24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Virginia Progress PAC	
	C C00555516
Check if 24-hour report X 48-hour report New report Amends report filed	i on Mam / Dad / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
Shorr Johnson Magnus	10 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 100 N 20th St	Amount
Ste 201	
City State Zip Code	90000.00
Philadelphia PA 19103-1454	Transaction ID: VNH589W60H3 Date of Disbursement or Obligation
Purpose of Expenditure Media Buy Category/ Type	10 02 / 2014
Name of Federal Candidate Support Offic	e Sought: House District:
Edward W Gillespie Oppose	President X Senate State: VA
Calendar Year-To-Date Per Election for Office Sought Disb. 2014	ursement For: Primary X General Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
	M = M / D = D / Y = Y = Y
Mailing Address	
	Amount
City State Zip Code	
	Date of Disbursement or Obligation
Purpose of Expenditure Category/	M M / D D / Y Y Y Y
Type	
Name of Federal Candidate Support Office	e Sought: House District:
Oppose	President Senate State:
Calendar Year-To-Date Disb	ursement For: Primary General
Per Election for Office Sought	Other (specify) >
<u> </u>	
(a) SUBTOTAL of Itemized Independent Expenditures	90000.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
(c) TOTAL macpendant Experiantales	90000.00
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.	
Frank Conner	
[Electronically Filed] Date	10 03 2014
Signature	