## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)				PAGE 1 OF 5 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			F	EC IDENTIFICATION NUMBER ▼
PAC for a Change				C C00342048
Check if 24-hour report 48-hour report	<b>✗</b> New rep	port Amends repo	ort filed on	M / D D / Y D D Y
Full Name of Payee Rose Kapolczynski Consulting Inc			Date of	Public Distribution/Dissemination
	· 		1	2 20 2017
Mailing Address 969 Colorado Blvd			Amount	
Ste 103	01-1-	7'- 0-4-		4500.00
City Los Angeles	State CA	Zip Code 90041-1755	Transac	1500.00 ction ID : VTD7PA3EFG2
Purpose of Expenditure			Date of	Disbursement or Obligation
Media Buy		Category/ Type	1	2 20 7 2017
Name of Federal Candidate		Support	Office Sought:	₩ House District: 45
Walters, Mimi, , ,		<b>X</b> Oppose	Presiden	t Senate State: CA
Calendar Year-To-Date		2000 00	Disbursement	For: Primary General
Per Election for Office Sought	7 7	2000.00		er (specify) ▶
Full Name of Payee Rose Kapolczynski Consulting Inc.				Public Distribution/Dissemination
				2 20 2017
Mailing Address 969 Colorado Blvd			Amount	
Ste 103				4500.00
City Los Angeles	State CA	Zip Code 90041-1755	Transac	1500.00 tion ID : VTD7PA3EFH0
Purpose of Expenditure			Date of	Disbursement or Obligation
Media Buy		Category/ Type		2 20 2017
Name of Federal Candidate		Support	Office Sought:	<b>✗</b> House District: <u>39</u>
Royce, Ed, , ,		<b>x</b> Oppose	Presiden	t Senate State: CA
Calendar Year-To-Date Per Election for Office Sought	7 7	2000.00	Disbursement 2018 Oth	For: <b>x</b> Primary General er (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditu	res		•	3000.00
(b) SUBTOTAL of Unitemized Independent Expendent	litures		• -	49-1-49-1-49-1-49-1-49-1-49-1-49-1-49-1
(c) TOTAL Independent Expenditures				
				Agr.   Agr.   Agr.
Under penalty of perjury I certify that the independ				•
with, or at the request or suggestion of, any candic party committee) any political party committee or its		a committee or agent o	or either, or (if th	e reporting entity is not a political
Farar, Sim, , ,	CTI .			D   D / Y   Y   Y   Y   Y
Signature	[Electron	nically Filed] Date	, 12	22 2017

## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	INI EXPEND	TIONES		PAGE 2 OF 5 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	ENTIFICATION NUMBER ▼
PAC for a Change			C	C00342048
Check if 24-hour report 48-hour report	X New rep	port Amends repo	ort filed on	D   D   / Y   Y   Y   Y
Full Name of Payee Rose Kapolczynski Consulting Ind	C.		Date of Public	Distribution/Dissemination
Mailing Address 969 Colorado Blvd			12 Amount	20 2017
Ste 103			7	
City	State	Zip Code		1500.00
Los Angeles	CA	90041-1755		D: VTD7PA3EFK6 rsement or Obligation
Purpose of Expenditure Media Buy		Category/ Type	M M M /	20 / 2017
Name of Federal Candidate		Support	Office Sought:	House District: 25
Knight, Steve, , ,		X Oppose	President	Senate State: CA
Calendar Year-To-Date Per Election for Office Sought		2000.00	Disbursement For: 2018 Other (spe	▼ Primary General  Pecify) ▶
Full Name of Payee	<u></u>		' I	Distribution/Dissemination
Rose Kapolczynski Consulting Inc.			Mark of Public	20 2017
Mailing Address 969 Colorado Blvd				20 2017
Ste 103			Amount	
City	State	Zip Code		1500.00
Los Angeles	CA	90041-1755		: VTD7PA3EFM2 rsement or Obligation
Purpose of Expenditure Media Buy		Category/ Type	12	20 / 2017
Name of Federal Candidate		Support	Office Sought:	House District: 21
Valadao, David, , ,		<b>x</b> Oppose	President	Senate State: CA
Calendar Year-To-Date Per Election for Office Sought	7	2000.00	Disbursement For: 2018 Other (spe	Primary General ecify) ▶
(a) SUBTOTAL of Itemized Independent Expendit	ures		. >	3000.00
(b) SUBTOTAL of Unitemized Independent Exper	nditures		· <b>&gt;</b>	1 1 42 1 1 42 1
(c) TOTAL Independent Expenditures			<b>•</b>	
Under penalty of perjury I certify that the indeper with, or at the request or suggestion of, any cand party committee) any political party committee or	idate or authorize			
Farar, Sim, , ,	[Electron	nically Filed] Date	12 22	2017
Signature				

#### 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	INDENT EXPEND	ITOTILS		PAGE 3 OF 5 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				ENTIFICATION NUMBER ▼
PAC for a Change			C	C00342048
Check if 24-hour report 🗶 48-hour re	eport New rep	ort Amends repo	rt filed on	D D / Y T Y T Y
Full Name of Payee Rose Kapolczynski Consultir	ng Inc.		M = M /	Distribution/Dissemination
Mailing Address 969 Colorado Blvd			12 Amount	20 2017
Ste 103				
City  Los Angeles	State CA	Zip Code 90041-1755		1500.00 D: VTD7PA3EFN0
Purpose of Expenditure Media Buy		Category/ Type	Date of Disbur	resement or Obligation
Name of Federal Candidate		Support	Office Sought:	House District: 10
Denham, Jeff, , ,		X Oppose	President	House District: 10 Senate State: CA
Calendar Year-To-Date Per Election for Office Sought	7	2000.00	Disbursement For: 2018 Other (spe	Primary General ecify) ▶
Full Name of Payee			Date of Public	Distribution/Dissemination
Trilogy Interactive LLC			12	20 / 2017
Mailing Address 2040 Bancroft Way			Amount	
Ste 202				
City  Berkeley	State CA	Zip Code 94704-1495		500.00 : VTD7PA3EF14 rsement or Obligation
Purpose of Expenditure Media Production		Category/ Type	Date of Disbut	20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 10
Denham, Jeff, , ,		<b>X</b> Oppose	President	Senate State: CA
Calendar Year-To-Date Per Election for Office Sought		2000.00	Disbursement For: 2018 Other (spe	Primary General
(a) SUBTOTAL of Itemized Independent Ex	xpenditures		•	2000.00
(b) SUBTOTAL of Unitemized Independent	Expenditures		· <b>&gt;</b>	
(c) TOTAL Independent Expenditures			<b>•</b>	
Under penalty of perjury I certify that the i with, or at the request or suggestion of, an party committee) any political party commit	y candidate or authorized			
Farar, Sim, , ,	[Electron	ically Filed] Date	12 / D D D 22	2017
o.griaturo				

# 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)		FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼		
PAC for a Change		C C00342048		
		0,		
Check if 24-hour report 48-hour report New report	Amends report filed of	on M = M / D = D / Y = Y = Y		
Full Name of Payee Trilogy Interactive LLC		Date of Public Distribution/Dissemination		
Mailing Address 2040 Bancroft Way		12 20 2017		
Ste 202		Amount		
City State Zip C	Code	500.00		
	04-1495	Transaction ID : VTD7PA3EF71 Date of Disbursement or Obligation		
Purpose of Expenditure Media Production  Cat	tegory/ Type	12 / 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Name of Federal Candidate	Support Office	Sought: X House District: 21		
Valadao, David, , ,	X Oppose	President Senate State: CA		
Calendar Year-To-Date Per Election for Office Sought	Disbure 2000.00 2018	sement For:    Primary General  Other (specify) ▶		
Full Name of Payee		Date of Public Distribution/Dissemination		
Trilogy Interactive LLC		12 20 2017		
Mailing Address 2040 Bancroft Way				
Ste 202		Amount		
City State Zip 0	Code	500.00		
Berkeley CA 947	704-1495	Transaction ID: VTD7PA3EFD9 Date of Disbursement or Obligation		
Purpose of Expenditure Media Production  Cat	tegory/ Type	12 / 20 / 2017		
Name of Federal Candidate	Support Office	Sought: 🗶 House District:25		
Knight, Steve, , ,	X Oppose	President Senate State: CA		
Calendar Year-To-Date Per Election for Office Sought	Disbur 2000.00 2018	sement For:   Primary General  Other (specify)		
(a) SUBTOTAL of Itemized Independent Expenditures	······	1000.00		
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	1 1 7 1 1 7 1 1 7 1		
(c) TOTAL Independent Expenditures	······	1 7 1 7 1 7		
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.				
Farar, Sim, , , [Electronically	Filed] Date 12	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Signature				

### 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	DEITI EXI EITD	ITORES	<u> </u>	PAGE 5 OF 5 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	NTIFICATION NUMBER ▼
PAC for a Change			Cc	00342048
Check if 24-hour report	t New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee Trilogy Interactive LLC				Distribution/Dissemination
Mailing Address 2040 Bancroft Way			12	20 / 2017
Ste 202			Amount	
City	State	Zip Code		500.00
Berkeley	CA	94704-1495		: VTD7PA3EFE7 sement or Obligation
Purpose of Expenditure Media Production		Category/ Type	M M /	20 / 2017
Name of Federal Candidate		Support	Office Sought:	House District: 39
Royce, Ed, , ,		X Oppose	President	Senate State: CA
Calendar Year-To-Date Per Election for Office Sought		2000.00	Disbursement For: 2018 Other (spec	➤ Primary General
Full Name of Payee Trilogy Interactive LLC			Date of Public	Distribution/Dissemination
Mailing Address 2040 Bancroft Way			12	20 2017
Ste 202			Amount	
City	State	Zip Code		500.00
Berkeley	CA	94704-1495	Transaction ID :  Date of Disburs	: VTD7PA3EFF4 sement or Obligation
Purpose of Expenditure Media Production		Category/ Type	12	20 / 2017
Name of Federal Candidate		Support	Office Sought:	House District: 45
Walters, Mimi, , ,		<b>X</b> Oppose	President	Senate State: CA
Calendar Year-To-Date Per Election for Office Sought		2000.00	Disbursement For: 2018 Other (spe	★ Primary General Gify)
(a) SUBTOTAL of Itemized Independent Expe	nditures		•	1000.00
(b) SUBTOTAL of Unitemized Independent Ex	nondituras		7	7 7
(b) SOBTOTAL OF Officernized independent Ex	penditures		•	49-
(c) TOTAL Independent Expenditures			<b>)</b>	10000.00
Under penalty of perjury I certify that the indewith, or at the request or suggestion of, any committee) any political party committee	andidate or authorized			
Farar, Sim, , ,	[Electron	nically Filed] Date	12 / 22	2017
Signature				