

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

PAGE 1 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) LCV Victory Fund		FEC IDENTIFICATION NUMBER ▼ C C00486845	
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 League Of Conservation Voters, Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 19 / 2018	
Mailing Address 740 15Th St NW FI 7		Amount 15.19	
City Washington	State DC	Zip Code 20005-1048	Transaction ID : VVAG59YA1K3
Purpose of Expenditure Staff Time for Press Release (via drawdown)		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 19 / 2018
Name of Federal Candidate WALTERS, MIMI, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 45 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA
Calendar Year-To-Date Per Election for Office Sought 196498.11		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Ralston Lapp Media		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2018	
Mailing Address 1054 31St St NW Ste 430		Amount 23376.66	
City Washington	State DC	Zip Code 20007-6042	Transaction ID : VVAG59YCW66
Purpose of Expenditure Digital Ad Production		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2018
Name of Federal Candidate WALTERS, MIMI, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 45 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA
Calendar Year-To-Date Per Election for Office Sought 196498.11		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	23391.85
(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.

Collins, Patrick, , ,

[Electronically Filed]

Date

MM / DD / YYYY
10 / 22 / 2018

Signature

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Full Name of Payee Tessio Labs LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2018	
Mailing Address 712 5Th Ave FI 7		Amount 172960.00	
City New York	State NY	Zip Code 10019-4108	Transaction ID : VVAG59YA0B0
Purpose of Expenditure Digital Ad Buy	Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 19 / 2018	
Name of Federal Candidate WALTERS, MIMI, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 45 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" 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	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure	Category/ Type		
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	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) SUBTOTAL of Itemized Independent Expenditures.....▶	172960.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	196351.85

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Collins, Patrick, , ,

[Electronically Filed]

Date

MM	DD	YYYY
10	22	2018

Signature