

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

 PAGE 1 OF 1
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) ESAFund			FEC IDENTIFICATION NUMBER ▼ C C00489856		
Check if ☒ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on			M M / D D / Y Y Y Y		
Full Name of Payee Connection Strategy, LLC			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y		
Mailing Address P. O. Box 2192			Amount 5709.30		
City Arlington		State VA	Zip Code 22202		Transaction ID : SE.6688
Purpose of Expenditure telephone calls		Category/ Type		Date of Disbursement or Obligation M M / D D / Y Y Y Y	
Name of Federal Candidate Anderson Drew Ferguson IV			☒ Support ☐ Oppose		Office Sought: ☒ House District: <u>03</u> ☐ President ☐ Senate State: <u>GA</u>
Calendar Year-To-Date Per Election for Office Sought			0.00		Disbursement For: ☐ Primary ☐ General 2016 ☒ Other (specify) ▶ <u>Runoff</u>
Full Name of Payee Connection Strategy, LLC			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y		
Mailing Address P. O. Box 2192			Amount 5709.30		
City Arlington		State VA	Zip Code 22202		Transaction ID : SE.6690
Purpose of Expenditure telephone calls		Category/ Type		Date of Disbursement or Obligation M M / D D / Y Y Y Y	
Name of Federal Candidate Michael Crane			☐ Support ☒ Oppose		Office Sought: ☒ House District: <u>03</u> ☐ President ☐ Senate State: <u>GA</u>
Calendar Year-To-Date Per Election for Office Sought			0.00		Disbursement For: ☐ Primary ☐ General 2016 ☒ Other (specify) ▶ <u>Runoff</u>
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			11418.60		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶			11418.60		
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>Nancy H. Watkins</u>			[Electronically Filed]		Date M M / D D / Y Y Y Y