

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

Communications Workers of America Working Voices

ADDRESS (number and street) 501 3rd St NW

Check if different than previously reported. (ACC)

Washington DC 20001

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00488486 NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)

(b) Monthly Report Due On:

<input type="checkbox"/> Feb 20 (M2)	<input type="checkbox"/> May 20 (M5)	<input type="checkbox"/> Aug 20 (M8)	<input type="checkbox"/> Nov 20 (M11) <small>(Non-Election Year Only)</small>
<input type="checkbox"/> Mar 20 (M3)	<input type="checkbox"/> Jun 20 (M6)	<input type="checkbox"/> Sep 20 (M9)	<input type="checkbox"/> Dec 20 (M12) <small>(Non-Election Year Only)</small>
<input type="checkbox"/> Apr 20 (M4)	<input type="checkbox"/> Jul 20 (M7)	<input type="checkbox"/> Oct 20 (M10)	<input type="checkbox"/> Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)

Election on 11 / 06 / 2018 in the State of DC

(d) 30-Day POST-Election Report for the:

General (30G) Runoff (30R) Special (30S)

Election on / / in the State of

5. Covering Period 10 / 01 / 2018 through 10 / 17 / 2018

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
 Steffens, Sara, , ,
 Type or Print Name of Treasurer _____

Signature of Treasurer Steffens, Sara, , , [Electronically Filed] Date 10 / 25 / 2018

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

Communications Workers of America Working Voices

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2018"/>	<input type="text" value=""/>	<input type="text" value="40775.60"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="56727.38"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="226542.01"/>	<input type="text" value="1037486.86"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="283269.39"/>	<input type="text" value="1078262.46"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="76542.01"/>	<input type="text" value="931668.40"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="206727.38"/>	<input type="text" value="146594.06"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="130.25"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

Communications Workers of America Working Voices

Report Covering the Period: From: / / To: / /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	151542.01	1010070.18
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	151542.01	954236.86
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	151542.01	954236.86
12. Transfers From Affiliated/Other Party Committees.....	75000.00	83250.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	226542.01	1037486.86
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	226542.01	1037486.86

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	- 7907.99	268603.66
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	- 7907.99	268603.66
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	75000.00	475000.00
24. Independent Expenditures (use Schedule E)	9450.00	79233.95
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	108830.79
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	76542.01	931668.40
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	76542.01	931668.40

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	151542.01	954236.86
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	151542.01	954236.86
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	- 7907.99	268603.66
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	- 7907.99	268603.66

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 25
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Communications Workers of America Working Voices

A. Communications Workers of America
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 501 Third Street, NW
 City Washington State DC Zip Code 20001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 954236.86

Date of Receipt 10 / 10 / 2018
Transaction ID : C27700508
 Amount of Each Receipt this Period 1542.01
 Memo Item

B. Communications Workers of America
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 501 Third Street, NW
 City Washington State DC Zip Code 20001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 954236.86

Date of Receipt 10 / 17 / 2018
Transaction ID : C27853714
 Amount of Each Receipt this Period 150000.00
 Memo Item

C.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼

Date of Receipt
 Amount of Each Receipt this Period
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	151542.01
TOTAL This Period (last page this line number only).....▶	151542.01

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 25
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Communications Workers of America Working Voices

A. CWA COPE POLITICAL CONTRIBUTION COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 501 THIRD STREET NW

City Washington	State DC	Zip Code 20001
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00002089

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
83250.00

Date of Receipt

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

Transaction ID : C27814645

Amount of Each Receipt this Period
75000.00

Memo Item

B.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Receipt this Period

Memo Item

C.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	75000.00
TOTAL This Period (last page this line number only).....	75000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Communications Workers of America Working Voices

Full Name (Last, First, Middle Initial)

A. Kowlaski, David, , ,

Mailing Address 2404 Chinquo Street

City Grove City State OH Zip Code 43123

Purpose of Disbursement Reimb. for Canvass Expenses

Category/
Type

Candidate Name

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : D39011
 Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. MOCAP NYC LLC d/b/a Whiteboard

Mailing Address 325 Gold Street

City Brooklyn State NY Zip Code 11201

Purpose of Disbursement Pre-payment now reported on Schedule E

Category/
Type

Candidate Name

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : D39332
 Amount of Each Disbursement this Period

 Orig check 05/01/2018

Memo Item

Full Name (Last, First, Middle Initial)

C. MOCAP NYC LLC d/b/a Whiteboard

Mailing Address 325 Gold Street

City Brooklyn State NY Zip Code 11201

Purpose of Disbursement Pre-payment now reported on Schedule E

Category/
Type

Candidate Name

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : D39337
 Amount of Each Disbursement this Period

 Orig check 09/27/2018

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Communications Workers of America Working Voices

A. WORKING FAMILIES PARTY INDEPENDENT EXPENDITURE COMMITTEE

Full Name (Last, First, Middle Initial)
Mailing Address 1 METROTECH CENTER FL11

City Brooklyn State NY Zip Code 11201

Purpose of Disbursement Federal PAC Contribution 2018

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: M M / D D / Y Y Y Y Y Y
10 / 10 / 2018

FEC Identification Number: C C00626861
Transaction ID : D39085
Amount of Each Disbursement this Period: 75000.00

Category/Type: 011

Memo Item

B.

Full Name (Last, First, Middle Initial)
Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: M M / D D / Y Y Y Y Y Y

FEC Identification Number: C

Amount of Each Disbursement this Period

Category/Type

Memo Item

C.

Full Name (Last, First, Middle Initial)
Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: M M / D D / Y Y Y Y Y Y

FEC Identification Number: C

Amount of Each Disbursement this Period

Category/Type

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	75000.00
TOTAL This Period (last page this line number only).....▶	75000.00

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 10 OF 25
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
Communications Workers of America Working Voices

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Communications Workers of America			Nature of Debt (Purpose): Shipping of Buttons, Bumper Stickers, Yard Signs
Mailing Address 501 Third Street, NW			
City Washington	State DC	Zip Code 20001	

Outstanding Balance Beginning This Period		Transaction ID : D31712	
130.25			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	130.25	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	

1) SUBTOTALS This Period This Page (optional)..... ▶	130.25
2) TOTALS This Period (last page this line number only)..... ▶	130.25
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	130.25

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Communications Workers of America Working Voices
FEC IDENTIFICATION NUMBER
C C00488486

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee MOCAP NYC LLC d/b/a Whiteboard
Mailing Address 325 Gold Street
City Brooklyn State NY Zip Code 11201
Purpose of Expenditure Digital Video Ad- Express Advocacy
Category/Type 004
Name of Federal Candidate: SINEMA, KYRSTEN, , ,
Support Oppose
Office Sought: House Senate
District: 00 State: AZ
Disbursement For: Primary General
Amount 315.00
Transaction ID : D39331
Date of Disbursement or Obligation 10/02/2018

Full Name of Payee MOCAP NYC LLC d/b/a Whiteboard
Mailing Address 325 Gold Street
City Brooklyn State NY Zip Code 11201
Purpose of Expenditure Digital Video Ad- Express Advocacy
Category/Type 004
Name of Federal Candidate: LONDRIGAN, BETSY, , ,
Support Oppose
Office Sought: House Senate
District: 13 State: IL
Disbursement For: Primary General
Amount 315.00
Transaction ID : D39334
Date of Disbursement or Obligation 10/02/2018

(a) SUBTOTAL of Itemized Independent Expenditures 630.00
(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.

Signature Steffens, Sara, , , [Electronically Filed] Date 10/25/2018

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Communications Workers of America Working Voices
FEC IDENTIFICATION NUMBER
C C00488486

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee MOCAP NYC LLC d/b/a Whiteboard
Mailing Address 325 Gold Street
City Brooklyn State NY Zip Code 11201
Purpose of Expenditure Digital Video Ad- Express Advocacy
Category/Type 004
Name of Federal Candidate: Driskell, Gretchen, ,
Support Oppose
Office Sought: House District: 07
President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought 315.00
Disbursement For: Primary General 2018
Other (specify)

Full Name of Payee MOCAP NYC LLC d/b/a Whiteboard
Mailing Address 325 Gold Street
City Brooklyn State NY Zip Code 11201
Purpose of Expenditure Digital Video Ad- Express Advocacy
Category/Type 004
Name of Federal Candidate: SLOTKIN, ELISSA, ,
Support Oppose
Office Sought: House District: 08
President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought 315.00
Disbursement For: Primary General 2018
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 630.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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Signature Steffens, Sara, , [Electronically Filed] Date 10 / 25 / 2018

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Communications Workers of America Working Voices
FEC IDENTIFICATION NUMBER
C C00488486

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
MOCAP NYC LLC d/b/a Whiteboard
Memo Item

Date of Public Distribution/Dissemination
10 / 10 / 2018

Mailing Address
325 Gold Street

Amount
315.00

City State Zip Code
Brooklyn NY 11201

Transaction ID : D39338

Purpose of Expenditure
Digital Video Ad- Express Advocacy
Category/ Type 004

Date of Disbursement or Obligation
10 / 02 / 2018

Name of Federal Candidate:
Coleman, Linda, ,
Support Oppose

Office Sought:
House District: 02
President Senate State: NC

Calendar Year-To-Date
Per Election for Office Sought 315.00

Disbursement For:
Primary General
Other (specify)

Full Name of Payee
MOCAP NYC LLC d/b/a Whiteboard
Memo Item

Date of Public Distribution/Dissemination
10 / 02 / 2018

Mailing Address
325 Gold Street

Amount
315.00

City State Zip Code
Brooklyn NY 11201

Transaction ID : D39339

Purpose of Expenditure
Digital Video Ad- Express Advocacy
Category/ Type 004

Date of Disbursement or Obligation
10 / 02 / 2018

Name of Federal Candidate:
RADER, ELIZABETH, A, ,
Support Oppose

Office Sought:
House District: 14
President Senate State: OH

Calendar Year-To-Date
Per Election for Office Sought 315.00

Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 630.00

(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.

Steffens, Sara, ,

[Electronically Filed]

Date 10 / 25 / 2018

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Communications Workers of America Working Voices
FEC IDENTIFICATION NUMBER
C C00488486

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee MOCAP NYC LLC d/b/a Whiteboard
Mailing Address 325 Gold Street
City Brooklyn State NY Zip Code 11201
Purpose of Expenditure Digital Video Ad- Express Advocacy
Category/Type 004
Name of Federal Candidate: Pureval, Aftab, ,
Support Oppose
Office Sought: House District: 01 State: OH
Disbursement For: Primary General 2018 Other (specify)

Full Name of Payee MOCAP NYC LLC d/b/a Whiteboard
Mailing Address 325 Gold Street
City Brooklyn State NY Zip Code 11201
Purpose of Expenditure Digital Video Ad- Express Advocacy
Category/Type 004
Name of Federal Candidate: Crow, Jason, ,
Support Oppose
Office Sought: House District: 06 State: CO
Disbursement For: Primary General 2018 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 630.00
(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.

Signature Steffens, Sara, , [Electronically Filed] Date 10 / 25 / 2018

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Communications Workers of America Working Voices
FEC IDENTIFICATION NUMBER
C C00488486

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee MOCAP NYC LLC d/b/a Whiteboard
Mailing Address 325 Gold Street
City Brooklyn State NY Zip Code 11201
Purpose of Expenditure Digital Video Ad- Express Advocacy
Category/Type 004
Name of Federal Candidate: Watson, Liz, , , Support
Office Sought: House District: 09 State: IN
Calendar Year-To-Date Per Election for Office Sought 315.00
Disbursement For: General 2018

Full Name of Payee MOCAP NYC LLC d/b/a Whiteboard
Mailing Address 325 Gold Street
City Brooklyn State NY Zip Code 11201
Purpose of Expenditure Digital Video Ad- Express Advocacy
Category/Type 004
Name of Federal Candidate: CRAIG, ANGELA, , , Support
Office Sought: House District: 02 State: MN
Calendar Year-To-Date Per Election for Office Sought 315.00
Disbursement For: General 2018

(a) SUBTOTAL of Itemized Independent Expenditures 630.00
(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.

Signature Steffens, Sara, , , [Electronically Filed] Date 10 / 25 / 2018

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Communications Workers of America Working Voices	FEC IDENTIFICATION NUMBER ▼ C C00488486
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item MOCAP NYC LLC d/b/a Whiteboard		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 325 Gold Street		Amount <input type="text"/>	
City Brooklyn	State NY	Zip Code 11201	Transaction ID : D39344
Purpose of Expenditure Digital Video Ad- Express Advocacy		Category/Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: TORRES SMALL, XOCHITL, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>02</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NM</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item MOCAP NYC LLC d/b/a Whiteboard		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 325 Gold Street		Amount <input type="text"/>	
City Brooklyn	State NY	Zip Code 11201	Transaction ID : D39345
Purpose of Expenditure Digital Video Ad- Express Advocacy		Category/Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: Bryce, Randy, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>01</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>WI</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	<input type="text"/>
(c) TOTAL Independent Expenditures	<input type="text"/>

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.

Steffens, Sara, , ,

[Electronically Filed]

Date

/ /

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Communications Workers of America Working Voices	FEC IDENTIFICATION NUMBER ▼ C C00488486
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item MOCAP NYC LLC d/b/a Whiteboard		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 325 Gold Street		Amount <input type="text"/>	
City Brooklyn	State NY	Zip Code 11201	Transaction ID : D39346
Purpose of Expenditure Digital Video Ad- Express Advocacy		Category/Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: VANOSTRAN, CORT, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>02</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>MO</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <input type="checkbox"/> Memo Item MOCAP NYC LLC d/b/a Whiteboard		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 325 Gold Street		Amount <input type="text"/>	
City Brooklyn	State NY	Zip Code 11201	Transaction ID : D39347
Purpose of Expenditure Digital Video Ad- Express Advocacy		Category/Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: Soderberg, Nancy, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>06</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>FL</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	<input type="text"/>
(c) TOTAL Independent Expenditures	<input type="text"/>

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.

Steffens, Sara, , ,
Signature

[Electronically Filed]

Date / /

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Communications Workers of America Working Voices
FEC IDENTIFICATION NUMBER
C C00488486

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
MOCAP NYC LLC d/b/a Whiteboard
Mailing Address
325 Gold Street
City
Brooklyn State
NY Zip Code
11201
Purpose of Expenditure
Digital Video Ad- Express Advocacy
Category/ Type
004
Date of Public Distribution/Dissemination
10 / 08 / 2018
Amount
315.00
Transaction ID : D39348
Date of Disbursement or Obligation
10 / 02 / 2018

Name of Federal Candidate:
BAER, LAUREN, , ,
Support
Office Sought:
House
District: 18
State: FL
Disbursement For:
General
2018

Full Name of Payee
MOCAP NYC LLC d/b/a Whiteboard
Mailing Address
325 Gold Street
City
Brooklyn State
NY Zip Code
11201
Purpose of Expenditure
Digital Video Ad- Express Advocacy
Category/ Type
004
Date of Public Distribution/Dissemination
10 / 08 / 2018
Amount
315.00
Transaction ID : D39349
Date of Disbursement or Obligation
10 / 02 / 2018

Name of Federal Candidate:
MUCARSEL-POWELL, DEBBIE, , ,
Support
Office Sought:
House
District: 26
State: FL
Disbursement For:
General
2018

(a) SUBTOTAL of Itemized Independent Expenditures 630.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....
(c) TOTAL Independent Expenditures

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Steffens, Sara, , ,

[Electronically Filed]

Date 10 / 25 / 2018

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Communications Workers of America Working Voices
FEC IDENTIFICATION NUMBER
C C00488486

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee MOCAP NYC LLC d/b/a Whiteboard
Mailing Address 325 Gold Street
City Brooklyn State NY Zip Code 11201
Purpose of Expenditure Digital Video Ad- Express Advocacy
Category/Type 004
Name of Federal Candidate: Shalala, Donna, , ,
Support Oppose
Office Sought: House District: 27
President Senate State: FL
Calendar Year-To-Date Per Election for Office Sought 315.00
Disbursement For: Primary General 2018
Other (specify)

Full Name of Payee MOCAP NYC LLC d/b/a Whiteboard
Mailing Address 325 Gold Street
City Brooklyn State NY Zip Code 11201
Purpose of Expenditure Digital Video Ad- Express Advocacy
Category/Type 004
Name of Federal Candidate: LURIA, ELAINE, , ,
Support Oppose
Office Sought: House District: 02
President Senate State: VA
Calendar Year-To-Date Per Election for Office Sought 315.00
Disbursement For: Primary General 2018
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 630.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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Signature Steffens, Sara, , , [Electronically Filed] Date 10 / 25 / 2018

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Communications Workers of America Working Voices
FEC IDENTIFICATION NUMBER
C C00488486

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee MOCAP NYC LLC d/b/a Whiteboard
Mailing Address 325 Gold Street
City Brooklyn State NY Zip Code 11201
Purpose of Expenditure Digital Video Ad- Express Advocacy
Category/Type 004
Name of Federal Candidate: SPANBERGER, ABIGAIL, , ,
Calendar Year-To-Date Per Election for Office Sought 315.00
Disbursement For: General 2018

Full Name of Payee MOCAP NYC LLC d/b/a Whiteboard
Mailing Address 325 Gold Street
City Brooklyn State NY Zip Code 11201
Purpose of Expenditure Digital Video Ad- Express Advocacy
Category/Type 004
Name of Federal Candidate: WEXTON, JENNIFER, , ,
Calendar Year-To-Date Per Election for Office Sought 315.00
Disbursement For: General 2018

(a) SUBTOTAL of Itemized Independent Expenditures 630.00
(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.

Steffens, Sara, , ,

[Electronically Filed]

Date 10 / 25 / 2018

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Communications Workers of America Working Voices
FEC IDENTIFICATION NUMBER
C C00488486

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee MOCAP NYC LLC d/b/a Whiteboard
Mailing Address 325 Gold Street
City Brooklyn State NY Zip Code 11201
Purpose of Expenditure Digital Video Ad- Express Advocacy
Category/Type 004
Name of Federal Candidate: Ortiz Jones, Gina, ,
Support Oppose
Office Sought: House District: 23
President Senate State: TX
Calendar Year-To-Date Per Election for Office Sought 315.00
Disbursement For: Primary General 2018 Other (specify)

Full Name of Payee MOCAP NYC LLC d/b/a Whiteboard
Mailing Address 325 Gold Street
City Brooklyn State NY Zip Code 11201
Purpose of Expenditure Digital Video Ad- Express Advocacy
Category/Type 004
Name of Federal Candidate: McCready, Daniel, ,
Support Oppose
Office Sought: House District:
President Senate State:
Calendar Year-To-Date Per Election for Office Sought 315.00
Disbursement For: Primary General 2018 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 630.00
(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.

Signature Steffens, Sara, , ,

[Electronically Filed]

Date

10 / 25 / 2018

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Communications Workers of America Working Voices
FEC IDENTIFICATION NUMBER
C C00488486

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee MOCAP NYC LLC d/b/a Whiteboard
Mailing Address 325 Gold Street
City Brooklyn State NY Zip Code 11201
Purpose of Expenditure Digital Video Ad- Express Advocacy
Category/Type 004
Name of Federal Candidate: Manning, Kathy, , ,
Office Sought: House District: 13 State: NC
Disbursement For: General 2018
Amount 315.00
Transaction ID : D39356
Date of Disbursement or Obligation 10/02/2018

Full Name of Payee MOCAP NYC LLC d/b/a Whiteboard
Mailing Address 325 Gold Street
City Brooklyn State NY Zip Code 11201
Purpose of Expenditure Digital Video Ad- Express Advocacy
Category/Type 004
Name of Federal Candidate: WILD, SUSAN, , ,
Office Sought: House District: 15 State: PA
Disbursement For: General 2018
Amount 315.00
Transaction ID : D39357
Date of Disbursement or Obligation 10/02/2018

(a) SUBTOTAL of Itemized Independent Expenditures 630.00
(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.

Signature Steffens, Sara, , , [Electronically Filed] Date 10/25/2018

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Communications Workers of America Working Voices
FEC IDENTIFICATION NUMBER
C C00488486

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee MOCAP NYC LLC d/b/a Whiteboard
Mailing Address 325 Gold Street
City Brooklyn State NY Zip Code 11201
Purpose of Expenditure Digital Video Ad- Express Advocacy
Category/Type 004
Name of Federal Candidate: CARTWRIGHT, MATTHEW, , ,
Support Oppose
Office Sought: House District: 08
State: PA
Disbursement For: General 2018
Amount 315.00
Transaction ID : D39358
Date of Disbursement or Obligation 10/02/2018

Full Name of Payee MOCAP NYC LLC d/b/a Whiteboard
Mailing Address 325 Gold Street
City Brooklyn State NY Zip Code 11201
Purpose of Expenditure Digital Video Ad- Express Advocacy
Category/Type 004
Name of Federal Candidate: KING, JESSICA, , ,
Support Oppose
Office Sought: House District: 11
State: PA
Disbursement For: General 2018
Amount 315.00
Transaction ID : D39359
Date of Disbursement or Obligation 10/02/2018

(a) SUBTOTAL of Itemized Independent Expenditures 630.00
(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.

Signature Steffens, Sara, , , [Electronically Filed] Date 10/25/2018

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Communications Workers of America Working Voices
FEC IDENTIFICATION NUMBER
C C00488486

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
MOCAP NYC LLC d/b/a Whiteboard
Memo Item

Date of Public Distribution/Dissemination
10 / 10 / 2018

Mailing Address
325 Gold Street

Amount
315.00

City State Zip Code
Brooklyn NY 11201

Transaction ID : D39360

Purpose of Expenditure
Digital Video Ad- Express Advocacy
Category/ Type 004

Date of Disbursement or Obligation
10 / 02 / 2018

Name of Federal Candidate:
LAMB, CONOR, ,
Support Oppose

Office Sought:
House District: 17
President Senate State: PA

Calendar Year-To-Date
Per Election for Office Sought 315.00

Disbursement For:
Primary General
Other (specify)

Full Name of Payee
MOCAP NYC LLC d/b/a Whiteboard
Memo Item

Date of Public Distribution/Dissemination
10 / 16 / 2018

Mailing Address
325 Gold Street

Amount
315.00

City State Zip Code
Brooklyn NY 11201

Transaction ID : D39361

Purpose of Expenditure
Digital Video Ad- Express Advocacy
Category/ Type 004

Date of Disbursement or Obligation
10 / 02 / 2018

Name of Federal Candidate:
PHILLIPS, DEAN, ,
Support Oppose

Office Sought:
House District: 03
President Senate State: MN

Calendar Year-To-Date
Per Election for Office Sought 315.00

Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 630.00

(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.

Signature Steffens, Sara, , ,

[Electronically Filed]

Date 10 / 25 / 2018

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Communications Workers of America Working Voices
FEC IDENTIFICATION NUMBER
C C00488486

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
MOCAP NYC LLC d/b/a Whiteboard
Memo Item

Date of Public Distribution/Dissemination
10 / 11 / 2018

Mailing Address
325 Gold Street

Amount
315.00

City State Zip Code
Brooklyn NY 11201

Transaction ID : D39366
Date of Disbursement or Obligation

Purpose of Expenditure
Digital Video Ad- Express Advocacy
Category/ Type 004

10 / 02 / 2018

Name of Federal Candidate:
STEVENS, HALEY, , ,
Support Oppose

Office Sought: House District: 11
President Senate State: MI

Calendar Year-To-Date
Per Election for Office Sought 315.00

Disbursement For: Primary General
2018 Other (specify)

Full Name of Payee
MOCAP NYC LLC d/b/a Whiteboard
Memo Item

Date of Public Distribution/Dissemination
10 / 10 / 2018

Mailing Address
325 Gold Street

Amount
315.00

City State Zip Code
Brooklyn NY 11201

Transaction ID : D39367
Date of Disbursement or Obligation

Purpose of Expenditure
Digital Video Ad- Express Advocacy
Category/ Type 004

10 / 02 / 2018

Name of Federal Candidate:
WATTS, RYAN, , ,
Support Oppose

Office Sought: House District: 06
President Senate State: NC

Calendar Year-To-Date
Per Election for Office Sought 315.00

Disbursement For: Primary General
2018 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 630.00

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures 9450.00

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.

Signature Steffens, Sara, , ,

[Electronically Filed]

Date 10 / 25 / 2018