

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) NRCC	FEC IDENTIFICATION NUMBER ▼ C C00075820
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee FP1 DIGITAL <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address PO BOX 16504	Amount <input type="text"/> 84800.00 Transaction ID : SE24-0.081414 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City ALEXANDRIA State VA Zip Code 22302	
Purpose of Expenditure MEDIA Category/Type <input type="text"/>	
Name of Federal Candidate: LURIA, ELAINE, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: VA
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 1260679.85	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee ONMESSAGE INC <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 705 MELVIN DR STE 105	Amount <input type="text"/> 24714.00 Transaction ID : SE24-0.081571 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City ANNAPOLIS State MD Zip Code 21401	
Purpose of Expenditure MEDIA Category/Type <input type="text"/>	
Name of Federal Candidate: LURIA, ELAINE, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: VA
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 1260679.85	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/> 109514.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....	<input type="text"/>
(c) TOTAL Independent Expenditures	<input type="text"/>

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.

Davis, Keith, A, ,

[Electronically Filed]

Date

/ /

Signature