Schedule E)	PAGE 1 OF 8 FOR SE OF FORM 24/48				
IAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼					
Communications Workers of America Working Voices	C C00488486				
	C 000400400				
Check if 24-hour report 48-hour report New report Amends report	ort filed on Man / Dab / Yayayay				
Full Name of Payee	Date of Public Distribution/Dissemination				
Berlin Rosen LTD	08 19 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
Mailing Address 15 Maiden Lane, Suite 803	Amount				
City State Zip Code	340.00				
New York NY 10038	Transaction ID : D38464				
Purpose of Expenditure	Date of Disbursement or Obligation				
Fliers and Script for Canvassing Category/ Type 004	08 / 16 / Y 2018				
Name of Federal Candidate Support	Office Sought: House District: 01				
Chabot, Steve, , ,	President Senate State: OH				
Calendar Year-To-Date	Disbursement For: Primary X General				
Per Election for Office Sought 5143.44	2018 Other (specify) ▶				
Full Name of Payee	Date of Public Distribution/Dissemination				
Berlin Rosen LTD	08 20 7 2018				
Mailing Address 15 Maiden Lane, Suite 803					
	Amount				
City State Zip Code	340.00				
New York NY 10038	Transaction ID : D38465 Date of Disbursement or Obligation				
Purpose of Expenditure Fliers and Script for Canvassing Category/ Time 004	M M / D D / Y Y Y Y				
Type	08 16 2018				
Name of Federal Candidate Support	Office Sought: M House District: 01				
Chabot, Steve, , ,	President Senate State: OH				
Calendar Year-To-Date	Disbursement For: Primary X General				
Per Election for Office Sought 5143.44	Other (specify)				
(a) SUBTOTAL of Itemized Independent Expenditures	▶ 680.00				
(b) SUBTOTAL of Unitemized Independent Expenditures	·· •				
(c) TOTAL Independent Expenditures					
(c) TOTAL independent Experialities	··· >				
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.					
Steffens, Sara, , , [Electronically Filed] Date	e 08 27 Y Y Y Y				
Signature					

	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Communications Workers of America Working Voice	C C00488486
Check if 24-hour report 48-hour report New report	Amends report filed on M M / D D / Y Y Y Y Y
Full Name of Payee	Date of Public Distribution/Dissemination
Berlin Rosen LTD	08 / 21 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 15 Maiden Lane, Suite 803	Amount
City State Zip	Code 340.00
· ·	038 Transaction ID : D38466 Date of Disbursement or Obligation
Purpose of Expenditure Fliers and Script for Canvassing	ategory/ Type 004 08 16 2018
Name of Federal Candidate	Support Office Sought: X House District: 01
Chabot, Steve, , ,	M Oppose President Senate State: OH
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General 2018 Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Berlin Rosen LTD	08 22 2018
Mailing Address 15 Maiden Lane, Suite 803	Amount
City State Zip) Code 340.00
	D038 Transaction ID : D38467 Date of Disbursement or Obligation
Purpose of Expenditure Fliers and Script for Canvassing	ategory/ Type 004 08 / 16 / 2018
Name of Federal Candidate	Support Office Sought: X House District: 01
Chabot, Steve, , ,	Oppose President Senate State: OH
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General 2018 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	680.00
(b) SUBTOTAL of Unitemized Independent Expenditures	······································
(c) TOTAL Independent Expenditures	· · · · · · · · · · · · · · · · · · ·
Under penalty of perjury I certify that the independent expenditures rep with, or at the request or suggestion of, any candidate or authorized coparty committee) any political party committee or its agent.	
Steffens, Sara, , , [Electronicali	ly Filed] Date 08 27 2018
Signature	

PAGE

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	DENT EXPEND	ITORES		PAGE 3 OF 8 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full) Communications Workers of America Working Voices FEC IDENTIFICATION NUMBER ▼					
Sommanications vvolkers of America vvolking voices				C00488486	
Check if 24-hour report 🗶 48-hour repo	rt New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y	
Full Name of Payee Berlin Rosen LTD			M = M /	Distribution/Dissemination	
Mailing Address 15 Maiden Lane, Suite 803			08 Amount	23 2018	
City	State	Zip Code		340.00	
New York	NY	10038	Transaction II Date of Disbu	D: D38468 rsement or Obligation	
Purpose of Expenditure Fliers and Script for Canvassing		Category/ Type 004	08	16 / 2018	
Name of Federal Candidate		Support	Office Sought:	House District: 01	
Chabot, Steve, , ,		x Oppose	President	Senate State: OH	
Calendar Year-To-Date Per Election for Office Sought		5143.44	Disbursement For: 2018 Other (spe	Primary x General ecify) ▶	
Full Name of Payee CWA Local 4400			Date of Public	Distribution/Dissemination	
			08	20 / Y Y Y Y Y Y	
Mailing Address 2300 Montana Avenue, Su	uite 101		Amount		
City	State	Zip Code		469.56	
Cincinnati	OH	45211	Transaction ID Date of Disbu	D: D38474 Irsement or Obligation	
Purpose of Expenditure Lost Time Wages for Canvassing		Category/ Type 001	08	16 2018	
Name of Federal Candidate		Support	Office Sought:	House District: 01	
Chabot, Steve, , ,		x Oppose	President	Senate State: OH	
Calendar Year-To-Date Per Election for Office Sought		5143.44	Disbursement For: 2018 Other (sp	Primary X General ecify) ▶	
(a) SUBTOTAL of Itemized Independent Expe	enditures		·	809.56	
(b) SUBTOTAL of Unitemized Independent Ex	xpenditures		· •		
(c) TOTAL Independent Expenditures			•		
Under penalty of perjury I certify that the indewith, or at the request or suggestion of, any committee) any political party committee	andidate or authorized				
Steffens, Sara, , ,	[Electron	ically Filed] Date	08 / 27	2018	

	include Ly		FOR SE OF	FORM 24/48	
	ME OF COMMITTEE (In Full)	FE	C IDENTIFICATIO	N NUMBER ▼	
C	Communications Workers of America Working Voices	C	C00488486		
Ch	eck if 24-hour report 48-hour report New report Amends report file	ed on	/ D D /	Y = Y = Y	
П	Full Name of Payee	Date of P	ublic Distribution/l	Dissemination	
	CWA Local 4400	M = N 08	21	2018	
	Mailing Address 2300 Montana Avenue, Suite 101	Amount			
	City State Zip Code			469.56	
	Cincinnati OH 45211		on ID : D38475 hisbursement or O		
	Purpose of Expenditure Lost Time Wages for Canvassing Category/ Type 001	M N 08	_	2018	
	Name of Federal Candidate Support Off	ce Sought:	✗ House I	District: 01	
	Chabot, Steve, , ,	President	Senate	State: OH	
	Calendar Year-To-Date Per Election for Office Sought Dis 20			x General	
		Other	(specify) -		
	Full Name of Payee CWA Local 4400	Date of P	Public Distribution/	Dissemination	
	Mailing Address 2300 Montana Avenue, Suite 101	08 Amount	22	2018	
	City State Zip Code			469.56	
	Cincinnati OH 45211		on ID : D38476		
	Purpose of Expenditure Lost Time Wages for Canyassing Category/ 001	M = N		YYYY	
	Type	08	16	2018	
		ce Sought:	✗ House	District: 01	
	Chabot, Steve, , ,	President	Senate	State: OH	
	Calendar Year-To-Date Per Election for Office Sought Dis 20		or: Primary r (specify) ▶	✗ General	
_	(a) SUBTOTAL of Itemized Independent Expenditures	Guioi	(opeony) -	020.42	
	(a) SOBTOTAL OF HOMEZEG INDEPENDENT EXPONDITURES		- 	939.12	
	(b) SUBTOTAL of Unitemized Independent Expenditures		<i></i>		
	(c) TOTAL Independent Expenditures		7 1 7		
1	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.				
	[E1		27 / Y Y Y 201	Y Y Y	
	Signature Date		201		

PAGE 4

	medule Ly				FOR SE OF	FORM 24/48	
NAME OF COMMITTEE (In Full) Communications Workers of America Working Voices					NTIFICATI	ON NUMBER	▼
Communications Workers of America Working Voices) c	00488486		
Che	eck if 24-hour report 48-hour report New report Amends re	report fil	led on	/	D D /	Y Y Y Y	Y
7	Full Name of Payee		Date of F	ublic	Distribution	/Dissemination	1
	CWA Local 4400		08		23	2018	Υ
	Mailing Address 2300 Montana Avenue, Suite 101		Amount				
	City State Zip Code					469.56	
	Cincinnati OH 45211				: D38477 sement or (
	Purpose of Expenditure Lost Time Wages for Canvassing Category/ Type O	001	08	M /	16	2018	Y
	Name of Federal Candidate Support	rt Of	fice Sought:	×	House	District: 01	
	Chabot, Steve, , ,		President		Senate	State: OH	
	Calendar Year-To-Date Per Election for Office Sought 5143.44	Dis 20			Primary	/ K Gener	ral
ŀ	Full Name of Payee				cify) ▶	/Discourie - *	
	Communications Workers of America		Date of I	M /	Distribution 19	/Dissemination 2018	
	Mailing Address 501 Third Street, NW		Amount	_	.,,	2010	
	City State Zip Code		1 [-		313.04	
	Washington DC 20001		Transacti Date of I		: D38469 sement or 0	Obligation	
	Purpose of Expenditure Lost Time Wages for Canvassing Category/ Type OC	001	M 08	M /	17	2018	Y
	Name of Federal Candidate Support	rt Of	ffice Sought:	×	House	District: 01	
	Chabot, Steve, , ,		President		Senate	State: OH	
	Calendar Year-To-Date Per Election for Office Sought 5143.44		sbursement F		Primary	y X Gener	ral
_	(a) SUBTOTAL of Itemized Independent Expenditures	······ >		7		782.60	
(b) SUBTOTAL of Unitemized Independent Expenditures							
-	(c) TOTAL Independent Expenditures			7			
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.							
	Steffens, Sara, , , [Electronically Filed]	Date	M = M / D	27	/ 201	18	
	Signature	L					

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					FOR SE OF	FORM 24/48
	ME OF COMMITTEE (In Full)			FEC ID	DENTIFICATION	ON NUMBER ▼
C	ommunications Workers of America Working Voices			С	C00488486	
Che	ck if 24-hour report x 48-hour report New report	Amends repo		- M /	D D /	Y Y Y Y
Т	Full Name of Payee		Date of	of Public	c Distribution/	Dissemination
	Communications Workers of America		ГМ	08 /	20	2018
	Mailing Address 501 Third Street, NW		Amou	nt		
H	City State Zip Code					313.04
	Washington DC 20001				ID : D38470 ursement or 0	
	Purpose of Expenditure Lost Time Wages for Canvassing Categor Typ			08 /	17	2018
ı	Name of Federal Candidate	Support	Office Sough	t: 3	X House	District: 01
	Chabot, Steve, , ,	Oppose	Preside	_	Senate	State: OH
	Calendar Year-To-Date Per Election for Office Sought 5143.	44	Disbursemen 2018		Primary	x General
r	Full Name of Payee					/Dissemination
	Communications Workers of America		TV		/ 22 /	2018
	Mailing Address 501 Third Street, NW		Amou	nt		
ŀ	City State Zip Code		— I			313.04
	Washington DC 20001				D: D38471 ursement or (Obligation
	Purpose of Expenditure Lost Time Wages for Canvassing Categor Typ			08	17	2018
	Name of Federal Candidate	Support	Office Sough	t:	x House	District: 01
L	Chabot, Steve, , ,	Oppose	Preside	ent	Senate	State: OH
	Calendar Year-To-Date Per Election for Office Sought 5143.	44	Disbursemen 2018 O		Primary	★ General
(8	a) SUBTOTAL of Itemized Independent Expenditures		· [7		626.08
(l	b) SUBTOTAL of Unitemized Independent Expenditures		•	1 4		
(0	c) TOTAL Independent Expenditures		•			
W	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.					
	Steffens, Sara, , , [Electronically Filed	<i>I]</i> Date	9 08	27	/ Y Y 201	Y
	Signature					

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PAGE	7	OF	8	
FOR SE	OF	FORM 24	/48	

	FOR SE OF FORM 24/48			
NAME OF COMMITTEE (In Full) Communications Workers of America Working Voices	FEC IDENTIFICATION NUMBER ▼			
Communications workers of America working voices	C C00488486			
Check if 24-hour report 48-hour report New report Amends report filed	on Mam / Dab / Yayayay			
Full Name of Payee Communications Workers of America	Date of Public Distribution/Dissemination			
Mailing Address 501 Third Street, NW	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Maining Address 501 Third Street, NVV	Amount			
City State Zip Code	313.04			
Washington DC 20001	Transaction ID : D38472 Date of Disbursement or Obligation			
Purpose of Expenditure Lost Time Wages for Canvassing Category/ Type 001	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	Sought: K House District: 01			
Chabot, Steve, , , Oppose	President Senate State: OH			
Calendar Year-To-Date Per Election for Office Sought Disbut 2018	rsement For: Primary X General			
	Other (specify) -			
Full Name of Payee Communications Workers of America	Date of Public Distribution/Dissemination			
Mailing Address 501 Third Street, NW	08 23 2018			
	Amount			
City State Zip Code	313.04			
Washington DC 20001	Transaction ID : D38473 Date of Disbursement or Obligation			
Purpose of Expenditure Lost Time Wages for Canvassing Category/ Type 001	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Name of Federal Candidate Support Office	e Sought: House District: 01			
Chabot, Steve, , ,	President Senate State: OH			
Calendar Year-To-Date Per Election for Office Sought Disbut				
	Other (specify) -			
(a) SUBTOTAL of Itemized Independent Expenditures	626.08			
(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.				
Steffens, Sara, , , [Electronically Filed] Date 0.	N / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Signature [Electronically Filed] Date 0	8 27 2018			

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

PAGE OF (Schedule E) FOR SE OF FORM 24/48 NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼ Communications Workers of America Working Voices C00488486 24-hour report ¥ 48-hour report X New report Amends report filed on Check if Full Name of Payee Date of Public Distribution/Dissemination bumperactive.com 80 2018 27 Mailing Address 5907 Burnet Rd. Amount State Zip Code City 5833.32 TX 78757 Transaction ID: D38478 Austin Date of Disbursement or Obligation Purpose of Expenditure Category/ T-shirts for members-identifying Fed Candidate 004 80 27 2018 Type Name of Federal Candidate **✗** Support Office Sought: House District: O'Rourke, Robert, Beto,, Oppose **X** Senate President State: Disbursement For: Primary **✗** General Calendar Year-To-Date 2018 5833.32 Per Election for Office Sought Other (specify) ▶ Full Name of Payee Date of Public Distribution/Dissemination Mailing Address Amount State City Zip Code Date of Disbursement or Obligation Purpose of Expenditure Category/ Type Name of Federal Candidate Support Office Sought: House District: Oppose President Senate State: Disbursement For: Primary General Calendar Year-To-Date Per Election for Office Sought Other (specify) (a) SUBTOTAL of Itemized Independent Expenditures..... 5833.32 (b) SUBTOTAL of Unitemized Independent Expenditures (c) TOTAL Independent Expenditures..... 10976.76 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. Steffens, Sara,,, [Electronically Filed] 08 27 2018 Date Signature