

# 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>AFA-CWA</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 07 / 2018	
Mailing Address 501 3rd Street, NW		Amount 574.28	
City Washington	State DC	Zip Code 20001	Transaction ID : D37626
Purpose of Expenditure Lost Time Wages for Canvassing	Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 06 / 07 / 2018	
Name of Federal Candidate Coffman, Mike, , ,		Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CO	
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>Communications Workers of America</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 07 / 2018	
Mailing Address 501 Third Street, NW		Amount 104.25	
City Washington	State DC	Zip Code 20001	Transaction ID : D37636
Purpose of Expenditure Lost Time Wages for Canvassing	Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 06 / 07 / 2018	
Name of Federal Candidate Coffman, Mike, , ,		Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CO	
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) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	678.53
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> 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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Date

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Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 2 OF 23  
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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 / 07 / 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>D37651</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>16536.29</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 / 07 / 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>D37652</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>16536.29</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>905.27</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 23  
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 / 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    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>16536.29</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    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>16536.29</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)**

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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>Berlin Rosen LTD</b>			Date of Public Distribution/Dissemination		
Mailing Address 15 Maiden Lane, Suite 803			<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">06</div> <div style="border: 1px solid black; padding: 2px;">10</div> <div style="border: 1px solid black; padding: 2px;">2018</div> </div>		
City New York	State NY	Zip Code 10038	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">250.00</div>		
Purpose of Expenditure Fliers and Script for Canvassing		Category/ Type <div style="border: 1px solid black; padding: 2px;">004</div>	<b>Transaction ID : D37661</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">06</div> <div style="border: 1px solid black; padding: 2px;">07</div> <div style="border: 1px solid black; padding: 2px;">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 2018 <input type="checkbox"/> Other (specify) ▶		
<div style="border: 1px solid black; padding: 2px; text-align: right;">16536.29</div>					

Full Name of Payee <b>Berlin Rosen LTD</b>			Date of Public Distribution/Dissemination		
Mailing Address 15 Maiden Lane, Suite 803			<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">06</div> <div style="border: 1px solid black; padding: 2px;">11</div> <div style="border: 1px solid black; padding: 2px;">2018</div> </div>		
City New York	State NY	Zip Code 10038	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">250.00</div>		
Purpose of Expenditure Fliers and Script for Canvassing		Category/ Type <div style="border: 1px solid black; padding: 2px;">004</div>	<b>Transaction ID : D37662</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">06</div> <div style="border: 1px solid black; padding: 2px;">07</div> <div style="border: 1px solid black; padding: 2px;">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 2018 <input type="checkbox"/> Other (specify) ▶		
<div style="border: 1px solid black; padding: 2px; text-align: right;">16536.29</div>					

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">500.00</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"></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)**PAGE 5 OF 23  
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 / 11 / 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>D37663</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>16536.29</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 / 11 / 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>D37664</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>16536.29</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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**06 / 27 / 2018**

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 6 OF 23  
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 / 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>		<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>16536.29</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>		<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>16536.29</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)**

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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>Berlin Rosen LTD</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>06 / 12 / 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>D37667</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>16536.29</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 <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>D37668</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 <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>16536.29</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**  
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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>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>16536.29</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>16536.29</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**  
**(Schedule E)**PAGE 9 OF 23  
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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		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 <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>16536.29</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 <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>16536.29</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.

Steffens, Sara, , ,

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 10 OF 23  
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 / 14 / 2018</b>
Mailing Address <b>15 Maiden Lane, Suite 803</b>		Amount 250.00
City <b>New York</b>	State <b>NY</b>	Zip Code <b>10038</b>
Purpose of Expenditure <b>Fliers and Script for Canvassing</b>	Category/Type <b>004</b>	Transaction ID : <b>D37674</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>16536.29</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 / 18 / 2018</b>
Mailing Address <b>2840 South Vallejo Street</b>		Amount 251.55
City <b>Englewood</b>	State <b>CO</b>	Zip Code <b>80110-1222</b>
Purpose of Expenditure <b>Lost Time Wages for Canvassing</b>	Category/Type <b>001</b>	Transaction ID : <b>D37782</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>16536.29</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>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, , ,

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 11 OF 23  
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 / 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 <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>16536.29</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 <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>16536.29</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, , ,

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 12 OF 23  
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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		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>	Transaction ID : <b>D37785</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>16536.29</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 / 19 / 2018</b>	
Mailing Address <b>2840 South Vallejo Street</b>		Amount <b>251.55</b>	
City <b>Englewood</b>	State <b>CO</b>	Zip Code <b>80110-1222</b>	Transaction ID : <b>D37901</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>16536.29</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>355.80</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 13 OF 23  
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 / 19 / 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>D37902</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>16536.29</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 / 19 / 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>D37903</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>16536.29</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>606.75</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 14 OF 23  
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 / 19 / 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>
Purpose of Expenditure <b>Fliers and Script for Canvassing</b>	Category/Type <b>004</b>	Transaction ID : <b>D37904</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>16536.29</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 / 20 / 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>
Purpose of Expenditure <b>Lost Time Wages for Canvassing</b>	Category/Type <b>001</b>	Transaction ID : <b>D37905</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>16536.29</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**  
**(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 / 20 / 2018</b>	
Mailing Address <b>2840 South Vallejo Street</b>		Amount <b>426.21</b>	
City <b>Englewood</b>	State <b>CO</b>	Zip Code <b>80110-1222</b>	Transaction ID : <b>D37906</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>16536.29</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 / 20 / 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>D37907</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>16536.29</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>530.46</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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**06 / 27 / 2018**

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 16 OF 23  
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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		MM / DD / YYYY

Full Name of Payee <b>Berlin Rosen LTD</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>06 / 20 / 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>
Purpose of Expenditure <b>Fliers and Script for Canvassing</b>	Category/Type <b>004</b>	Transaction ID : <b>D37908</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>16536.29</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 / 21 / 2018</b>
Mailing Address <b>501 3rd Street, NW</b>		Amount <b>425.44</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>D37909</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>16536.29</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>675.44</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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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 / 21 / 2018</b>	
Mailing Address <b>2840 South Vallejo Street</b>		Amount <b>426.21</b>	
City <b>Englewood</b>	State <b>CO</b>	Zip Code <b>80110-1222</b>	Transaction ID : <b>D37910</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>16536.29</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 / 21 / 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>D37911</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>16536.29</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>676.21</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 18 OF 23  
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>Communications Workers of America</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>06 / 21 / 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>D37912</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>16536.29</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 / 24 / 2018</b>	
Mailing Address <b>2840 South Vallejo Street</b>		Amount <b>488.05</b>	
City <b>Englewood</b>	State <b>CO</b>	Zip Code <b>80110-1222</b>	Transaction ID : <b>D37913</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>16536.29</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>592.30</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**  
**(Schedule E)**PAGE 19 OF 23  
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 / 24 / 2018</b>
Mailing Address <b>501 3rd Street, NW</b>		Amount <b>428.47</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>D37914</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>16536.29</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 / 24 / 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>
Purpose of Expenditure <b>Fliers and Script for Canvassing</b>	Category/Type <b>004</b>	Transaction ID : <b>D37915</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>16536.29</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>678.47</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 20 OF 23  
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 / 25 / 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 004	Transaction ID : D37916 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: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate    State: CO
Calendar Year-To-Date Per Election for Office Sought 16536.29		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 / 25 / 2018</b>
Mailing Address 2840 South Vallejo Street		Amount 471.43
City Englewood	State CO	Zip Code 80110-1222
Purpose of Expenditure Lost Time Wages for Canvassing	Category/Type 001	Transaction ID : D37917 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: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate    State: CO
Calendar Year-To-Date Per Election for Office Sought 16536.29		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	721.43
(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**  
**(Schedule E)**PAGE 21 OF 23  
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 / 25 / 2018</b>	
Mailing Address <b>501 3rd Street, NW</b>		Amount <b>646.07</b>	
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20001</b>	Transaction ID : <b>D37918</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>16536.29</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 / 25 / 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>D37919</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>16536.29</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>750.32</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**  
**(Schedule E)**PAGE 22 OF 23  
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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		MM / DD / YYYY

Full Name of Payee <b>Berlin Rosen LTD</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>06 / 26 / 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>
Purpose of Expenditure <b>Fliers and Script for Canvassing</b>	Category/Type <b>004</b>	Transaction ID : <b>D37920</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>16536.29</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 / 26 / 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>D37921</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>16536.29</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>354.25</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**  
(Schedule E)PAGE 23 OF 23  
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 / 26 / 2018</b>	
Mailing Address <b>501 3rd Street, NW</b>		Amount <b>646.07</b>	
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20001</b>	Transaction ID : <b>D37922</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>16536.29</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 / 26 / 2018</b>	
Mailing Address <b>2840 South Vallejo Street</b>		Amount <b>574.98</b>	
City <b>Englewood</b>	State <b>CO</b>	Zip Code <b>80110-1222</b>	Transaction ID : <b>D37923</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>16536.29</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>1221.05</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	<b>16536.29</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, , ,

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