

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 1 OF 1
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) New Democrat Coalition Action Fund			FEC IDENTIFICATION NUMBER ▼ C C00409730		
Check if ☒ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on / /					
Full Name of Payee Thematic Campaigns			Date of Public Distribution/Dissemination / /		
Mailing Address 111 W Illinois St FI 5			Amount 95000.00		
City Chicago		State IL	Zip Code 60654-4505		Transaction ID : 500409871
Purpose of Expenditure TV Advertising		Category/ Type 004		Date of Disbursement or Obligation / /	
Name of Federal Candidate MCLEOD-SKINNER, JAMIE, , ,			☐ Support ☒ Oppose		Office Sought: ☒ House District: 05 ☐ President ☐ Senate State: OR
Calendar Year-To-Date Per Election for Office Sought			95000.00		Disbursement For: ☒ Primary ☐ General ☐ 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			
Name of Federal Candidate			☐ Support ☐ Oppose		Office Sought: ☐ House District: _____ ☐ President ☐ Senate State: _____
Calendar Year-To-Date Per Election for Office Sought					Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶ 95000.00 (b) SUBTOTAL of Unitemized Independent Expenditures ▶ (c) TOTAL Independent Expenditures..... ▶ 95000.00					
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 Milby, Helen, , , Date / /					