

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

NAME OF COMMITTEE (In Full) Leaders We Deserve			FEC IDENTIFICATION NUMBER ▼ C C00843110		
Check if ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on MM / DD / YYYY MM / DD / YYYY MM / DD / YYYY					
Full Name of Payee Strategic Media Advisors			Date of Public Distribution/Dissemination MM / DD / YYYY MM / DD / YYYY MM / DD / YYYY		
Mailing Address 300 Ottawa Ave NW Ste 400			Amount 29413.91		
City State Zip Code Grand Rapids MI 49503-2308		Transaction ID : 500839511 Date of Disbursement or Obligation MM / DD / YYYY MM / DD / YYYY MM / DD / YYYY			
Purpose of Expenditure Postage - Non-Contribution Account		Category/ Type		Disbursement For: ☒ Primary ☐ General ☐ Other (specify) ▶	
Name of Federal Candidate ROATH, PATRICK, THOMAS, ,			Office Sought: ☒ House ☐ Senate ☐ President ☐ Senate District: 08 State: MA		
Calendar Year-To-Date Per Election for Office Sought			152715.06		

Full Name of Payee Strategic Media Advisors			Date of Public Distribution/Dissemination MM / DD / YYYY MM / DD / YYYY MM / DD / YYYY		
Mailing Address 300 Ottawa Ave NW Ste 400			Amount 20524.20		
City State Zip Code Grand Rapids MI 49503-2308		Transaction ID : 500839513 Date of Disbursement or Obligation MM / DD / YYYY MM / DD / YYYY MM / DD / YYYY			
Purpose of Expenditure Direct Mail Production - Non-Contribution Account		Category/ Type		Disbursement For: ☒ Primary ☐ General ☐ Other (specify) ▶	
Name of Federal Candidate ROATH, PATRICK, THOMAS, ,			Office Sought: ☒ House ☐ Senate ☐ President ☐ Senate District: 08 State: MA		
Calendar Year-To-Date Per Election for Office Sought			152715.06		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	49938.11
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	49938.11

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 Van Hall, Laurie, , ,

Date

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY