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 M M / D D / Y Y Y Y Y
Full Name of Payee	Date of Public Distribution/Dissemination
Trilogy Interactive, LLC Non-Contribution Account	M M / D D / Y TY TY TY
Mailing Address PO Box 4177	07 20 2022
	Amount
City State Zip Code	88540.00
Mountain View CA 94040-0177	Transaction ID : VVBANARDDR2 Date of Disbursement or Obligation
Purpose of Expenditure Digital Advertising Buy Category/ Type	07
Name of Federal Candidate Support Office	e Sought: House District: 13
HOLLIER, ADAM, , ,	President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought Disbut 2022	orsement For: ★ Primary General Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Trilogy Interactive, LLC Non-Contribution Account	07 20 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	10000.00
Mountain View CA 94040-0177	Transaction ID : VVBANARDDS9 Date of Disbursement or Obligation
Purpose of Expenditure Digital Advertising Production Category/ Type	07 26 2022
HOLLIED ADAM	e Sought: House District: 13
HOLLIER, ADAM, , ,	President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought Disbut 2022	ursement For: ✓ Primary General Other (specify) ———————————————————————————————————
(a) SUBTOTAL of Itemized Independent Expenditures	98540.00
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7 7
(c) TOTAL Independent Expenditures	98540.00
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.	• • • • • • • • • • • • • • • • • • • •
	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	