

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Build the Wave</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00667667
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Check if  24-hour report  48-hour report  New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <b>Politxt</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 11 / 03 / 2018
Mailing Address 421 8th Avenue	Amount <span style="border: 1px solid black; padding: 2px;">1900.00</span>
City State Zip Code New York NY 10001	
Purpose of Expenditure Purchase data - cell phone #'s for Georgia Voters	Transaction ID : <b>B714030</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 11 / 03 / 2018
Name of Federal Candidate: <b>McBath, Lucy, , ,</b> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: <u>06</u> State: <u>GA</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">2735.00</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Politxt</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 11 / 03 / 2018
Mailing Address 421 8th Avenue	Amount <span style="border: 1px solid black; padding: 2px;">1900.00</span>
City State Zip Code New York NY 10001	
Purpose of Expenditure Purchase data - cell phone #'s for Iowa Voters	Transaction ID : <b>B714031</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 11 / 03 / 2018
Name of Federal Candidate: <b>Finkenauer, Abby, , ,</b> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: <u>01</u> State: <u>IA</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">2735.00</span>	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 .....	<span style="border: 1px solid black; padding: 2px;">3800.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures .....	<span style="border: 1px solid black; padding: 2px;"> </span>

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.

Lerner, Nathan, , ,  
Signature

*[Electronically Filed]*

Date M M / D D / Y Y Y Y Y Y  
01 / 03 / 2019