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

Schedule E)			PAGE 1 OF 4 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼	
Community Change Voters			C C00612820	
Check if 24-hour report 48-hour rep	ort New rep	port X Amends repo	ort filed on 11 01 2018	
Full Name of Payee Lawton Connect			Date of Public Distribution/Dissemination	
Mailing Address 649 Triumph Court			Amount	
City	State	Zip Code	6370.73	
Orlando	FL	32805	Transaction ID : 24-01-00504-02032 Date of Disbursement or Obligation	
Purpose of Expenditure Printing and Postage		Category/ Type	10 / 30 / 2018	
Name of Federal Candidate		Support	Office Sought: House District: 00	
Scott, Rick, , ,		X Oppose	President Senate State: FL	
Calendar Year-To-Date Per Election for Office Sought	,,	112380.94	Disbursement For: Primary General 2018 Other (specify) ▶	
Full Name of Payee			Date of Public Distribution/Dissemination	
Lawton Connect	Lawton Connect			
Mailing Address 649 Triumph Court			Amount	
City	State	Zip Code	4409.17	
Orlando	FL	32805	Transaction ID: 24-01-00508-02036 Date of Disbursement or Obligation	
Purpose of Expenditure Printing and Postage		Category/ Type	11 01 2018	
Name of Federal Candidate		Support	Office Sought: House District: 00	
Scott, Rick, , ,		X Oppose	President X Senate State: FL	
Calendar Year-To-Date Per Election for Office Sought		116790.11	Disbursement For: Primary	
(a) SUBTOTAL of Itemized Independent Exp	enditures		▶ 10779.90	
(b) SUBTOTAL of Unitemized Independent I	Expenditures		·· •	
(c) TOTAL Independent Expenditures			·· •	
. , , , , ,	candidate or authorized		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political	
Young, Ryan, , ,	[Electror	nically Filed] Date	e 01 10 / Y = Y = Y = Y	
Signature				

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

Schedule E)	ZEITT EXTERIO	ITORLO		PAGE 2 OF 4 FOR SE OF FORM 24/48			
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼			
Community Change Voters				C C00612820			
Check if 24-hour report 48-hour report	New rep	ort X Amends repo		11 01 2018			
Full Name of Payee Lawton Connect				of Public Distribution/Dissemination			
Mailing Address 649 Triumph Court			Amou	10 31 2018 unt			
City	State	Zip Code		1265.30			
Orlando	FL	32805		Transaction ID : 24-01-00508-02038 Date of Disbursement or Obligation			
Purpose of Expenditure Printing and Postage		Category/ Type		11 01 2018			
Name of Federal Candidate		✗ Support	Office Sough	nt: House District: 00			
Nelson, Bill, , ,		Oppose	Presid				
Calendar Year-To-Date Per Election for Office Sought		118055.41	Disbursemer 2018	nt For: Primary X General Other (specify) ▶			
Full Name of Payee			Date	of Public Distribution/Dissemination			
Lawton Connect			Г	10 31 2018			
Mailing Address 649 Triumph Court			Amou				
City Orlando	State FL	Zip Code 32805	Transa	2269.05 Transaction ID : 24-01-00508-02041 Date of Disbursement or Obligation			
Purpose of Expenditure Printing and Postage		Category/ Type		11 01 / 2018			
Name of Federal Candidate		✗ Support	Office Sough	ht: House District: 00			
Nelson, Bill, , ,		Oppose	Presid				
Calendar Year-To-Date Per Election for Office Sought		120324.46	Disbursemer 2018	nt For: Primary General Other (specify)			
(a) SUBTOTAL of Itemized Independent Exper	nditures			3534.35			
(a) 30270112 of Romized Independent Exper				3334.33			
(b) SUBTOTAL of Unitemized Independent Exp	penditures		·· •				
(c) TOTAL Independent Expenditures			•	7 7 7			
Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any ca party committee) any political party committee of	indidate or authorized						
Young, Ryan, , ,	[Electron	ically Filed] Date	e 01 /	10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Signature							

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

FEC IDENTFICATION NUMBER V C C C C C C C C C		medule Ly			FOR SE OF	FORM 24/48
C CO0612820 Check if				FEC I	DENTIFICATION	ON NUMBER ▼
Full Name of Payee Barr, Frederick, , ,	U	ommunity Change voters		С	C00612820	
Barr, Frederick, , , Mailing Address 910 N Shine Ave City State Zip Code FL 32803 Purpose of Expenditure Design and Production Name of Federal Candidate Sought 120382.76 Full Name of Payee Barr, Frederick, , Mailing Address 910 N Shine Ave Calendar Year-To-Date Purpose of Expenditure Date of Public Distribution Dissemination FL 32803 Transaction ID : 24-01-00509-02037 Date of Debursement or Obligation Transaction ID : 24-01-00509-02037 Date of Debursement or Obligation Transaction ID : 24-01-00509-02037 Date of Debursement or Obligation Transaction ID : 24-01-00509-02037 Date of Debursement or Obligation Transaction ID : 24-01-00509-02037 Date of Debursement or Obligation Transaction ID : 24-01-00509-02037 Date of Debursement or Obligation Transaction ID : 24-01-00509-02037 Date of Public Distribution Dissemination Transaction ID : 24-01-00509-02037 Date of Public Distribution Dissemination Transaction ID : 24-01-00509-02037 Date of Public Distribution Dissemination Transaction ID : 24-01-00509-02037 Date of Public Distribution Dissemination Transaction ID : 24-01-00509-02037 Date of Public Distribution Dissemination Transaction ID : 24-01-00509-02037 Date of Public Distribution Dissemination Transaction ID : 24-01-00509-02037 Date of Public Distribution Dissemination Transaction ID : 24-01-00509-02037 Date of Public Distribution Dissemination Transaction ID : 24-01-00509-02037 Date of Public Distribution Dissemination Transaction ID : 24-01-00509-02037 Date of Public Distribution Dissemination Transaction ID : 24-01-00509-02037 Date of Public Distribution Dissemination Transaction ID : 24-01-00509-02037 Date of Public Distribution Dissemination Transaction ID : 24-01-00509-02037 Date of Public Distribution Dissemination Transaction ID : 24-01-00509-02037 Date of Public Distribution Dissemination Transaction ID : 24-01-00509-02037 Date of Public Distribution Dissemination Transaction ID : 24-01-00509-02039 Date of Public Distribution Dissemination Transac	Ch	eck if 24-hour report 48-hour report New report Amends report filed	on 1			
Mailing Address 910 N Shine Ave City State Zip Code FL 32803 Purpose of Expenditure Design and Production Name of Federal Candidate Scott, Rick.,	٦	Full Name of Payee	Date o	f Publ	ic Distribution	/Dissemination
City State Zip Code Orlando FL 32803 Purpose of Expenditure Design and Production Name of Federal Candidate Scott, Rick.,		Dail, Fledelick, , ,				
Orlando FL 32803 Furpose of Expenditure Design and Production Name of Foderal Candidate Scott, Rick, ,		Mailing Address 910 N Shine Ave	Amour	nt		
Purpose of Expenditure Design and Production Name of Federal Candidate Scott, Rick. ,		City State Zip Code	Г.			58.30
Name of Federal Candidate		Orlando FL 32803				
Scott, Rick. ,		Design and Production Calegory/	M	- M	/ D D /	Y Y Y Y
Calendar Year-To-Date Per Election for Office Sought Full Name of Payee Barr, Frederick, , , Mailing Address 910 N Shine Ave City State Zip Code Orlando FL 32803 Purpose of Expenditure Design and Production Name of Federal Candidate Nelson, Bill, ,		Name of Federal Candidate Support Office	e Sought	t: [House	District:00
Per Election for Office Sought Full Name of Payee Barr, Frederick, , , Malling Address 910 N Shine Ave City State Zip Code Orlando FL 32803 Orlando FL 32803 Purpose of Expenditure Design and Production Name of Federal Candidate Nelson, Bill, , Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Unitemized Independent Expenditures		Scott, Rick, , ,	Preside	ent [X Senate	State: FL
Full Name of Payee Barr, Frederick, , Mailing Address g10 N Shine Ave City State Zip Code Orlando FL 32803 Purpose of Expenditure Design and Production Name of Federal Candidate Nelson, Bill, , Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized 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. Date of Public Distribution/Dissemination Amount Amount Category/ Type Category/ Type Office Sought: House District: 00 President X Senate State: FL Disbursement For: Primary X General Other (specify) Improved the primary of primary of primary of the request of 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.		Calcinda Teal to Bate				General
Barr, Frederick, , , Mailing Address 910 N Shine Ave City State Zip Code Orlando FL 32803 Purpose of Expenditure Design and Production Name of Federal Candidate Nelson, Bill, , Oppose President State: FL Calendar Year-To-Date Per Election for Office Sought 120441.06 Other (specify) (a) SUBTOTAL of Itemized Independent Expenditures Per Blook of American Substance or authorized Committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or las agent. (Electronically Filed) Date of Disbursement or Obligation Transaction ID: 24-01-00509-02039 Transac		Full Name of Days				/D: : ::
Mailing Address 910 N Shine Ave City State Zip Code 71		Barr, Frederick, , ,	M	= M	/ D D /	Y Y Y Y Y
Orlando FL 32803 Transaction ID: 24-01-00509-02039 Date of Disbursement or Obligation Purpose of Expenditure Design and Production Name of Federal Candidate Nelson, Bill, ,		Mailing Address 910 N Shine Ave		-	31	2010
Purpose of Expenditure Design and Production Name of Federal Candidate		City State Zip Code				58.30
Purpose of Expenditure Design and Production Name of Federal Candidate						
Nelson, Bill, , , Oppose President Senate State: FL Calendar Year-To-Date Per Election for Office Sought 120441.06 (a) SUBTOTAL of Itemized Independent Expenditures		Design and Production Calegory/	M	- M	/ D D /	Y Y Y Y
Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures		Name of Federal Candidate Support Office	e Sought	t:	House	District:00
(a) SUBTOTAL of Itemized Independent Expenditures		Nelson, Bill, , , Oppose Oppose	Preside	ent [X Senate	State:FL
(b) SUBTOTAL of Unitemized Independent Expenditures		2010	3			/ X General
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. Young, Ryan, , , [Electronically Filed] Date O1 10 2019 D1 D2 D2 D2 D3 D3 D3 D3 D3		(a) SUBTOTAL of Itemized Independent Expenditures			1117	116.60
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. Young, Ryan, , , [Electronically Filed] Date O1 O1 O1 O1 O1 O1 O1 O	(b) SUBTOTAL of Unitemized Independent Expenditures					
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. Young, Ryan, , , [Electronically Filed] Date O1 O1 O1 O1 O1 O1 O1 O	_	(c) TOTAL Independent Expenditures			7	
[Electronically Filed] Date 01 10 2019	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					
Batto		[F1 - 4 II - F2 1]	M /			
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PAGE 3

OF

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	DENT EXPEND	HONES		PAGE 4 OF 4 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			F	EC IDENTIFICATION NUMBER ▼
Community Change Voters				C C00612820
Check if 24-hour report 48-hour repo	rt New rep	oort X Amends repo	ort filed on 11	
Full Name of Payee Barr, Frederick, , ,			Date of	Public Distribution/Dissemination
Mailing Address 910 N Shine Ave			1 Amount	0 31 2018
City	State	Zip Code		58.30
Orlando	FL	32803		ction ID: 24-01-00509-02040 Disbursement or Obligation
Purpose of Expenditure Design and Production		Category/ Type	M 1	1 01 2018
Name of Federal Candidate		✗ Support	Office Sought:	House District:00
Nelson, Bill, , ,		Oppose	Presiden	t Senate State: FL
Calendar Year-To-Date Per Election for Office Sought		120499.36	Disbursement 2018 Oth	For: Primary X General er (specify) ▶
Full Name of Payee			Date of	Public Distribution/Dissemination
Barr, Frederick, , ,			M 1	0 31 2018
Mailing Address 910 N Shine Ave			Amount	
City	State	Zip Code	─ [:	58.30
Orlando	FL	32803		tion ID: 24-01-00509-02042 Disbursement or Obligation
Purpose of Expenditure Design and Production		Category/ Type	M 1	1 01 2018
Name of Federal Candidate		Support	Office Sought:	House District: 00
Scott, Rick, , ,		x Oppose	Presiden	t Senate State: FL
Calendar Year-To-Date Per Election for Office Sought	, , , ,	120557.66	Disbursement 2018 Oth	For: Primary General Primary General
_				
(a) SUBTOTAL of Itemized Independent Expe	enditures		. •	116.60
(b) SUBTOTAL of Unitemized Independent E.	xpenditures		·· •	7
(c) TOTAL Independent Expenditures			· •	14547.45
Under penalty of perjury I certify that the ind- with, or at the request or suggestion of, any of party committee) any political party committee	andidate or authorized			
Young, Ryan, , ,	[Electron	nically Filed] Date		10 / 2019
Olynatul C				