## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
California's New Frontier	
	C C00589317
Check if 24-hour report X 48-hour report New report Amends report filed	on Mam / Dad / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
Forde & Mollrich	M M / D D / Y Y Y Y
Mailing Address 4041 MacArthur Blvd., 190	05 23 2016 Amount
	1000000
City State Zip Code	15379.59
Newport Beach CA 92660	Transaction ID : EDT.E.23  Date of Disbursement or Obligation
Purpose of Expenditure Auto dial phone program  Category/ Type 24E	05 20 / 2016
Name of Federal Candidate Support Office	e Sought: House District:
Loretta Sanchez Oppose	President X Senate State: CA
Calendar Year-To-Date Disbu	ursement For: X Primary General
Per Election for Office Sought 34488.40 2016	
Full Name of Payee	Date of Public Distribution/Dissemination
	M = M / D = D / Y = Y = Y
Mailing Address	
	Amount
City State Zip Code	
Purpose of Expenditure	Date of Disbursement or Obligation
Category/ Type	
Name of Federal Candidate Support Office	e Sought: House District:
Oppose	
Calendar Year-To-Date Per Election for Office Sought	ursement For: Primary General
	Other (specify) -
(a) CUDTOTAL of the wise of he deconded 5 manufitures	
(a) SUBTOTAL of Itemized Independent Expenditures	15379.59
(b) SUBTOTAL of Unitemized Independent Expenditures	
(a) SSSTOTAL OF OTHER MEDICAL EXPONENTIAL	7 7 7 7
(c) TOTAL Independent Expenditures	15379.59
	13373.39
Under penalty of perjury I certify that the independent expenditures reported herein were not mount 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.	
Pour le Course Police	
	D
Signature	