

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

 PAGE 1 OF 2
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Giffords PAC		FEC IDENTIFICATION NUMBER ▼ C C00540443	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee The Campaign Group Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 16 / 2018	
Mailing Address 1600 Locust St		Amount 149355.33	
City Philadelphia	State PA	Zip Code 19103-6305	Transaction ID : 500019521
Purpose of Expenditure TV Ad Buy	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 12 / 2018	
Name of Federal Candidate CULBERSON, JOHN, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 07 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee The Campaign Group Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 16 / 2018	
Mailing Address 1600 Locust St		Amount 950560.67	
City Philadelphia	State PA	Zip Code 19103-6305	Transaction ID : 500019522
Purpose of Expenditure TV Ad Buy	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 12 / 2018	
Name of Federal Candidate CULBERSON, JOHN, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 07 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1099916.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not 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.

Egan, Peggy, , ,

[Electronically Filed]

Date

MM / DD / YYYY
10 / 15 / 2018

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 2 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Giffords PAC		FEC IDENTIFICATION NUMBER ▼ C C00540443	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee The Campaign Group Inc.			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 16 / 2018		
Mailing Address 1600 Locust St			Amount 15000.00		
City Philadelphia	State PA	Zip Code 19103-6305	Transaction ID : 500019523		
Purpose of Expenditure Production Estimate		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 12 / 2018		
Name of Federal Candidate CULBERSON, JOHN, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 07 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX		
Calendar Year-To-Date Per Election for Office Sought		1114916.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee			Date of Public Distribution/Dissemination MM / DD / YYYY		
Mailing Address			Amount		
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY		
Purpose of Expenditure		Category/ Type			
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	15000.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	1114916.00

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.

Egan, Peggy, , ,

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