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

Schedule E)		PAGE 1 OF 1 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full) STATE CONSERVATIVE REFORM ACTION PAC (SCRAP) FEC IDENTIFICATION NUMBER ▼		
STATE CONCERVATIVE INC. CHAIN ACTION	rao (oonar)	C C00566372
Check if 24-hour report 48-hour report New report Amends report filed on		
Full Name of Payee		Date of Public Distribution/Dissemination
RoboCent, Inc.		06
Mailing Address 2129 General Booth Blvd		Amount
Ste 103-277		040.00
City State Virgnia Beach VA	Zip Code 23454	Transaction ID : SE.4304
Purpose of Expenditure Voter Telephone Contact	Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support	Office Sought: House District: 02
LURIA, ELAINE, , ,	X Oppose	President Senate State: VA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ✓ Primary General Other (specify) ✓
Full Name of Payee		Date of Public Distribution/Dissemination
RoboCent, Inc.		06 06 2018
Mailing Address 2129 General Booth Blvd		Amount
Ste 103-277	7:- Oodo	2202.24
City State Virgnia Beach VA	Zip Code 23454	2302.24 Transaction ID : SE.4305 Date of Disbursement or Obligation
Purpose of Expenditure Voter Telephone Contact	Category/ Type	06
Name of Federal Candidate	Support 0	Office Sought: House District: 02
LURIA, ELAINE, , ,	X Oppose	President Senate State: VA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary General Other (specify) Other
(a) SUBTOTAL of Itemized Independent Expenditures		2951.26
	·	7 7 7
(b) SUBTOTAL of Unitemized Independent Expenditures	······	7 7 7
(c) TOTAL Independent Expenditures		2951.26
Under penalty of perjury I certify that the independent expendit with, or at the request or suggestion of, any candidate or autho party committee) any political party committee or its agent.	•	
	ctronically Filed] Date	M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		