

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 1 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Ultraviolet PAC			FEC IDENTIFICATION NUMBER ▼ C C00629477		
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			MM / DD / YYYY		
Full Name of Payee Scale to Win			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 30 / 2022		
Mailing Address 13742 Harper St			Amount 195.56		
City Santa Ana		State CA	Zip Code 92703-1419		Transaction ID : VTD6EAFAPS6
Purpose of Expenditure Text Messages - Estimate		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate Warnock, Raphael, ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: GA		
Calendar Year-To-Date Per Election for Office Sought		2251.03	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2022 <input checked="" type="checkbox"/> Other (specify) ▶ General Runoff		
Full Name of Payee Scale to Win			Date of Public Distribution/Dissemination MM / DD / YYYY 12 / 01 / 2022		
Mailing Address 13742 Harper St			Amount 753.83		
City Santa Ana		State CA	Zip Code 92703-1419		Transaction ID : VTD6EAFAPV2
Purpose of Expenditure Text Messages - Estimate		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate Warnock, Raphael, ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: GA		
Calendar Year-To-Date Per Election for Office Sought		2251.03	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2022 <input checked="" type="checkbox"/> Other (specify) ▶ General Runoff		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			949.39		
(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 <i>Thomas, Shaunna, ,</i>		[Electronically Filed]		Date MM / DD / YYYY 12 / 15 / 2022	

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Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Scale to Win		Date of Public Distribution/Dissemination MM / DD / YYYY 12 / 02 / 2022	
Mailing Address 13742 Harper St		Amount 1301.64	
City Santa Ana	State CA	Zip Code 92703-1419	Transaction ID : VTD6EAFAPW0
Purpose of Expenditure Text Messages - Estimate		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate Warnock, Raphael, ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: GA
Calendar Year-To-Date Per Election for Office Sought		2251.03	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2022 <input checked="" type="checkbox"/> Other (specify) ► General Runoff

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure		Category/Type	
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ►

(a) SUBTOTAL of Itemized Independent Expenditures.....	1301.64
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	2251.03

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.

Thomas, Shaunna, , ,

[Electronically Filed]

Date

MM / DD / YYYY
12 / 15 / 2022

Signature