independent Expenditures		
(b) SOBTOTAL OF CHICAMIZED INDEPENDENT EXPENDITURES		4
(c) TOTAL Independent Expenditures	·····	
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		
	ically Filed] Date	10 27 2020
Signature	_	

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 2 OF 3 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 fill	ed on M M / D D / Y Y Y Y Y				
Full Name of Payee Trilogy Interactive, LLC Non-Contribution Account	Date of Public Distribution/Dissemination				
Mailing Address PO Box 4177	10 23 2020 Amount				
City State Zip Code	285.20				
Mountain View CA 94040-0177	Transaction ID: VVBANAQBWY1 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 Off	ice Sought: House District:				
PETERS, GARY, , ,	President Senate State: MI				
Calendar Year-To-Date Per Election for Office Sought Dis 202	sbursement For: Primary General Other (specify) Other				
Full Name of Payee Trilogy Interactive, LLC Non-Contribution Account	Date of Public Distribution/Dissemination				
Mailing Address PO Box 4177	10 24 2020 Amount				
City State Zip Code	61.92				
Mountain View CA 94040-0177	Transaction ID : VVBANAQBWZ8 Date of Disbursement or Obligation				
Purpose of Expenditure Digital Advertising Buy - Estimated Cost Category/ Type O04	10 / 20 / 2020				
Name of Federal Candidate Support Of	fice Sought: House District:				
PETERS, GARY, , ,	President Senate State: MI				
Calendar Year-To-Date Per Election for Office Sought Display 181284.96	sbursement For: Primary ☐ Primary ☐ General Other (specify) ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐				
(a) SUBTOTAL of Itemized Independent Expenditures	347.12				
(b) SUBTOTAL of Unitemized Independent Expenditures					
(c) TOTAL Independent Expenditures	7 7				
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] Date	10 / 27 / 2020				

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	VI EXPEND	ITONES		PAGE 3 OF 3 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)			FEC ID	DENTIFICATION NUMBER ▼	
DMFI PAC				C00710848	
Check if 24-hour report 48-hour report	X New rep	oort Amends repo	rt filed on	D = D / Y = Y = Y	
Full Name of Payee Trilogy Interactive, LLC Non-Contribution Accounts			M - M /	C Distribution/Dissemination	
Mailing Address PO Box 4177	uni		Amount	25 2020	
City	State	Zip Code		58.84	
Mountain View	CA	94040-0177		Transaction ID : VVBANAQBX06 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 Sought:	House District:	
PETERS, GARY, , ,		Oppose	President	Senate State: MI	
Calendar Year-To-Date Per Election for Office Sought	7	181284.96	Disbursement For: 2020 Other (sp	Primary X General pecify) ▶	
Full Name of Payee			Date of Public	c Distribution/Dissemination	
Trilogy Interactive, LLC Non-Contribution Acco	unt		10	26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address PO Box 4177			Amount		
City	State	Zip Code		1046.00	
Mountain View	CA	94040-0177		D: VVBANAQBX14 ursement or Obligation	
Purpose of Expenditure Digital Advertising Buy - Estimated Cost		Category/ Type 004	10	20 / 2020	
Name of Federal Candidate		x Support	Office Sought:	House District:	
PETERS, GARY, , ,		Oppose	President	Senate State: MI	
Calendar Year-To-Date Per Election for Office Sought	7	181284.96	Disbursement For: 2020 Other (sp	Primary X General Decify) ▶	
_					
(a) SUBTOTAL of Itemized Independent Expenditu	res		>	1104.84	
(b) SUBTOTAL of Unitemized Independent Expendent	litures		•	7	
(c) TOTAL Independent Expenditures			•	1704.33	
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, , ,	[Electron	nically Filed] Date	10 / 27	2020	
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