## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
DMFI PAC	
	C C00710848
Check if 24-hour report 48-hour report New report Amends report filed	d on Mam / Dad / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
Trilogy Interactive, LLC	M   M / D   D / Y   Y   Y   Y
Non-Contribution Account  Mailing Address PO Box 4177	10 15 2020
FO BOX 4177	Amount
City State Zip Code	41400.00
Mountain View CA 94040-0177	Transaction ID : VVBANAQ8M23
	Date of Disbursement or Obligation
Purpose of Expenditure Digital Advertising Buy & Production - Estimated Cost  Category/ Type  004	M = M / D = D / Y = Y = Y
Name of Federal Candidate Support Office	e Sought:
GOMEZ, GEORGETTE, , ,	President Senate State: CA
Calendar Year-To-Date Disbu	ursement For: Primary X General
Per Election for Office Sought 41400.00 2020	
Full Name of Payee	Date of Public Distribution/Dissemination
	M - M / D - D / Y - Y - Y
Mailing Address	
	Amount
City State Zip Code	
Side Zip Godd	
Purpose of Expenditure	Date of Disbursement or Obligation
Category/ Type	M = M / D = D / Y = Y = Y
Name of Federal Candidate Support Office	e Sought: House District:
Oppose	President Senate State:
Caloridar Tour To Bato	ursement For: Primary General
Per Election for Office Sought	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	41400.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	41400.00
Under penalty of perjury I certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Lakin Januifan	
	10 16 2020
Signature	