

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 1 OF 12  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Communications Workers of America Working Voices</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00488486	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>AFA-CWA</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>06 / 07 / 2018</b>	
Mailing Address <b>501 3rd Street, NW</b>		Amount <b>574.28</b>	
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20001</b>	Transaction ID : <b>D37626</b>
Purpose of Expenditure <b>Lost Time Wages for Canvassing</b>		Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>06 / 07 / 2018</b>
Name of Federal Candidate <b>Coffman, Mike, , ,</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: <b>06</b> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>CO</b>
Calendar Year-To-Date Per Election for Office Sought <b>8653.78</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Communications Workers of America</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>06 / 07 / 2018</b>	
Mailing Address <b>501 Third Street, NW</b>		Amount <b>104.25</b>	
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20001</b>	Transaction ID : <b>D37636</b>
Purpose of Expenditure <b>Lost Time Wages for Canvassing</b>		Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>06 / 07 / 2018</b>
Name of Federal Candidate <b>Coffman, Mike, , ,</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: <b>06</b> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>CO</b>
Calendar Year-To-Date Per Election for Office Sought <b>8653.78</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>678.53</b>
(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, , ,

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 3 OF 12  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Communications Workers of America Working Voices</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00488486	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>AFA-CWA</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>06 / 10 / 2018</b>	
Mailing Address <b>501 3rd Street, NW</b>		Amount <b>489.68</b>	
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20001</b>	Transaction ID : <b>D37659</b>
Purpose of Expenditure <b>Lost Time Wages for Canvassing</b>		Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>06 / 07 / 2018</b>
Name of Federal Candidate <b>Coffman, Mike, , ,</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: <b>06</b> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>CO</b>
Calendar Year-To-Date Per Election for Office Sought <b>8653.78</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>CWA 7777</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>06 / 10 / 2018</b>	
Mailing Address <b>2840 South Vallejo Street</b>		Amount <b>655.27</b>	
City <b>Englewood</b>	State <b>CO</b>	Zip Code <b>80110-1222</b>	Transaction ID : <b>D37660</b>
Purpose of Expenditure <b>Lost Time Wages for Canvassing</b>		Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>06 / 07 / 2018</b>
Name of Federal Candidate <b>Coffman, Mike, , ,</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: <b>06</b> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>CO</b>
Calendar Year-To-Date Per Election for Office Sought <b>8653.78</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>1144.95</b>
(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, , ,

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 4 OF 12  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Communications Workers of America Working Voices</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00488486	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Berlin Rosen LTD</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>06 / 10 / 2018</b>	
Mailing Address <b>15 Maiden Lane, Suite 803</b>		Amount <b>250.00</b>	
City <b>New York</b>	State <b>NY</b>	Zip Code <b>10038</b>	Transaction ID : <b>D37661</b>
Purpose of Expenditure Fliers and Script for Canvassing		Category/ Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>06 / 07 / 2018</b>
Name of Federal Candidate <b>Coffman, Mike, , ,</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: <b>06</b> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>CO</b>
Calendar Year-To-Date Per Election for Office Sought		<b>8653.78</b>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Berlin Rosen LTD</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>06 / 11 / 2018</b>	
Mailing Address <b>15 Maiden Lane, Suite 803</b>		Amount <b>250.00</b>	
City <b>New York</b>	State <b>NY</b>	Zip Code <b>10038</b>	Transaction ID : <b>D37662</b>
Purpose of Expenditure Fliers and Script for Canvassing		Category/ Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>06 / 07 / 2018</b>
Name of Federal Candidate <b>Coffman, Mike, , ,</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: <b>06</b> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>CO</b>
Calendar Year-To-Date Per Election for Office Sought		<b>8653.78</b>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>500.00</b>
(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, , ,

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

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 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Communications Workers of America Working Voices</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00488486       </div>
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name of Payee <b>CWA 7777</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <div style="display: flex; justify-content: space-around;"><div>06</div><div>11</div><div>2018</div></div>	
Mailing Address 2840 South Vallejo Street		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">384.99</div>	
City Englewood	State CO	Zip Code 80110-1222	Transaction ID : <b>D37663</b>
Purpose of Expenditure Lost Time Wages for Canvassing	Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	Date of Disbursement or Obligation MM / DD / YYYY <div style="display: flex; justify-content: space-around;"><div>06</div><div>07</div><div>2018</div></div>	
Name of Federal Candidate Coffman, Mike, , ,		Office Sought: <input checked="" type="checkbox"/> House    District: <u>06</u> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>CO</u>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>AFA-CWA</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <div style="display: flex; justify-content: space-around;"><div>06</div><div>11</div><div>2018</div></div>	
Mailing Address 501 3rd Street, NW		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">489.68</div>	
City Washington	State DC	Zip Code 20001	Transaction ID : <b>D37664</b>
Purpose of Expenditure Lost Time Wages for Canvassing	Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	Date of Disbursement or Obligation MM / DD / YYYY <div style="display: flex; justify-content: space-around;"><div>06</div><div>07</div><div>2018</div></div>	
Name of Federal Candidate Coffman, Mike, , ,		Office Sought: <input checked="" type="checkbox"/> House    District: <u>06</u> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>CO</u>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">874.67</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

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, , ,

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

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NAME OF COMMITTEE (In Full) <b>Communications Workers of America Working Voices</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00488486	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>CWA 7777</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>06 / 12 / 2018</b>	
Mailing Address <b>2840 South Vallejo Street</b>		Amount <b>384.99</b>	
City <b>Englewood</b>	State <b>CO</b>	Zip Code <b>80110-1222</b>	Transaction ID : <b>D37665</b>
Purpose of Expenditure <b>Lost Time Wages for Canvassing</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>06 / 07 / 2018</b>	
Name of Federal Candidate <b>Coffman, Mike, , ,</b>		Office Sought: <input checked="" type="checkbox"/> House    District: <b>06</b> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>CO</b>	
Calendar Year-To-Date Per Election for Office Sought <b>8653.78</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>AFA-CWA</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>06 / 12 / 2018</b>	
Mailing Address <b>501 3rd Street, NW</b>		Amount <b>489.68</b>	
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20001</b>	Transaction ID : <b>D37666</b>
Purpose of Expenditure <b>Lost Time Wages for Canvassing</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>06 / 07 / 2018</b>	
Name of Federal Candidate <b>Coffman, Mike, , ,</b>		Office Sought: <input checked="" type="checkbox"/> House    District: <b>06</b> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>CO</b>	
Calendar Year-To-Date Per Election for Office Sought <b>8653.78</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>874.67</b>
(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, , ,

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 7 OF 12  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Communications Workers of America Working Voices</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00488486
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>Berlin Rosen LTD</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>06 / 12 / 2018</b>
Mailing Address 15 Maiden Lane, Suite 803		Amount 250.00
City New York	State NY	Zip Code 10038
Purpose of Expenditure Fliers and Script for Canvassing	Category/ Type <b>004</b>	Transaction ID : <b>D37667</b> Date of Disbursement or Obligation MM / DD / YYYY <b>06 / 07 / 2018</b>
Name of Federal Candidate Coffman, Mike, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House    District: <b>06</b> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>CO</b>
Calendar Year-To-Date Per Election for Office Sought <b>8653.78</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>CWA 7777</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>06 / 13 / 2018</b>
Mailing Address 2840 South Vallejo Street		Amount 384.99
City Englewood	State CO	Zip Code 80110-1222
Purpose of Expenditure Lost Time Wages for Canvassing	Category/ Type <b>001</b>	Transaction ID : <b>D37668</b> Date of Disbursement or Obligation MM / DD / YYYY <b>06 / 07 / 2018</b>
Name of Federal Candidate Coffman, Mike, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House    District: <b>06</b> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>CO</b>
Calendar Year-To-Date Per Election for Office Sought <b>8653.78</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>634.99</b>
(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, , ,

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

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FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Communications Workers of America Working Voices</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00488486	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>AFA-CWA</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>06 / 13 / 2018</b>	
Mailing Address <b>501 3rd Street, NW</b>		Amount <b>574.28</b>	
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20001</b>	Transaction ID : <b>D37669</b>
Purpose of Expenditure <b>Lost Time Wages for Canvassing</b>		Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>06 / 07 / 2018</b>
Name of Federal Candidate <b>Coffman, Mike, , ,</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: <b>06</b> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>CO</b>
Calendar Year-To-Date Per Election for Office Sought <b>8653.78</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Berlin Rosen LTD</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>06 / 13 / 2018</b>	
Mailing Address <b>15 Maiden Lane, Suite 803</b>		Amount <b>250.00</b>	
City <b>New York</b>	State <b>NY</b>	Zip Code <b>10038</b>	Transaction ID : <b>D37670</b>
Purpose of Expenditure <b>Fliers and Script for Canvassing</b>		Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>06 / 07 / 2018</b>
Name of Federal Candidate <b>Coffman, Mike, , ,</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: <b>06</b> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>CO</b>
Calendar Year-To-Date Per Election for Office Sought <b>8653.78</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>824.28</b>
(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, , ,

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
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FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Communications Workers of America Working Voices</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00488486
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>CWA 7777</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>06 / 14 / 2018</b>	
Mailing Address <b>2840 South Vallejo Street</b>		Amount <b>485.86</b>	
City <b>Englewood</b>	State <b>CO</b>	Zip Code <b>80110-1222</b>	Transaction ID : <b>D37672</b>
Purpose of Expenditure <b>Lost Time Wages for Canvassing</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>06 / 07 / 2018</b>	
Name of Federal Candidate <b>Coffman, Mike, , ,</b>		<input type="checkbox"/> Support    Office Sought: <input checked="" type="checkbox"/> House    District: <b>06</b> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>CO</b>	
Calendar Year-To-Date Per Election for Office Sought <b>8653.78</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>AFA-CWA</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>06 / 14 / 2018</b>	
Mailing Address <b>501 3rd Street, NW</b>		Amount <b>372.26</b>	
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20001</b>	Transaction ID : <b>D37673</b>
Purpose of Expenditure <b>Lost Time Wages for Canvassing</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>06 / 07 / 2018</b>	
Name of Federal Candidate <b>Coffman, Mike, , ,</b>		<input type="checkbox"/> Support    Office Sought: <input checked="" type="checkbox"/> House    District: <b>06</b> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>CO</b>	
Calendar Year-To-Date Per Election for Office Sought <b>8653.78</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>858.12</b>
(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.

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
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NAME OF COMMITTEE (In Full) <b>Communications Workers of America Working Voices</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00488486	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Berlin Rosen LTD</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>06 / 14 / 2018</b>	
Mailing Address 15 Maiden Lane, Suite 803		Amount <b>250.00</b>	
City New York	State NY	Zip Code 10038	Transaction ID : <b>D37674</b>
Purpose of Expenditure Fliers and Script for Canvassing		Category/ Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>06 / 07 / 2018</b>
Name of Federal Candidate Coffman, Mike, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: <b>06</b> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>CO</b>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>CWA 7777</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>06 / 18 / 2018</b>	
Mailing Address 2840 South Vallejo Street		Amount <b>251.55</b>	
City Englewood	State CO	Zip Code 80110-1222	Transaction ID : <b>D37782</b>
Purpose of Expenditure Lost Time Wages for Canvassing		Category/ Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>06 / 07 / 2018</b>
Name of Federal Candidate Coffman, Mike, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: <b>06</b> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>CO</b>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>501.55</b>
(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

MM / DD / YYYY  
**06 / 19 / 2018**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 11 OF 12  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Communications Workers of America Working Voices</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00488486
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>AFA-CWA</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>06 / 18 / 2018</b>	
Mailing Address <b>501 3rd Street, NW</b>		Amount <b>502.50</b>	
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20001</b>	Transaction ID : <b>D37783</b>
Purpose of Expenditure <b>Lost Time Wages for Canvassing</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>06 / 07 / 2018</b>	
Name of Federal Candidate <b>Coffman, Mike, , ,</b>		<input type="checkbox"/> Support    Office Sought: <input checked="" type="checkbox"/> House    District: <b>06</b> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>CO</b>	
Calendar Year-To-Date Per Election for Office Sought <b>8653.78</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Berlin Rosen LTD</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>06 / 18 / 2018</b>	
Mailing Address <b>15 Maiden Lane, Suite 803</b>		Amount <b>250.00</b>	
City <b>New York</b>	State <b>NY</b>	Zip Code <b>10038</b>	Transaction ID : <b>D37784</b>
Purpose of Expenditure <b>Fliers and Script for Canvassing</b>	Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>06 / 07 / 2018</b>	
Name of Federal Candidate <b>Coffman, Mike, , ,</b>		<input type="checkbox"/> Support    Office Sought: <input checked="" type="checkbox"/> House    District: <b>06</b> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>CO</b>	
Calendar Year-To-Date Per Election for Office Sought <b>8653.78</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>752.50</b>
(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

MM / DD / YYYY  
**06 / 19 / 2018**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 12 OF 12  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Communications Workers of America Working Voices</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00488486
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>Communications Workers of America</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>06 / 18 / 2018</b>
Mailing Address <b>501 Third Street, NW</b>		Amount <b>104.25</b>
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20001</b>
Purpose of Expenditure <b>Lost Time Wages for Canvassing</b>	Category/Type <b>001</b>	Transaction ID : <b>D37785</b> Date of Disbursement or Obligation MM / DD / YYYY <b>06 / 07 / 2018</b>
Name of Federal Candidate <b>Coffman, Mike, , ,</b>		Office Sought: <input checked="" type="checkbox"/> House    District: <b>06</b> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>CO</b>
Calendar Year-To-Date Per Election for Office Sought <b>8653.78</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input 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
Purpose of Expenditure	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate		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) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>104.25</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<b>8653.78</b>

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

MM / DD / YYYY  
**06 / 19 / 2018**

Signature