24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	FOR SE OF FORM 24/48
JAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Win Justice	C C00672394
Check if X 24-hour report 48-hour report New report Amends report filed	I on Man / Dab / Yaryay
Full Name of Payee TOSKR, Inc dba Relay	Date of Public Distribution/Dissemination
	10 27 2018
Mailing Address 1330 Broadway 3rd Fl	Amount
City State Zip Code	5852.88
Oakland CA 94612	Transaction ID: 24-02-00153-00246 Date of Disbursement or Obligation
Purpose of Expenditure Texting Services Category/ Type	10 27 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	e Sought: House District: 00
Nelson, Bill, , ,	President Senate State: FL
Calendar Year-To-Date Per Election for Office Sought Disb 2018	ursement For: Primary X General Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
	M M / D D / Y Y Y Y
Mailing Address	Amount
City State Zip Code	
Purpose of Expenditure	Date of Disbursement or Obligation
Category/ Type	M = M / D = D / Y = Y = Y
Name of Federal Candidate Support Offic	e Sought: House District:
Oppose	President Senate State:
Calendar Year-To-Date Per Election for Office Sought	ursement For: Primary General
	Other (specify) -
(a) SUBTOTAL of Itemized Independent Expenditures	5852.88
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	5852.88
Under penalty of perjury I certify that the independent expenditures reported herein were not m with, 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.	•
	10 27 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	