

SCHEDULE F (FEC Form 3X)

**ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE**

(To be used only by Political Committees in the General Election)

NAME OF COMMITTEE (In Full) DCCC			
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If YES, name the designating committee: Democratic National Committee & New Jersey Democratic State Committee		Full Name of Subordinate Committee DCCC	
Mailing Address		430 South Capitol Street, SE 2nd Floor	
City		State	ZIP Code
Washington		DC	20003-4024

Full Name (Last, First, Middle Initial) of Each Payee <input type="checkbox"/> Memo Item Murphy Vogel Askew Reilly, LLC			Purpose of Expenditure Media Production	<input type="text" value="004"/> Category/Type
Mailing Address 1199 N. Fairfax St Suite 220			Date MM / DD / YYYY <input type="text" value="10"/> / <input type="text" value="05"/> / <input type="text" value="2018"/>	
City	State	Zip Code	Amount	
Alexandria	VA	22314	<input type="text" value="1000.00"/>	
Name of Federal Candidate Supported	Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: <u>NJ</u>	District: <u>11</u>
Sherrill, Rebecca, Michelle, ,				
Aggregate General Election Expenditure for this Candidate ▶			<input type="text" value="90000.00"/> Transaction ID : SF-981630	

Full Name (Last, First, Middle Initial) of Each Payee <input type="checkbox"/> Memo Item			Purpose of Expenditure	<input type="text"/> Category/Type
Mailing Address			Date MM / DD / YYYY <input type="text"/> / <input type="text"/> / <input type="text"/>	
City	State	Zip Code	Amount	
			<input type="text"/>	
Name of Federal Candidate Supported	Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: _____	District: _____
Aggregate General Election Expenditure for this Candidate ▶			<input type="text"/>	

Full Name (Last, First, Middle Initial) of Each Payee <input type="checkbox"/> Memo Item			Purpose of Expenditure	<input type="text"/> Category/Type
Mailing Address			Date MM / DD / YYYY <input type="text"/> / <input type="text"/> / <input type="text"/>	
City	State	Zip Code	Amount	
			<input type="text"/>	
Name of Federal Candidate Supported	Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: _____	District: _____
Aggregate General Election Expenditure for this Candidate ▶			<input type="text"/>	

SUBTOTAL of Expenditures This Page (optional)..... ▶			<input type="text" value="1000.00"/>	
TOTAL This Period (last page this line number only)..... ▶			<input type="text"/>	