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 Man / Dad / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
The Dover Group	M - M / D - D / Y - Y - Y - Y
Non-Contribution Account Mailing Address 823 N 25th St	06 05 2020
5 023 N 25th St	Amount
City State Zip Code	39256.59
Philadelphia PA 19130-1818	Transaction ID : VVBANAPSWH9 Date of Disbursement or Obligation
Purpose of Expenditure Direct Mail Services Category/ Type 004	06 / 04 / 2020
Name of Federal Candidate Support Office	e Sought: 🗶 House District: 16
ENGEL, ELIOT L., , ,	President Senate State: NY
Calendar Year-To-Date Per Election for Office Sought Disbut 2020	Ursement For: ✓ Primary General Other (specify) ———————————————————————————————————
Full Name of Payee	Date of Public Distribution/Dissemination
	M = M / D = D / 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
Name of Federal Candidate Support Office	e Sought: House District:
Oppose	President Senate State:
Calendar Year-To-Date Disbu	ursement For: Primary General
Per Election for Office Sought	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	39256.59
(b) SUBTOTAL of Unitemized Independent Expenditures	
(S) SSSTSTAL OF OFFICE INDEPENDENCE Experiorations	7 7 7
(c) TOTAL Independent Expenditures	39256.59
Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	
	06 08 2020
Signature	