

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

COMMONWEALTH UNITY FUND

ADDRESS (number and street)

228 S WASHINGTON STREET

SUITE 115

☐ Check if different than previously reported. (ACC)

ALEXANDRIA

VA

22314

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00875856

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☒ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election
Report for the:☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election
Report for the:☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Satterfield, David, , ,

Signature of Treasurer

Satterfield, David, , ,

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office
Use
Only**FEC FORM 3X**
Rev. 05/2016

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

COMMONWEALTH UNITY FUNDReport Covering the Period: From:

M M	/	D D	/	Y Y Y Y Y
08		15		2024

 To:

M M	/	D D	/	Y Y Y Y Y
09		30		2024

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <div>2024</div>		<div>0.00</div>
(b) Cash on Hand at Beginning of Reporting Period.....	<div>904931.94</div>	
(c) Total Receipts (from Line 19)	<div>57654.73</div>	<div>2623999.79</div>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<div>962586.67</div>	<div>2623999.79</div>
7. Total Disbursements (from Line 31)	<div>904348.44</div>	<div>2565761.56</div>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<div>58238.23</div>	<div>58238.23</div>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<div>0.00</div>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<div>0.00</div>	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

COMMONWEALTH UNITY FUND

Report Covering the Period:

From:

M M / D D / Y Y Y Y
08 15 2024

To:

M M / D D / Y Y Y Y
09 30 2024**I. Receipts****COLUMN A**
Total This Period**COLUMN B**
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

57588.73

2623733.88

(ii) Unitemized

66.00

265.91

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

57654.73

2623999.79

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry
Totals to Line 33, page 5)

57654.73

2623999.79

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3)

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c))

57654.73

2623999.79

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

57654.73

2623999.79

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	95604.60	468411.65
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	95604.60	468411.65
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	808743.84	2097349.91
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	904348.44	2565761.56
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	904348.44	2565761.56

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	57654.73	2623999.79
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	57654.73	2623999.79
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	95604.60	468411.65
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	95604.60	468411.65

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 6 OF 17
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

COMMONWEALTH UNITY FUND

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Murphy, James, , ,

Mailing Address 4990 Sadler Place Ste 5604

City
Glen AllenState
VAZip Code
23058FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Ludlow Street Advisors LLCOccupation (for Individual)
Founder

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

107588.73

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 12 / 2024

Transaction ID : SA11AI.4235

Amount of Each Receipt this Period

57588.73

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

57588.73

57588.73

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 7 OF 17

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

COMMONWEALTH UNITY FUND

Full Name (Last, First, Middle Initial)

A. 18th Street Media LLC

Mailing Address PO Box 39878

City
PhiladelphiaState
PAZip Code
19106Purpose of Disbursement
Non-IE Media Production

Candidate Name

Category/
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8			2	9			2	0	2	4	

FEC Identification Number

C**Transaction ID : SB21B.4225**

Amount of Each Disbursement this Period

8925.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Chain Bridge Bank

Mailing Address 1445-A Laughlin Ave

City
McLeanState
VAZip Code
22101Purpose of Disbursement
Bank Fees

Candidate Name

Category/
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9			3	0			2	0	2	4	

FEC Identification Number

C**Transaction ID : SB21B.4222**

Amount of Each Disbursement this Period

102.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. CygnalMailing Address 900 17th St NW
Ste 950City
WashingtonState
DCZip Code
20006Purpose of Disbursement
Polling

Candidate Name

Category/
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8			1	6			2	0	2	4	

FEC Identification Number

C**Transaction ID : SB21B.4188**

Amount of Each Disbursement this Period

23300.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

32328.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

COMMONWEALTH UNITY FUND

Full Name (Last, First, Middle Initial)

A. CygnalMailing Address 900 17th St NW
Ste 950City
WashingtonState
DCZip Code
20006

Purpose of Disbursement

Polling

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	5			2	0	2	4	

FEC Identification Number

C**Transaction ID : SB21B.4232**

Amount of Each Disbursement this Period

23515.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Gemini Trust Company LLC

Mailing Address 600 3rd Ave

City
New YorkState
NYZip Code
10016

Purpose of Disbursement

Merchant Processing Fee

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	2			2	0	2	4	

FEC Identification Number

C**Transaction ID : SB21B.4229**

Amount of Each Disbursement this Period

1726.30

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Huckaby Davis LiskerMailing Address 228 S Washington Street
Suite 115City
AlexandriaState
VAZip Code
22314

Purpose of Disbursement

FEC Compliance/Accounting

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8			2	9			2	0	2	4	

FEC Identification Number

C**Transaction ID : SB21B.4224**

Amount of Each Disbursement this Period

3280.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

28521.30

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 9 OF 17

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

COMMONWEALTH UNITY FUND

Full Name (Last, First, Middle Initial)

A. Northeast Strategies LLC

Mailing Address 19 Lorraine Ter

City
MarbleheadState
MAZip Code
01945

Purpose of Disbursement

Fundraising Consulting

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			2	8			2	0	2	4		

FEC Identification Number

C

Transaction ID : SB21B.4223

Amount of Each Disbursement this Period

10833.33

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Northeast Strategies LLC

Mailing Address 19 Lorraine Ter

City
MarbleheadState
MAZip Code
01945

Purpose of Disbursement

Fundraising Consulting

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	3			2	0	2	4		

FEC Identification Number

C

Transaction ID : SB21B.4231

Amount of Each Disbursement this Period

2879.43

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Wiley Rein LLP

Mailing Address 2050 M Street NW

City
WashingtonState
DCZip Code
20036

Purpose of Disbursement

Legal Fees

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			1	9			2	0	2	4		

FEC Identification Number

C

Transaction ID : SB21B.4189

Amount of Each Disbursement this Period

14726.25

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

28439.01

TOTAL This Period (last page this line number only)..... ►

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 10 OF 17

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

COMMONWEALTH UNITY FUND

Full Name (Last, First, Middle Initial)

A. Wiley Rein LLP

Mailing Address 2050 M Street NW

City
WashingtonState
DCZip Code
20036

Purpose of Disbursement

Legal Fees

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	3			2	0	2	4		

FEC Identification Number

C**Transaction ID : SB21B.4230**

Amount of Each Disbursement this Period

6063.75

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WinRed Technical ServicesMailing Address 4250 Fairfax Dr
Suite 600City
ArlingtonState
VAZip Code
22203

Purpose of Disbursement

Credit Card Processing Fee

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	4			2	0	2	4		

FEC Identification Number

C**Transaction ID : SB21B.4227**

Amount of Each Disbursement this Period

99.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

6162.75

95451.06

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 11 OF 17
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) COMMONWEALTH UNITY FUND				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00875856</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div>					
Full Name of Payee 18th Street Media LLC			<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">08 / 21 / 2024</div>	
Mailing Address PO Box 39878			City Philadelphia	State PA	Zip Code 19106
Purpose of Expenditure Media Production					
Category/Type			004	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1419.50</div> Transaction ID : SE.4156 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">08 / 21 / 2024</div>	
Name of Federal Candidate: DEATON, JOHN, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MA	
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">1294975.57</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee 18th Street Media LLC			<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">08 / 21 / 2024</div>	
Mailing Address PO Box 39878			City Philadelphia	State PA	Zip Code 19106
Purpose of Expenditure Media Production					
Category/Type			004	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1419.50</div> Transaction ID : SE.4157 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">08 / 21 / 2024</div>	
Name of Federal Candidate: WARREN, ELIZABETH, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MA	
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">1296395.07</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures				<div style="border: 1px solid black; padding: 2px; display: inline-block;">2839.00</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....				<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(c) TOTAL Independent Expenditures				<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
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.					
Signature <u>Satterfield, David, , ,</u>			Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">10 / 10 / 2024</div>		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 12 OF 17
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) COMMONWEALTH UNITY FUND				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00875856</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>					
Full Name of Payee 18th Street Media LLC <input type="checkbox"/> Memo Item				Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 08 / 28 / 2024	
Mailing Address PO Box 39878				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">21212.13</div>	
City Philadelphia		State PA	Zip Code 19106	Transaction ID : SE.4196 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 08 / 28 / 2024	
Purpose of Expenditure Direct Mail			Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>		
Name of Federal Candidate: DEATON, JOHN, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose				Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MA	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">1317607.20</div>				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee 18th Street Media LLC <input type="checkbox"/> Memo Item				Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 09 / 05 / 2024	
Mailing Address PO Box 39878				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">3619.00</div>	
City Philadelphia		State PA	Zip Code 19106	Transaction ID : SE.4204 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 09 / 05 / 2024	
Purpose of Expenditure Media Production			Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>		
Name of Federal Candidate: DEATON, JOHN, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose				Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MA	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">2017916.91</div>				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
<div style="display: flex; justify-content: space-between;"><div>(a) SUBTOTAL of Itemized Independent Expenditures</div><div style="border: 1px solid black; padding: 2px; display: inline-block;">24831.13</div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div>(b) SUBTOTAL of Unitemized Independent Expenditures.....</div><div style="border: 1px solid black; padding: 2px; display: inline-block;"></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div>(c) TOTAL Independent Expenditures</div><div style="border: 1px solid black; padding: 2px; display: inline-block;"></div></div>					
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.					
Signature <u>Satterfield, David, , ,</u>				Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 10 / 2024	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 14 OF 17
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) COMMONWEALTH UNITY FUND			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00875856</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="display: flex; justify-content: space-between; width: 200px;"><div><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">D D</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">Y Y Y Y Y Y</div></div></div>				
Full Name of Payee Apex Strategies LLC <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 150px;"><div><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">D D</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">Y Y Y Y Y Y</div></div></div>	
Mailing Address PO Box 17302			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">8029.92</div>	
City Arlington	State VA	Zip Code 22216	Transaction ID : SE.4198 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; width: 150px;"><div><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">D D</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">Y Y Y Y Y Y</div></div></div>	
Purpose of Expenditure Digital Advertising		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	<div style="display: flex; justify-content: space-between; width: 150px;"><div><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">D D</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">Y Y Y Y Y Y</div></div></div>	
Name of Federal Candidate: DEATON, JOHN, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MA	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">1364297.91</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Hummel Printing <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 150px;"><div><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">D D</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">Y Y Y Y Y Y</div></div></div>	
Mailing Address 850 Springfield Rd			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">38660.79</div>	
City Union	State NJ	Zip Code 07083	Transaction ID : SE.4197 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; width: 150px;"><div><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">D D</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">Y Y Y Y Y Y</div></div></div>	
Purpose of Expenditure Direct Mail		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	<div style="display: flex; justify-content: space-between; width: 150px;"><div><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">D D</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">Y Y Y Y Y Y</div></div></div>	
Name of Federal Candidate: DEATON, JOHN, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MA	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">1356267.99</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: inline-block;">46690.71</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(c) TOTAL Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
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.				
Signature <u>Satterfield, David, , ,</u>			Date <div style="display: flex; justify-content: space-between; width: 150px;"><div><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">D D</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">Y Y Y Y Y Y</div></div></div>	

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ITEMIZED INDEPENDENT EXPENDITURESPAGE 15 OF 17
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) COMMONWEALTH UNITY FUND			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00875856</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>				
Full Name of Payee <small>Total Video Placements</small>			<input type="checkbox"/> Memo Item Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">08 / 21 / 2024</div>	
Mailing Address PO Box 1051			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">4950.00</div>	
City New Albany	State OH	Zip Code 43054	Transaction ID : SE.4155 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">08 / 21 / 2024</div>	
Purpose of Expenditure Media Placement		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>		
Name of Federal Candidate: DEATON, JOHN, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MA
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">1293556.07</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <small>Total Video Placements</small>			<input type="checkbox"/> Memo Item Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">09 / 05 / 2024</div>	
Mailing Address PO Box 1051			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">325000.00</div>	
City New Albany	State OH	Zip Code 43054	Transaction ID : SE.4202 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">09 / 05 / 2024</div>	
Purpose of Expenditure Media Placement		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>		
Name of Federal Candidate: DEATON, JOHN, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MA
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">1689297.91</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: inline-block;">329950.00</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(c) TOTAL Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
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.				
Signature <u>Satterfield, David, , ,</u>			Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">10 / 10 / 2024</div>	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 16 OF 17
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) COMMONWEALTH UNITY FUND			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00875856</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report ▶ New report Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>				
Full Name of Payee <small>Total Video Placements</small> Mailing Address PO Box 1051 City State Zip Code New Albany OH 43054 Purpose of Expenditure Media Placement Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 09 / 05 / 2024 Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">325000.00</div> Transaction ID : SE.4203 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 09 / 05 / 2024	
Name of Federal Candidate: WARREN, ELIZABETH, , , <div style="text-align: right;"><input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose</div>			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MA	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">2014297.91</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <small>Total Video Placements</small> Mailing Address PO Box 1051 City State Zip Code New Albany OH 43054 Purpose of Expenditure Media Placement Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 09 / 19 / 2024 Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">37500.00</div> Transaction ID : SE.4218 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 09 / 19 / 2024	
Name of Federal Candidate: DEATON, JOHN, , , <div style="text-align: right;"><input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose</div>			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MA	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">2059849.91</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
<div style="display: flex; justify-content: space-between;"><div style="width: 60%;">(a) SUBTOTAL of Itemized Independent Expenditures</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block;">362500.00</div></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 60%;">(b) SUBTOTAL of Unitemized Independent Expenditures.....</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block;"></div></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 60%;">(c) TOTAL Independent Expenditures</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block;"></div></div></div>				
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. <div style="display: flex; justify-content: space-between; align-items: flex-end;"><div style="width: 40%;"><u>Satterfield, David, , ,</u> Signature</div><div style="width: 20%; text-align: center;">Date</div><div style="width: 40%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 10 / 2024</div></div>				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 17 OF 17
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) COMMONWEALTH UNITY FUND			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00875856</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="display: flex; justify-content: space-between; width: 100%;"><div style="border: 1px solid black; padding: 2px;">M M /</div><div style="border: 1px solid black; padding: 2px;">D D /</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div>				
Full Name of Payee <small>Total Video Placements</small>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"><div style="border: 1px solid black; padding: 2px;">M M /</div><div style="border: 1px solid black; padding: 2px;">D D /</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div>	
Mailing Address PO Box 1051			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">37500.00</div>	
City New Albany	State OH	Zip Code 43054	Transaction ID : SE.4219 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; width: 100%;"><div style="border: 1px solid black; padding: 2px;">M M /</div><div style="border: 1px solid black; padding: 2px;">D D /</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div>	
Purpose of Expenditure Media Placement		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>		
Name of Federal Candidate: WARREN, ELIZABETH, , ,			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>MA</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">2097349.91</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee			Date of Public Distribution/Dissemination	
Mailing Address			Amount	
City	State	Zip Code	Date of Disbursement or Obligation	
Purpose of Expenditure		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Name of Federal Candidate:			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	
<div style="display: flex; justify-content: space-between;"><div style="width: 60%;">(a) SUBTOTAL of Itemized Independent Expenditures</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block;">37500.00</div></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 60%;">(b) SUBTOTAL of Unitemized Independent Expenditures.....</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block;"></div></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 60%;">(c) TOTAL Independent Expenditures</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block;">808743.84</div></div></div>				
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.				
Signature <u>Satterfield, David, , ,</u>			Date <div style="display: flex; justify-content: space-between; width: 100%;"><div style="border: 1px solid black; padding: 2px;">M M /</div><div style="border: 1px solid black; padding: 2px;">D D /</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div>	