FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees)

(b) Address (number and street) (b) check if different than previously reported 3801 MOUNT VERNON AVE (c) City. State and ZIP Code ALEXANDRIA VA 22305 2. Occupation and Name of Employer (for Individual Filers Only) (c) City. State and ZIP Code 2. Occupation and Name of Employer (for Individual Filers Only) (c) City. State and ZIP Code 4. TYPE OF REPORT (check appropriate boxes): (a) April 15 Quarterly Report (c) Address (the provide the provide provide the provide provide the provide provide the provide the provide provide the provide the provide the provide the provide provide the provide provide the provide the provide provide the provide provide the provide the provide the provide provide provide prevort prevort provide prov	1. (a) Name of Individual, Organization or Corporation NEW VIRGINIA MAJORITY		
ALEXANDRIA VA 22305 3. FEC Identification Number 2. Occupation and Name of Employer (for Individual Filers Only) C Genotification Number 4. TYPE OF REPORT (check appropriate boxes): (a) April 15 Quarterly Report 24-Hour Report 3. July 15 Quarterly Report 24-Hour Report 24-Hour Report 2000 3707 9. July 15 Quarterly Report 24-Hour Report 24-Hour Report 9. July 15 Quarterly Report 24-Hour Report 10 ' 00 ' 2020 5. COVERING PERIOD: FROM ************************************		y reported	
ALEXANDRIA VA 22305 2. Occupation and Name of Employer (for Individual Filers Only) C C 2. Occupation and Name of Employer (for Individual Filers Only) C C 4. TYPE OF REPORT (check appropriate boxes): (a) April 15 Quarterly Report 24-Hour Report 9. July 15 Quarterly Report 24-Hour Report 348-Hour Report 348-Hour Report 9. January 31 Year-End Report X 48-Hour Report 10 2020 5. COVERING PERIOD: FROM X Yes, it amends the report filed on 10 2020 6. TOTAL CONTRIBUTIONS	(c) City, State and ZIP Code		
Coordination and real-box expeription and	ALEXANDRIA VA	22305	3. FEC Identification Number
Coordination and real-box expeription and	2. Our stine and New of Englands (for both ideal Ether Oak)		C C90013707
(a) April 15 Quarterly Report (a) April 15 Quarterly Report (b) 15 Quarterly Report (c) October 15 Quarterly Report (c) January 31 Year-End Report (c) January 31 Year-End Report (c) (c) (c)<	2. Occupation and Name of Employer (for Individual Filers Only)		
7. TOTAL INDEPENDENT EXPENDITURES 37594.81 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 any political party committee or its agent. TYPE OR PRINT NAME OF PERSON COMPLETING FORM SIGNATURE DATE Nguyen, Tram, , , 12/13/2020	 (a) April 15 Quarterly Report July 15 Quarterly Report October 15 Quarterly Report January 31 Year-End Report b) Is this Report an amendment? No Yes, it 5. COVERING PERIOD: FROM Yes, it 	8-Hour Report	
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 any political party committee or its agent. TYPE OR PRINT NAME OF PERSON COMPLETING FORM SIGNATURE DATE Nguyen, Tram, , , 12/13/2020	6. TOTAL CONTRIBUTIONS		.00
of, any candidate or authorized committee or agent of either, or any political party committee or its agent. TYPE OR PRINT NAME OF PERSON COMPLETING FORM SIGNATURE DATE Nguyen, Tram, , ,	7. TOTAL INDEPENDENT EXPENDITURES		37594.81
Nguyen, Tram, , , Nguyen, Tram, , , Nguyen, Tram, , , 12/13/2020 12/13/2020			or concert with, or at the request or suggestion
12/13/2020	TYPE OR PRINT NAME OF PERSON COMPLETING FORM		
	Nguyen, Tram, , ,	Nguyen, Tram, , ,	12/13/2020
The submission of also, enoneous of incomplete information may subject the person signing this report to the penalties of 2 0.5.0. 943/d.	NOTE: Submission of false, erroneous or incomplete information may s	ubject the person signing this report to	

For further information, contact: Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

Image# 202012139374347002

SCHEDULE 5-E

TEMIZED INDEPENDENT EXPENDITURES		PAGE 2 OF 2 FOR LINE 7 OF FORM 5
NAME OF FILER (In Full)		
NEW VIRGINIA MAJORITY		
Full Name (Last, First, Middle Initial) of Payee		Date of Public Distribution/Dissemination
Moxie Media, Inc		M M / D D / Y Y Y
Mailing Address PO Box 30084		10 06 2020
		Amount
City St.	ate Zip Code	37594.81
Seattle W	/A 98113	Transaction ID : F57.000001
Purpose of Expenditure	Category/	Office Sought: House State: VA
Mail Piece - "Intro"	Type 006	Senate District:
Name of Federal Candidate Supported or Opposed by	Expenditure:	President
Biden, Joseph, R, ,		Check One: X Support Oppose
Calendar Year-To-Date Per Election		Disbursement For: Primary X General
for Office Courset	86412.81	2020 Other (specify)
Full Name (Last, First, Middle Initial) of Payee		Date of Public Distribution/Dissemination
Mailing Address		
		Amount
City St	ate Zip Code	Amount
Durness of Evenenditure		
Purpose of Expenditure	Category/ Type	Office Sought: House State: Senate
Name of Federal Candidate Supported or Opposed by	Expenditure:	President District:
		Check One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary General
		Other (specify)
Full Name (Last, First, Middle Initial) of Payee		Date of Public Distribution/Dissemination
		M M / D D / Y Y Y Y
Mailing Address		
		Amount
City St	ate Zip Code	
Purpose of Expenditure	Category/ Type	Office Sought: House State:
		Senate District:
Name of Federal Candidate Supported or Opposed by	Expenditure:	Check One: Support Oppose
Calendar Year-To-Date Per Election		Disbursement For: Primary General
for Office Sought		Other (specify)
(a) SUBTOTAL of Itamized Independent Expanditures		
(a) SUBTOTAL of Itemized Independent Expenditures		37594.81
(b) SUBTOTAL of Unitemized Independent Expenditures		
(b) SOBTOTAL OF ORREFITZED INDEPENDENT EXPENDITURES		
(c) TOTAL Independent Expenditures		27504.04
(carry total from last page forward to Line 7)		> 37594.81