

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 1 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) DMFI PAC			FEC IDENTIFICATION NUMBER ▼ C C00710848		
Check if ☒ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y Y Y					
Full Name of Payee Cleveland Jewish News Non-Contribution Account			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y Y Y 10 / 24 / 2024		
Mailing Address 23880 Commerce Park Ste 1			Amount 1320.00		
City State Zip Code Beachwood OH 44122-5830		Transaction ID : 500689878 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y Y Y 10 / 07 / 2024			
Purpose of Expenditure Print Advertising		Category/ Type			
Name of Federal Candidate BEATTY, JOYCE, , , ☒ Support ☐ Oppose			Office Sought: ☒ House District: 03 ☐ President ☐ Senate State: OH		
Calendar Year-To-Date Per Election for Office Sought 1320.00			Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶		
Full Name of Payee MidAtlantic Media Non-Contribution Account			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y Y Y 10 / 24 / 2024		
Mailing Address 9200 Rumsey Rd Ste 215			Amount 2500.00		
City State Zip Code Columbia MD 21045-1959		Transaction ID : 500689875 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y Y Y 09 / 27 / 2024			
Purpose of Expenditure Print Advertising		Category/ Type			
Name of Federal Candidate HARRIS, KAMALA, , , ☒ Support ☐ Oppose			Office Sought: ☐ House District: 00 ☒ President ☐ Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought 10000.00			Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			3820.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
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 Petterson, Jay, , ,			Date M M M / D D D / Y Y Y Y Y Y Y Y 10 / 25 / 2024		

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Check if ☒ 24-hour report ☐ 48-hour report		☒ New report ☐ Amends report filed on	

Full Name of Payee MidAtlantic Media		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2024	
Non-Contribution Account		Amount 2500.00	
Mailing Address 9200 Rumsey Rd Ste 215		Transaction ID : 500689877	
City State Zip Code Columbia MD 21045-1959		Date of Disbursement or Obligation MM / DD / YYYY 09 / 27 / 2024	
Purpose of Expenditure Print Advertising		Category/Type	
Name of Federal Candidate CASEY, ROBERT, , , JR.		☒ Support ☐ Oppose	
Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: PA		Disbursement For: ☐ Primary ☒ General	
Calendar Year-To-Date Per Election for Office Sought		2024 ☐ Other (specify) ▶	

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City State Zip Code		Date of Disbursement or Obligation MM / DD / YYYY	
Purpose of Expenditure		Category/Type	
Name of Federal Candidate		☐ Support ☐ Oppose	
Office Sought: ☐ House District: _____ ☐ President ☐ Senate State: _____		Disbursement For: ☐ Primary ☐ General	
Calendar Year-To-Date Per Election for Office Sought		☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	2500.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	6320.00

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.

Pettersen, Jay, , ,

Signature

Date

MM / DD / YYYY
10 / 25 / 2024