Signature

TEMIZED INDEPENDENT EXPENDITURES			_	
TEMIZED INDEPENDENT EXPENDITORES			<u> </u>	PAGE 5896 OF 5909 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				ENTIFICATION NUMBER ▼
NRCC			C	C00075820
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	D D / Y D Y D Y
Full Name of Payee			Item Date of Public	Distribution/Dissemination
Mailing Address 1427 LESLIE AVE			10	16 2018
			Amount	
City	State	Zip Code		83149.02
ALEXANDRIA	VA	22301		D: SE24-0.081523 rsement or Obligation
Purpose of Expenditure MEDIA		Category/ Type	M M M /	12 / 2018
Name of Federal Candidate:		Support	Office Sought:	House District: 02
LURIA, ELAINE, , ,		Capport Oppose	President	Senate State: VA
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	1260679.85	Disbursement For: 2018 Other (spe	Primary X General
Full Name of Payee DEL RAY MEDIA LLC Mailing Address A 407 LEGUE AVE			Date of Public	Distribution/Dissemination Distribution/Dissemination Distribution/Dissemination
1427 LESLIE AVE			Amount	
City	State	Zip Code		166298.04
ALEXANDRIA	VA	22301		D: SE24-0.081383 sement or Obligation
Purpose of Expenditure MEDIA		Category/ Type	10	05 / Y Y Y Y Y Y Y
Name of Federal Candidate:		Support	Office Sought:	House District:02
LURIA, ELAINE, , ,		x Oppose	President	Senate State: VA
Calendar Year-To-Date Per Election for Office Sought	7 7	1260679.85	Disbursement For: 2018 Other (spe	Primary X General ecify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	;		•	249447.06
(b) SUBTOTAL of Unitemized Independent Expenditure	>			
(c) TOTAL Independent Expenditures			·,	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized	-		
Davis, Keith, A, ,	[Electronically Fil	<i>led]</i> Date	10 20	2018