24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Win Justice	
	C C00672394
Check if 24-hour report 48-hour report New report Amends report filed	on Mam / Dad / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
Hard Knocks Field LLC	M M / D D / Y Y Y Y
Mailing Address 10800 Biscayne Blvd Ste 1050	10 08 2018 Amount
City State Zip Code	61917.55
Miami FL 33161	Transaction ID: 24-02-00098-00161 Date of Disbursement or Obligation
Purpose of Expenditure Canvassing Category/ Type	10 10 / 2018
Name of Federal Candidate Support Office	e Sought: House District: 00
Nelson, Bill, , ,	President State: FL
Calendar Year-To-Date Per Election for Office Sought Disbut 2018	ursement For: Primary General Other (specify) ▶
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 Category/	Date of Disbursement or Obligation
Type	
Name of Federal Candidate Support Offic	e Sought: House District:
Oppose	President Senate State:
Calendar Year-To-Date Disb	ursement For: Primary General
Per Election for Office Sought	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	61917.55
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7 7
(a) TOTAL Index and art Fun and itures	
(c) TOTAL Independent Expenditures	61917.55
Under penalty of perjury I certify that the independent expenditures reported herein were not mwith, 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.	
Peterius Desnel	
	0 10 2018
Signature	