11/02/2018 14 : 37

## Image# 201811029133578074 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

(Schedule E)		IIUNES		PAGE 1 OF 6 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FE	C IDENTIFICATION NUMBER ▼
New Nation Rising			C	
Check if 24-hour report 🗶 48-hour m	eport 🗶 New rep	ort Amends repo	ort filed on	
Full Name of Payee			Date of P	ublic Distribution/Dissemination
Deliver Strategies, LLC			10	
Mailing Address PO Box 100970			Amount	
City	State	Zip Code		1073.77
Arlington	VA	22210-3970		on ID : 500050462 visbursement or Obligation
Purpose of Expenditure Palm Cards - Non-Contribution Account		Category/ Type 006	10	
Name of Federal Candidate		X Support	Office Sought:	House District: 00
NELSON, BILL, , ,		Oppose	President	Senate State: FL
Calendar Year-To-Date Per Election for Office Sought	7 7 7	14310.37	Disbursement Fo	or: Primary
Full Name of Payee			Date of F	Public Distribution/Dissemination
JPMorgan Chase Bank, N.A.			M	
Mailing Address PO Box 659754			11	01 2018
PO Box 659754			Amount	
City	State	Zip Code		3310.60
San Antonio	ТХ	78265-9754		on ID : 500050477 Disbursement or Obligation
Purpose of Expenditure Canvass Stipends - Non-Contribution Acc	ount	Category/ Type 001	11	4 / D D / Y Y Y Y 2018
Name of Federal Candidate		X Support	Office Sought:	House District: 00
NELSON, BILL, , ,		Oppose	President	Senate State: FL
Calendar Year-To-Date Per Election for Office Sought		14310.37	Disbursement Fo	or: Primary X General r (specify) ►
(a) SUBTOTAL of Itemized Independent E	Expenditures		• •	4384.37
	. <b>F</b> an an d'hanna			
(b) SUBTOTAL of Unitemized Independen	t Expenditures			
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the with, or at the request or suggestion of, an party committee) any political party commi	ny candidate or authorized			
Ogunnaike, Olufemi, , ,	<b>1171</b>	ioglla Filodi		
Signature	[Electron	<i>ically Filed]</i> Date	e 11	2018

## Image# 201811029133578075 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

(So	chedule E)					PAGE 2	OF 6 FORM 24/48
	ME OF COMMITTEE (In Full)				FEC ID		
N	lew Nation Rising					C00634964	
						000034304	
Ch	eck if 24-hour report 🗶 48-hour re	port X New rep	oort Amends repo	ort filed on	M M /		Y Y Y Y Y Y
	Full Name of Payee			Da	te of Public	c Distribution/I	Dissemination
	JPMorgan Chase Bank, N.A.				M M /	01	2018
	Mailing Address PO Box 659754			An	nount		
	City	State	Zip Code				1210.50
	San Antonio	ТХ	78265-9754			ID : 50005048 ursement or O	
	Purpose of Expenditure Canvass Stipends - Non-Contribution Acco	punt	Category/ Type 001		11 /	01 /	2018 Y
	Name of Federal Candidate		X Support	Office So	ught:	House I	District: 00
	NELSON, BILL, , ,		Oppose	Pre	sident	× Senate	State:FL
	Calendar Year-To-Date Per Election for Office Sought	· · · · · · ·	14310.37	Disburser 2018	ment For:	Primary	X General
	Full Name of Payee			Da	ate of Public	c Distribution/	Dissemination
	JPMorgan Chase Bank, N.A.				11 <sup>M</sup>	/ D D / 01	2018
	Mailing Address PO Box 659754			Ar	nount		
	City	State	Zip Code	— Г			1278.00
	San Antonio	тх	78265-9754			<b>D : 500050489</b> ursement or C	
	Purpose of Expenditure Canvass Stipends - Non-Contribution Acco	ount	Category/ Type 001		11 11	/ 01 /	2018
	Name of Federal Candidate		X Support	Office So	ught:	House	District: 00
	NELSON, BILL, , ,		Oppose	Pre	esident	× Senate	State:
	Calendar Year-To-Date Per Election for Office Sought		14310.37	Disburser 2018	ment For:	Primary	K General
	(a) SUBTOTAL of Itemized Independent E	xpenditures		- •			2488.50
	(b) SUBTOTAL of Unitemized Independent	Expenditures		•••			
	(c) TOTAL Independent Expenditures			·· ►			
,	Under penalty of perjury I certify that the i with, or at the request or suggestion of, an party committee) any political party commit	y candidate or authorized					
	Ogunnaike, Olufemi, , ,	[Electron	nically Filed] Date	• 11	/ D D 02	/ Y Y 201	Y Y 8
	Signature						

# Image# 201811029133578076 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

(Schedule E)	PAGE 3 OF 6 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
New Nation Rising	<b>C</b> C00634964
Check if 24-hour report X 48-hour report New report Amends rep	port filed on
Full Name of Payee JPMorgan Chase Bank, N.A.	Date of Public Distribution/Dissemination
	11 / D D / Y Y Y Y 11 01 2018
Mailing Address PO Box 659754	Amount
City State Zip Code	300.40
San Antonio TX 78265-9754	Transaction ID : 500050492 Date of Disbursement or Obligation
Purpose of Expenditure     Category/       Canvass Stipends - Non-Contribution Account     Category/       Type     00	
Name of Federal Candidate	Office Sought: House District: 00
NELSON, BILL, , , Oppose	President Senate State:
Calendar Year-To-Date Per Election for Office Sought 14310.37	Disbursement For: Primary
Full Name of Payee	Date of Public Distribution/Dissemination
Mission Control, Inc.	M M / D D / Y Y Y Y
Mailing Address 624 Hebron Ave	10 31 2018
Ste 200	Amount
City State Zip Code	1546.80
Glastonbury CT 06033-5006	Transaction ID : 500050457 Date of Disbursement or Obligation
Purpose of Expenditure         Category/           Palm Cards - Non-Contribution Account         Category/	
Name of Federal Candidate	Office Sought: House District: 00
NELSON, BILL, , ,	President X Senate State: FL
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary X General 2018 Other (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditures	▶ 1847.20
(b) SUBTOTAL of Unitemized Independent Expenditures	···· •
(c) TOTAL Independent Expenditures	····· ►
Under penalty of perjury I certify that the independent expenditures reported herein were with, or at the request or suggestion of, any candidate or authorized committee or agent party committee) any political party committee or its agent.	
Ogunnaike, Olufemi, , , [Electronically Filed] Da	ate 11 02 2018
Signature	

## Image# 201811029133578077 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

(Sc	hedule E)					PAGE 4	OF 6 FORM 24/48
	ME OF COMMITTEE (In Full)				FEC ID		
N	ew Nation Rising					C00634964	
						000034904	
Che	eck if24-hour report 🗶 48-hour report	X New rep	port Amends rep	oort filed	on/		Y Y Y Y Y
	Full Name of Payee The Spoken Hub LLC				Date of Public	Distribution/I	Dissemination
	•				10 <sup>M</sup> /	18	2018 Y
	Mailing Address 20 W 22Nd St				Amount		
	Ste 706						
	City	State	Zip Code				264.00
	New York	NY	10010-5857		Transaction I Date of Disbu		
	Purpose of Expenditure Phone Banks - Non-Contribution Account		Category/ Type 003	3	10 <sup>//</sup>	D D /	2018 Y
ł	Name of Federal Candidate		<b>x</b> Support	Office	Sought:	House I	District: 00
	NELSON, BILL, , ,		Oppose		-	Senate	State:
	Calendar Year-To-Date Per Election for Office Sought	· · · · ·	14310.37	Disbu 2018	rsement For:	Primary ecify) ►	X General
- [	Full Name of Payee				Date of Public	Distribution/	Dissemination
	The Spoken Hub LLC				10 <sup>M</sup>	21	Y Y Y Y 2018
	Mailing Address 20 W 22Nd St				<b>A</b>		
	Ste 706				Amount		
	City	State	Zip Code				495.00
	New York	NY	10010-5857		Transaction ID Date of Disbu		
	Purpose of Expenditure Phone Banks - Non-Contribution Account		Category/ Type 003		10 <sup>//</sup>	21	2018
ľ	Name of Federal Candidate		X Support	Office	e Sought:	House	District: 00
	NELSON, BILL, , ,		Oppose		President 7	Senate	State:FL
	Calendar Year-To-Date Per Election for Office Sought		14310.37	Disbu 2018	irsement For:	Primary	X General
					• (op		
(	a) SUBTOTAL of Itemized Independent Expenditu	ures		···· ►		-7-	759.00
(	(b) SUBTOTAL of Unitemized Independent Expen-	ditures		▶			
	c) TOTAL Independent Expenditures				· · · ·		
					-7-	-7-	
v	Jnder penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or it	date or authorized					
	Ogunnaike, Olufemi, , ,	[Electron	nically Filed] Dat	te 1	M / D D 1 02	/ Y Y 201	Y Y S
	Signature					2010	

## Image# 201811029133578078 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

(Sc	hedule E)					PAGE 5	OF 6 FORM 24/48
	ME OF COMMITTEE (In Full)				FEC II		
Ν	ew Nation Rising					C00634964	
						000034904	
Che	eck if 24-hour report 🗶 48-hour report	× New rep	oort Amends repo	ort filed o	on		Y Y Y Y Y
	Full Name of Payee The Spoken Hub LLC				Date of Public	c Distribution/	Dissemination
	•				10 <sup>M</sup>	/ D D / 24	2018 Y
	Mailing Address 20 W 22Nd St				Amount		
	Ste 706						
	City	State	Zip Code				660.00
	New York	NY	10010-5857		Transaction Date of Disbu	ID: 50005036 ursement or C	
	Purpose of Expenditure Phone Banks - Non-Contribution Account		Category/ Type 003	3	10 <sup>M</sup>	/ 24 /	2018 Y
	Name of Federal Candidate		X Support	Office	Sought:	House	District: 00
	NELSON, BILL, , ,		Oppose			X Senate	State:FL
	Calendar Year-To-Date Per Election for Office Sought	7 7	14310.37	Disbur 2018	sement For:	Primary	K General
ſ	Full Name of Payee				Date of Publi	ic Distribution	Dissemination
	The Spoken Hub LLC				10 <sup>M</sup>	/ D D / 30	Y Y Y Y 2018
	Mailing Address 20 W 22Nd St						
	Ste 706				Amount		
	City	State	Zip Code				2494.80
	New York	NY	10010-5857	-	Transaction II Date of Disbu	D: 50005050 ursement or (	
	Purpose of Expenditure Phone Banks - Non-Contribution Account		Category/ Type 003		<sup>M</sup> 10	/ D_D / 30	2018
ľ	Name of Federal Candidate		X Support	Office	Sought:	House	District: 00
	NELSON, BILL, , ,		Oppose		President	× Senate	State:FL
	Calendar Year-To-Date Per Election for Office Sought		14310.37	Disbur 2018	rsement For:	Primary	General
(	(a) SUBTOTAL of Itemized Independent Expend	litures		••• ►			3154.80
(	(b) SUBTOTAL of Unitemized Independent Expe	enditures		··· ►			
(	(c) TOTAL Independent Expenditures			▶			
v	Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorized					
	Ogunnaike, Olufemi, , ,	[Electron	nically Filed] Date	e 11	M / D D 02	/ Y Y 201	Y Y 8
	Signature						

## Image# 201811029133578079 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

(Schedu	ıle E)		PAGE 6 OF 6 FOR SE OF FORM 24/48	
	F COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER V	
New N	Nation Rising		<b>C</b> C00634964	
			C 00034904	
Check if	24-hour report X 48-hour report X New rep	port Amends repo	rt filed on	
	Name of Payee		Date of Public Distribution/Dissemination	
	e Spoken Hub LLC		10 / D D / Y Y Y Y 2018	
Mailin	ng Address 20 W 22Nd St		Amount	
	Ste 706			
City	State	Zip Code	1320.00	
	York NY	10010-5857	Transaction ID : 500050501 Date of Disbursement or Obligation	
	ose of Expenditure ne Banks - Non-Contribution Account	Category/ Type 003	10 / D D / Y Y Y Y 10 31 / 2018	
Name	e of Federal Candidate	X Support	Office Sought: House District: 00	
NELS	SON, BILL, , ,	Oppose	President <b>X</b> Senate State: <u>FL</u>	
	Calendar Year-To-Date		Disbursement For: Primary X General	
F	Per Election for Office Sought	14310.37	2018 Other (specify) ►	
Full N	Name of Payee		Date of Public Distribution/Dissemination	
			M = M / D = D / Y = Y = Y	
Mailir	ng Address		Amount	
City	State	Zip Code		
			Date of Disbursement or Obligation	
Purpo	ose of Expenditure	Category/ Type		
Name	e of Federal Candidate	Support	Office Sought: House District:	
		Oppose	President Senate State:	
	Calendar Year-To-Date		Disbursement For: Primary General	
	Per Election for Office Sought		Other (specify) ►	
(a) SU	JBTOTAL of Itemized Independent Expenditures		1320.00	
(b) SU	JBTOTAL of Unitemized Independent Expenditures			
(c) TO	OTAL Independent Expenditures		13953.87	
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.				
0:	-	nically Filed] Date	11 02 <u>Y Y Y Y</u> 2018	
Sigi	nature			