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

Schedule E)	PAGE 1 OF 1 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Fund for a Working Congress	
	C C00637041
Check if X 24-hour report 48-hour report New report Amends report filed	d on
Full Name of Payee Majority Strategies, LLC	Date of Public Distribution/Dissemination
Mailing Address 12854 Kenan Drive	04 20 7 2018
Suite 145	Amount
City State Zip Code	24191.48
Jacksonville FL 32258	Transaction ID : SE.4151 Date of Disbursement or Obligation
Purpose of Expenditure Direct Mail Category/ Type 004	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	ee Sought: X House District: 12
BALDERSON, TROY, , , Oppose Oppose	President Senate State: OH
Calendar Year-To-Date Per Election for Office Sought Disb 2018	oursement For: X Primary General Other (specify)
Full Name of Payee	Date of Public Distribution/Dissemination
Mailing Address	· L. L. L. L
	Amount
City State Zip Code	
Purpose of Expenditure	Date of Disbursement or Obligation
Category/ Type	M M / D D / Y Y Y Y
Name of Federal Candidate Support Office	ce Sought: House District:
Oppose	President Senate State:
Calendar Year-To-Date Dist	oursement For: Primary General
Per Election for Office Sought	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	24191.48
(b) SUBTOTAL of Unitemized Independent Expenditures	
	4 4
(c) TOTAL Independent Expenditures	24191.48
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.	
	04 21 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	