

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

NAME OF COMMITTEE (In Full) Communications Workers of America Working Voices		FEC IDENTIFICATION NUMBER ▼ C C00488486	
Check if ☒ 24-hour report ☐ 48-hour report		☒ New report ☐ Amends report filed on <table border="1" style="display:inline-table; margin:0 5px;">M M M</table> / <table border="1" style="display:inline-table; margin:0 5px;">D D D</table> / <table border="1" style="display:inline-table; margin:0 5px;">Y Y Y Y Y Y Y Y </table>	

Full Name of Payee Communications Workers of America Prod. Costs Rptd 9/28/16			Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; margin:0 5px;">09</table> / <table border="1" style="display:inline-table; margin:0 5px;">29</table> / <table border="1" style="display:inline-table; margin:0 5px;">2016</table>		
Mailing Address 501 Third Street, NW			Amount <table border="1" style="display:inline-table; margin:0 5px;">338.08</table>		
City Washington	State DC	Zip Code 20001	Transaction ID : D32784		
Purpose of Expenditure Shipping of T-Shirts		Category/ Type 004	Date of Disbursement or Obligation <table border="1" style="display:inline-table; margin:0 5px;">09</table> / <table border="1" style="display:inline-table; margin:0 5px;">30</table> / <table border="1" style="display:inline-table; margin:0 5px;">2016</table>		
Name of Federal Candidate Hillary Clinton		☒ Support ☐ Oppose	Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought		<table border="1" style="display:inline-table; margin:0 5px;">21450.97</table>	Disbursement For: ☐ Primary ☒ General 2016 ☐ Other (specify) ▶ _____		

Full Name of Payee			Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; margin:0 5px;"></table> / <table border="1" style="display:inline-table; margin:0 5px;"></table> / <table border="1" style="display:inline-table; margin:0 5px;"></table>		
Mailing Address			Amount <table border="1" style="display:inline-table; margin:0 5px;"></table>		
City	State	Zip Code	Date of Disbursement or Obligation <table border="1" style="display:inline-table; margin:0 5px;"></table> / <table border="1" style="display:inline-table; margin:0 5px;"></table> / <table border="1" style="display:inline-table; margin:0 5px;"></table>		
Purpose of Expenditure		Category/ Type			
Name of Federal Candidate		☐ Support ☐ Oppose	Office Sought: ☐ House District: _____ ☐ President ☐ Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought		<table border="1" style="display:inline-table; margin:0 5px;"></table>	Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<table border="1" style="display:inline-table; margin:0 5px;">338.08</table>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<table border="1" style="display:inline-table; margin:0 5px;"></table>
(c) TOTAL Independent Expenditures..... ▶	<table border="1" style="display:inline-table; margin:0 5px;">338.08</table>

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.

Sara Steffens

[Electronically Filed]

Date

 /

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Signature