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

Schedule E)	FOR SE OF FORM 24/48
IAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
PAC for a Change	
	C C00342048
Check if 24-hour report	d on 12 22 2017
Full Name of Payee	Date of Public Distribution/Dissemination
Rose Kapolczynski Consulting Inc.	M M / D D / Y Y Y Y Y
Mailing Address 969 Colorado Blvd	12 20 2017
Ste 103	Amount
City State Zip Code	1806.40
Los Angeles CA 90041-1755	Transaction ID : VTD7PA3EFG2 Date of Disbursement or Obligation
Purpose of Expenditure Non-Contribution Account: Media Buy Category/ Type	12 DDD / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	ce Sought: X House District: 45
Walters, Mimi, , ,	President Senate State: CA
Calendar Year-To-Date Per Election for Office Sought Dist 2306.40	oursement For: Primary General Other (specify)
Full Name of Payee Rose Kapolczynski Consulting Inc.	Date of Public Distribution/Dissemination
	12 20 2017
Mailing Address 969 Colorado Blvd	Amount
Ste 103	
City State Zip Code Los Angeles CA 90041-1755	1806.40 Transaction ID : VTD7PA3EFH0
	Date of Disbursement or Obligation
Purpose of Expenditure Non-Contribution Account: Media Buy Category/ Type	12 20 7 2017
Name of Federal Candidate Support Office	ce Sought:
Royce, Ed, , ,	President Senate State: CA
Calendar Year-To-Date Per Election for Office Sought Dist 2306.40	oursement For: X Primary General 8 Other (specify) >
(a) SUBTOTAL of Itemized Independent Expenditures	3612.80
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not me with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	·
Farar, Sim, , , [Electronically Filed] Date	04 03 2018
Signature	

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 2 OF 5 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
PAC for a Change	C C00342048
Check if 24-hour report 🗶 48-hour report New report 🗶 Ame	nds report filed on 12 22 2017
Full Name of Payee Rose Kapolczynski Consulting Inc.	Date of Public Distribution/Dissemination
Mailing Address	12 20 2017
Mailing Address 969 Colorado Blvd	Amount
Ste 103 City State Zip Code	1806.40
Los Angeles CA 90041-1755	Transaction ID : VTD7PA3EFK6 Date of Disbursement or Obligation
Purpose of Expenditure Non-Contribution Account: Media Buy Category/ Type	12 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	upport Office Sought: House District: 25
Knight Ctore	ppose President Senate State: CA
Calendar Year-To-Date Per Election for Office Sought 2306.40	Disbursement For: Primary General 2018 Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Rose Kapolczynski Consulting Inc.	12 / 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 969 Colorado Blvd	Amount
Ste 103	
City State Zip Code Los Angeles CA 90041-1755	1806.40 Transaction ID : VTD7PA3EFM2 Date of Disbursement or Obligation
Purpose of Expenditure Non-Contribution Account: Media Buy Category/ Type	12 / 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate St	upport Office Sought: 🗶 House District: 21
Voladas David	ppose President Senate State: CA
Calendar Year-To-Date Per Election for Office Sought 2306.40	Disbursement For: Y Primary General
(a) SUBTOTAL of Itemized Independent Expenditures	3612.80
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported here with, or at the request or suggestion of, any candidate or authorized committee or party committee) any political party committee or its agent.	
Farar, Sim, , , [Electronically Filed] Signature	Date 04 03 / 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)	PAGE 3 OF 5 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
PAC for a Change	C C00342048
Check if 24-hour report 48-hour report New report Amends re	port filed on 12 22 2017
Full Name of Payee Rose Kapolczynski Consulting Inc.	Date of Public Distribution/Dissemination
Mailing Address	12 20 2017
Mailing Address 969 Colorado Blvd Ste 103	Amount
City State Zip Code	1806.40
Los Angeles CA 90041-1755	Transaction ID : VTD7PA3EFN0 Date of Disbursement or Obligation
Purpose of Expenditure Non-Contribution Account: Media Buy Category/ Type	12 D D V Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support	Office Sought: X House District: 10
Denham, Jeff, , ,	President Senate State: CA
Calendar Year-To-Date Per Election for Office Sought 2306.40	Disbursement For: ✓ Primary General 2018 Other (specify)
Full Name of Payee	Date of Public Distribution/Dissemination
Trilogy Interactive LLC x	12 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2040 Bancroft Way	Amount
Ste 202	Allount
City State Zip Code Berkeley CA 94704-1495	Transaction ID : VTD7PA3EF14
Purpose of Expenditure Non-Contribution Account: Media Production Category/ Type	Date of Disbursement or Obligation 12 20 2017
Name of Federal Candidate Support	Office Sought: X House District: 10
Denham, Jeff, , , Oppose	President Senate State: CA
Calendar Year-To-Date Per Election for Office Sought 2306.40	Disbursement For: ✓ Primary General 2018 Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	1806.40
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	···· >
Under penalty of perjury I certify that the independent expenditures reported herein wer with, or at the request or suggestion of, any candidate or authorized committee or agent party committee) any political party committee or its agent.	
Farar, Sim, , , [Electronically Filed] Da	ate 04 03 2018
- 0	

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 4 OF 5 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
PAC for a Change	C C00342048
Check if 24-hour report	on 12 22 2017
Full Name of Payee Trilogy Interactive LLC	Date of Public Distribution/Dissemination
Mailing Address 2040 Bancroft Way	12 20 2017 Amount
Ste 202	
City State Zip Code Berkeley CA 94704-1495	500.00 Transaction ID: VTD7PA3EF71 Date of Disbursement or Obligation
Purpose of Expenditure Non-Contribution Account: Media Production Category/ Type	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	Sought: X House District: 21
Valadao, David, , ,	President Senate State: CA
Calendar Year-To-Date Per Election for Office Sought Disbut 2306.40 Disbut 2018	rsement For: Primary General Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Trilogy Interactive LLC x *	12 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2040 Bancroft Way	Amount
Ste 202	
City State Zip Code Berkeley CA 94704-1495	500.00 Transaction ID : VTD7PA3EFD9 Date of Disbursement or Obligation
Purpose of Expenditure Non-Contribution Account: Media Production Category/ Type	12 20 / 2017
Name of Federal Candidate Support Office	Sought:
Knight, Steve, , ,	President Senate State: CA
Calendar Year-To-Date Per Election for Office Sought Disbu 2018	rsement For: X Primary General Other (specify) >
(a) SUBTOTAL of Itemized Independent Expenditures	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not ma with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Farar, Sim, , , [Electronically Filed] Date	

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

Schedule E)	IN ENDITORIES	PAGE 5 OF 5 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
PAC for a Change		C C00342048
Check if 24-hour report 48-hour report	New report X Amends report filed	i on 12 22 2017
Full Name of Payee Trilogy Interactive LLC		Date of Public Distribution/Dissemination
Mailing Address 2040 Bancroft Way		12 20 2017 Amount
Ste 202	- - • •	500.00
1 ,	ate Zip Code CA 94704-1495	500.00 Transaction ID : VTD7PA3EFE7 Date of Disbursement or Obligation
Purpose of Expenditure Non-Contribution Account: Media Production	Category/ Type	Date of Disbursement or Obligation 12 20 2017
Name of Federal Candidate	Support Office	e Sought: X House District: 39
Royce, Ed, , ,	X Oppose	President Senate State: CA
Calendar Year-To-Date Per Election for Office Sought	2306.40 Disbu 2018	ursement For: ✓ Primary General Other (specify) ✓
Full Name of Payee Trilogy Interactive LLC X Mailing Address 2040 Bancroft Way		Date of Public Distribution/Dissemination 12 20 4 Amount
Ste 202		Amount
l '	zate Zip Code CA 94704-1495	500.00 Transaction ID: VTD7PA3EFF4 Date of Disbursement or Obligation
Purpose of Expenditure Non-Contribution Account: Media Production	Category/ Type	Date of Disbursement of Obligation
Name of Federal Candidate	Support Office	e Sought: House District: 45
Walters, Mimi, , ,	X Oppose	President Senate State: CA
Calendar Year-To-Date Per Election for Office Sought	2306.40 Disbut	ursement For: Primary General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures		0.00
(b) SUBTOTAL of Unitemized Independent Expenditures	•	
(c) TOTAL Independent Expenditures	>	9032.00
Under penalty of perjury I certify that the independent e with, or at the request or suggestion of, any candidate o party committee) any political party committee or its age	or authorized committee or agent of eithe	
Farar, Sim, , ,	[Electronically Filed] Date	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		