

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

PAGE 1 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) New Journey PAC, Inc.		FEC IDENTIFICATION NUMBER ▼ C C00709691	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Effectv		Date of Public Distribution/Dissemination 10 / 26 / 2020	
Mailing Address 772 Greison Trail, Suite B		Amount 2633.30	
City Newnan	State GA	Zip Code 30263-1498	Transaction ID : E87588BAE9283449981C
Purpose of Expenditure Media Placement	Category/ Type	Date of Disbursement or Obligation 10 / 26 / 2020	
Name of Federal Candidate TRUMP, DONALD, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: ZZ
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Effectv		Date of Public Distribution/Dissemination 10 / 26 / 2020	
Mailing Address 772 Greison Trail, Suite B		Amount 875.50	
City Newnan	State GA	Zip Code 30263-1498	Transaction ID : E9D6A9FDE25D74625956
Purpose of Expenditure Media Placement	Category/ Type	Date of Disbursement or Obligation 10 / 26 / 2020	
Name of Federal Candidate Spalding, Carla, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 18 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	3508.80
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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.

Datwyler, Thomas, , ,

[Electronically Filed]

Date

10 / 23 / 2020

Signature

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Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Effectv		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 26 / 2020	
Mailing Address 772 Greison Trail, Suite B		Amount 3590.40	
City Newnan	State GA	Zip Code 30263-1498	Transaction ID : E1A5A14645B2E4476BB2 Date of Disbursement or Obligation MM / DD / YYYY 10 / 26 / 2020
Purpose of Expenditure Media Placement		Category/ Type	
Name of Federal Candidate LOOMER, LAURA, ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 21 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL
Calendar Year-To-Date Per Election for Office Sought 82245.20		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Effectv		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 26 / 2020	
Mailing Address 772 Greison Trail, Suite B		Amount 6285.75	
City Newnan	State GA	Zip Code 30263-1498	Transaction ID : EC591AAC6A6E645BB908 Date of Disbursement or Obligation MM / DD / YYYY 10 / 26 / 2020
Purpose of Expenditure Media Placement		Category/ Type	
Name of Federal Candidate BIDEN, JOSEPH R JR, ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: ZZ
Calendar Year-To-Date Per Election for Office Sought 356169.39		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	9876.15
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	13384.95

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.

Datwyler, Thomas, , ,

[Electronically Filed]

Date

MM / DD / YYYY
10 / 23 / 2020

Signature