

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 1 OF 1
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Fight Back California		FEC IDENTIFICATION NUMBER ▼ C C00641183	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report	<input type="checkbox"/> Amends report filed on
		M M M / D D D / Y Y Y Y Y Y 10 / 14 / 2018	

Full Name of Payee BaughmanMerrill		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 14 / 2018	
Mailing Address 1592 Union Street, Suite 401		Amount 10000.00	
City San Francisco	State CA	Zip Code 94123	Transaction ID : EDT.E.34
Purpose of Expenditure Banner Ads		Category/ Type 24A	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 11 / 2018
Name of Federal Candidate Nunes, Devin, ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 22 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA
Calendar Year-To-Date Per Election for Office Sought		91919.08	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 M M M / D D D / Y Y Y Y Y Y	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y
Purpose of Expenditure		Category/ Type	
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate 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.....▶	10000.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	10000.00

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.

Deane, Shawnda, , ,

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
10 / 16 / 2018

Signature