## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)	PAGE 1 OF 5 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
DSCC	C C00042366
Check if 24-hour report 48-hour report New report Amen	nds report filed on MMMM / DDD / YYYYYY
Full Name of Payee Great American Media	Date of Public Distribution/Dissemination
	09
Mailing Address 3050 K St NW	Amount
Ste 100	44050.00
City State Zip Code Washington DC 20007-5161	11353.00 Transaction ID : 500010390
	Date of Disbursement or Obligation
Purpose of Expenditure Media Buy  Category/ Type	M M / D D / Y Y Y Y
Name of Federal Candidate Sup	pport Office Sought: House District: 00
DAINES, STEVE, , ,	pose President X Senate State: MT
Calendar Year-To-Date Per Election for Office Sought 4249445.34	Disbursement For:  Primary  General 2020  Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Great American Media	09 08 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 3050 K St NW	
Ste 100	Amount
City State Zip Code	1084171.00
Washington DC 20007-5161	Transaction ID : 500010392  Date of Disbursement or Obligation
Purpose of Expenditure Media Buy  Category/ Type	M = M / D = D / Y = Y = Y
Name of Federal Candidate Su	pport Office Sought: House District: 00
DAINES, STEVE, , ,	pose President Senate State: MT
Calendar Year-To-Date Per Election for Office Sought 4249445.34	Disbursement For: Primary ☐ General 2020 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	1095524.00
(b) SUBTOTAL of Unitemized Independent Expenditures	············ <b>&gt;</b>
(c) TOTAL Independent Expenditures	······································
Under penalty of perjury I certify that the independent expenditures reported herei with, or at the request or suggestion of, any candidate or authorized committee or party committee) any political party committee or its agent.	
Wright, Allison, , ,  [Electronically Filed]	Date 09 10 2020
Signature	

# 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)	FOR SE OF FORM 24/48
IAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
DSCC	C C00042366
	0 5333 12335
Check if 24-hour report 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y
Full Name of Payee Great American Media	Date of Public Distribution/Dissemination
	09 08 2020
Mailing Address 3050 K St NW	Amount
Ste 100  City State Zip Code	50682.00
Washington DC 20007-5161	Transaction ID : 500010393
Purpose of Expenditure Media Buy  Category/ Time	Date of Disbursement or Obligation
Type	
	Sought: House District:00
ERNST, JONI, K, ,	President Senate State: IA
Calendar Year-To-Date Per Election for Office Sought  Disbut 2020	resement For: Primary <b>X</b> General  Other (specify) ▶
Full Name of Payee Great American Media	Date of Public Distribution/Dissemination
	09 08 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 3050 K St NW	Amount
Ste 100  City State Zip Code	1280620.00
Washington DC 20007-5161	Transaction ID : 500010394
Purpose of Expenditure  Medic Pur	Date of Disbursement or Obligation
Media Buy Type	
	Sought: House District: 00
ERNST, JONI, K, ,	President Senate State: IA
Calendar Year-To-Date Per Election for Office Sought  Disbut 2020	
	Other (specify) -
(a) SUBTOTAL of Itemized Independent Expenditures	1331302.00
(h) CUDTOTAL of Unitaminad Indonesia 5 mg ditum	
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7 7
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not may 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.	
Wright, Allison, , ,  [Electronically Filed] Date	9 10 / 2020
Signature	

## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)	FOR SE OF FORM 24/48
IAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
DSCC	C C00042366
	0 000072000
Check if 24-hour report 48-hour report New report Amends report filed	d on Mam / Dad / Yayayay
Full Name of Payee Great American Media	Date of Public Distribution/Dissemination
Great American Media	09 08 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 3050 K St NW	
Ste 100	Amount
City State Zip Code	375040.00
Washington DC 20007-5161	Transaction ID : 500010400  Date of Disbursement or Obligation
Purpose of Expenditure Media Buy  Category/ Type	09 04 2020
Name of Federal Candidate Support Office	e Sought: House District: 00
DAINES, STEVE, , ,	President State: MT
Galchdal Teal to Bate	ursement For: Primary X General
Per Election for Office Sought 4249445.34 2020	Other (specify)
Full Name of Payee Left Hook	Date of Public Distribution/Dissemination
Mailing Address	09 08 2020
Mailing Address 2601 Ocean Park Blvd	Amount
Ste 324  City State Zip Code	6000.00
Santa Monica CA 90405-5297	Transaction ID : 500010405
Purpose of Evpanditure	Date of Disbursement or Obligation
Media Production Category/ Type	M = M / D = D / Y = Y = Y
	e Sought: House District: 00
ERNST, JONI, K, ,	President Senate State: IA
202	ursement For: Primary X General
Per Election for Office Sought 4157468.00 202	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	381040.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not me 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.	
	09 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

#### 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	JEINI EXI EN	DITOTILO		PAGE 4 OF 5 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	DENTIFICATION NUMBER ▼
DSCC			С	C00042366
Check if 24-hour report <b>X</b> 48-hour report	X New re	eport Amends repo	ort filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public	Distribution/Dissemination
Magnus Pearson Media			09	08 / 2020
Mailing Address 311 Wolfe St			Amount	
City	State	Zip Code		1609.20
Alexandria	VA	22314-3725		D: 500010404 ursement or Obligation
Purpose of Expenditure Media Production		Category/ Type	M = M /	D = D / Y = Y = Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
DAINES, STEVE, , ,		<b>X</b> Oppose		Senate State: MT
Calendar Year-To-Date Per Election for Office Sought		4249445.34	Disbursement For: 2020 Other (sp	Primary <b>✗</b> General ecify) ▶
Full Name of Payee			Date of Public	c Distribution/Dissemination
Wavelength Strategy Inc.			09 /	08 / 2020
Mailing Address 2607 Monroe St NE			Amount	
City	State	Zip Code		157384.00
Washington	DC	20018-2917	Transaction ID Date of Disbu	D: 500010396 ursement or Obligation
Purpose of Expenditure Media Buy		Category/ Type	09	03 2020
Name of Federal Candidate		Support	Office Sought:	House District: 00
DAINES, STEVE, , ,		<b>x</b> Oppose	President	Senate State: MT
Calendar Year-To-Date Per Election for Office Sought		4249445.34	Disbursement For: 2020 Other (sp	Primary   General  Decify)   ■
(a) SUBTOTAL of Itemized Independent Exper	nditures			158993.20
				7 10000120
(b) SUBTOTAL of Unitemized Independent Exp	penditures		•	4
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any cap party committee) any political party committee of	indidate or authorize			
Wright, Allison, , , Signature	[Electro	onically Filed] Date	9 09 / 10	2020
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#### 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)	PAGE 5 OF 5 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
DSCC	C C00042366
	0 000 200
Check if 24-hour report 48-hour report New report Amends report file	ed on Man / Dab / Yayayay
Full Name of Payee Wavelength Strategy Inc.	Date of Public Distribution/Dissemination
Mailing Address 2607 Monroe St NE	09 08 2020 Amount
City State Zip Code	239850.00
Washington DC 20018-2917	Transaction ID : 500010397  Date of Disbursement or Obligation
Purpose of Expenditure Media Buy  Category/ Type	Date of Disbursement of Obligation  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	ce Sought: House District: 00
ERNST, JONI, K, ,	President Senate State: IA
Calendar Year-To-Date Per Election for Office Sought  Dist	bursement For: Primary   General  Other (specify)   ☐ Other
Full Name of Payee	Date of Public Distribution/Dissemination
	M M / D D / Y Y Y Y
Mailing Address	Amount
City State Zip Code	
	- i for a contraction
Purpose of Expenditure  Category/ Type	Date of Disbursement or Obligation
Name of Federal Candidate Support Office	ce Sought: House District:
Oppose	President Senate State:
Calendar Year-To-Date Per Election for Office Sought	bursement For: Primary General
	Other (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditures	239850.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	3206709.20
Under penalty of perjury I certify that the independent expenditures reported herein were not n with, or at the request or suggestion of, any candidate or authorized committee or agent of eith party committee) any political party committee or its agent.	
[Electronically Filed] Date	09 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	