24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Vote!	
	C C00473918
Check if 24-hour report	on M = M / D = D / Y = Y = Y
Full Name of Payee	Date of Public Distribution/Dissemination
AL Media	M M / D D / Y Y Y Y Y
Mailing Address 222 W Ontario St	04 04 2018 Amount
Ste 600	
City State Zip Code	116864.00
Chicago IL 60654-3655	Transaction ID: VN7A7AA68D6 Date of Disbursement or Obligation
Purpose of Expenditure Media Buy TV Category/ Type 004	04 / 03 / 2018
Name of Federal Candidate Support Office	Sought: K House District: 49
JACOBS, SARA, , ,	President Senate State: CA
Calendar Year-To-Date Per Election for Office Sought Disbut 2018	rrsement For: ✓ Primary General Other (specify) ✓
Full Name of Payee AL Media	Date of Public Distribution/Dissemination
Mailing Address 222 W Ontario St	04 04 2018
Ste 600	Amount
City State Zip Code	19800.00
Chicago IL 60654-3655	Transaction ID : VN7A7AA68E4 Date of Disbursement or Obligation
Purpose of Expenditure Media Buy Digital Category/ Type 004	04 03 7 2018
Name of Federal Candidate Support Office	e Sought: 🗶 House District: 49
JACOBS, SARA, , , Oppose Oppose	President Senate State: CA
Calendar Year-To-Date Per Election for Office Sought Disbut 2018	other (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditures	136664.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	7 7 7
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.	
Fines, Caroline, , , [Electronically Filed] Date	4 05 2018
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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 2 OF 2 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼	
Women Vote!	C C00473918	
Check if 24-hour report 48-hour report New report Amends report filed on		
Full Name of Payee	Date of Public Distribution/Dissemination	
AL Media	04	
	Amount	
Ste 600		
City State Zip Code	10000.00	
	Transaction ID: VN7A7AA68F1 Date of Disbursement or Obligation	
Purpose of Expenditure Media Buy Production Category/ Type 004	04 03 7 2018	
Name of Federal Candidate Support Office S	ought: X House District: 49	
JACORS SARA	resident Senate State: CA	
Calendar Year-To-Date Per Election for Office Sought Disburse 2018	ement For:	
Full Name of Payee	Date of Public Distribution/Dissemination	
Convergence Targeted Communications	04 04 2018	
Mailing Address 1221 Connecticut Ave NW	Amount	
Suite 300	unoun	
City State Zip Code	37362.55	
	ransaction ID : VN7A7AA68G9 Date of Disbursement or Obligation	
Purpose of Expenditure Mailhouse Category/ Type 004	04 / 04 / 2018	
Name of Federal Candidate Support Office S	Sought: House District: 49	
JACOBS, SARA, , , Oppose Pr	resident Senate State: CA	
Calendar Year-To-Date Per Election for Office Sought Disburse 2018	ement For: Primary General Other (specify) ▶	
	,	
(a) SUBTOTAL of Itemized Independent Expenditures	47362.55	
(b) SUBTOTAL of Unitemized Independent Expenditures	1 1 7 1 1 7 1	
(c) TOTAL Independent Expenditures	184026.55	
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.		
Fines, Caroline, , , [Electronically Filed] Date Signature	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
- G.g. island		