

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

 PAGE 1 OF 6  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>LCV Victory Fund</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> 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 <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">D D D</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div>					
Full Name of Payee <b>Deliver Strategies LLC</b> [MEMO ITEM] *			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">24</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2018</div>		
Mailing Address PO Box 100970			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">365092.97</div>		
City Arlington	State VA	Zip Code 22210-3970	Transaction ID : <b>VVAG59YGYZ0</b> Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">D D D</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div>		
Purpose of Expenditure Estimated Costs for Mailer and Postage		Category/ Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">004</div>			
Name of Federal Candidate HELLER, DEAN, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NV</u>		
Calendar Year-To-Date Per Election for Office Sought		<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">374071.83</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>League Of Conservation Voters, Inc.</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">18</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2018</div>		
Mailing Address 740 15Th St NW FI 7			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">59.14</div>		
City Washington	State DC	Zip Code 20005-1048	Transaction ID : <b>VVAG59YGY55</b> Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">18</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2018</div>		
Purpose of Expenditure Staff Time for Press Release (via drawdown)		Category/ Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">001</div>			
Name of Federal Candidate ROSSI, DINO, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>08</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>WA</u>		
Calendar Year-To-Date Per Election for Office Sought		<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">1025414.60</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">59.14</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></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.					
Signature  <i>Collins, Patrick, , ,</i>		[Electronically Filed]		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">25</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2018</div>	

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 2 OF 6  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>LCV Victory Fund</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> 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 <b>League Of Conservation Voters, Inc.</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 19 / 2018</b>	
Mailing Address <b>740 15Th St NW</b> <b>FI 7</b>		Amount <b>64.35</b>	
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20005-1048</b>	Transaction ID : <b>VVAG59YGYM3</b>
Purpose of Expenditure Staff Time for Email Message (via drawdown)		Category/ Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 19 / 2018</b>
Name of Federal Candidate <b>HELLER, DEAN, , ,</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NV</b>
Calendar Year-To-Date Per Election for Office Sought <b>374071.83</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <b>League Of Conservation Voters, Inc.</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 24 / 2018</b>	
Mailing Address <b>740 15Th St NW</b> <b>FI 7</b>		Amount <b>45.57</b>	
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20005-1048</b>	Transaction ID : <b>VVAG59YGYD8</b>
Purpose of Expenditure Staff Time for Press Release (via drawdown)		Category/ Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 24 / 2018</b>
Name of Federal Candidate <b>ROSSI, DINO, , ,</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <b>08</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>WA</b>
Calendar Year-To-Date Per Election for Office Sought <b>1025414.60</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>109.92</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.

Collins, Patrick, , ,

[Electronically Filed]

Date

MM / DD / YYYY  
**10 / 25 / 2018**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 3 OF 6  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>LCV Victory Fund</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> 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 <b>Ralston Lapp Media</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 24 / 2018</b>	
Mailing Address <b>1054 31St St NW</b> <b>Ste 430</b>		Amount <b>9223.73</b>	
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20007-6042</b>	Transaction ID : <b>VVAG59YGPV1</b>
Purpose of Expenditure <b>TV Ad Production</b>	Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 25 / 2018</b>	
Name of Federal Candidate <b>ROSENDALE, MATT, , ,</b>		<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: _____ <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <b>MT</b>	
Calendar Year-To-Date Per Election for Office Sought <b>1508062.13</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <b>Shorr, Johnson, Magnus Strategic Media</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 24 / 2018</b>	
Mailing Address <b>100 N 20Th St</b> <b>Ste 201</b>		Amount <b>15509.89</b>	
City <b>Philadelphia</b>	State <b>PA</b>	Zip Code <b>19103-1454</b>	Transaction ID : <b>VVAG59YGQF9</b>
Purpose of Expenditure <b>TV Ad Production</b>	Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 25 / 2018</b>	
Name of Federal Candidate <b>ROSSI, DINO, , ,</b>		<input type="checkbox"/> Support    Office Sought: <input checked="" type="checkbox"/> House    District: <b>08</b> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>WA</b>	
Calendar Year-To-Date Per Election for Office Sought <b>1025414.60</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>24733.62</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.

Collins, Patrick, , ,

[Electronically Filed]

Date

MM / DD / YYYY  
**10 / 25 / 2018**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 4 OF 6  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>LCV Victory Fund</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> 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		MM / DD / YYYY

Full Name of Payee <b>Waterfront Strategies</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 24 / 2018</b>
Mailing Address 3050 K St NW Ste 100		Amount <b>1009800.00</b>
City Washington	State DC	Zip Code 20007-5161
Purpose of Expenditure TV Ad Buy	Category/ Type <b>004</b>	Transaction ID : <b>VVAG59YDHR2</b> Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 22 / 2018</b>
Name of Federal Candidate ROSSI, DINO, , ,		Office Sought: <input checked="" type="checkbox"/> House District: <b>08</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>WA</b>
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 <b>Waterfront Strategies</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 24 / 2017</b>
Mailing Address 3050 K St NW Ste 100		Amount <b>503148.00</b>
City Washington	State DC	Zip Code 20007-5161
Purpose of Expenditure TV Ad Buy	Category/ Type <b>004</b>	Transaction ID : <b>VVAG59YEJG0</b> Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 23 / 2018</b>
Name of Federal Candidate ROSENDALE, MATT, , ,		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>MT</b>
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) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>1512948.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Collins, Patrick, , ,

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Date

MM / DD / YYYY  
**10 / 25 / 2018**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
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FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>LCV Victory Fund</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> 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		MM / DD / YYYY

Full Name of Payee <b>Waterfront Strategies</b> <b>X</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 24 / 2018</b>
Mailing Address 3050 K St NW Ste 100		Amount 4000.00
City Washington	State DC	Zip Code 20007-5161
Purpose of Expenditure Estimated Costs for Digital Ad Buy	Category/ Type 004	Transaction ID : <b>VVAG59YGZV9</b> Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate ROSENDALE, MATT, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>MT</b>
Calendar Year-To-Date Per Election for Office Sought 1508062.13		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <b>Waterfront Strategies</b> <b>X</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 24 / 2018</b>
Mailing Address 3050 K St NW Ste 100		Amount 4000.00
City Washington	State DC	Zip Code 20007-5161
Purpose of Expenditure Estimated Costs for Digital Ad Buy	Category/ Type 004	Transaction ID : <b>VVAG59YGZX5</b> Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate HELLER, DEAN, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NV</b>
Calendar Year-To-Date Per Election for Office Sought 374071.83		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	0.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

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Collins, Patrick, , ,

[Electronically Filed]

Date

MM / DD / YYYY  
**10 / 25 / 2018**

Signature

NAME OF COMMITTEE (In Full) <b>LCV Victory Fund</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="font-size: 1.5em; margin-right: 10px;">C</span> <span>C00486845</span> </div>
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="font-size: 2em; margin: 0 10px;">➤</span> <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: flex; justify-content: flex-end; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">M M</div> <div style="margin: 0 5px;">/</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">D D</div> <div style="margin: 0 5px;">/</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y</div> </div>	

Full Name of Payee <b>Waterfront Strategies</b> X *		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>10 / 24 / 2018</div> </div>	
Mailing Address 3050 K St NW Ste 100		Amount <div> <div>Amount</div> <div>4000.00</div> </div>	
City Washington	State DC	Zip Code 20007-5161	<b>Transaction ID : VVAG59YGZY3</b> Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div></div> </div>
Purpose of Expenditure Estimated Costs for Digital Ad Buy		Category/ Type <div> <div>Category/Type</div> <div>004</div> </div>	
Name of Federal Candidate MCSALLY, MARTHA, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AZ</u>
Calendar Year-To-Date Per Election for Office Sought <div> <div>Amount</div> <div>8624.71</div> </div>		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"/> President <input type="checkbox"/> Senate	District: _____ 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.....	▶		0.00
(b) SUBTOTAL of Unitemized Independent Expenditures .....	▶		
(c) TOTAL Independent Expenditures.....	▶		1902943.65

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.

Signature