

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

PAGE 1 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) FEDUP POLITICAL ACTION COMMITTEE AKA FEDUP PAC		FEC IDENTIFICATION NUMBER ▼ C C00455923
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 American Target Advertising		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 16 / 2020
Mailing Address 9625 Surveyor Court Suite 400		Amount 2000.00
City Manassas	State VA	Zip Code 20110
Purpose of Expenditure Writing sending, monitoring email In Kind Donation (Estimate)	Category/Type 004	Transaction ID : SE.19952 Date of Disbursement or Obligation MM / DD / YYYY 10 / 16 / 2020
Name of Federal Candidate GOOD, ROBERT G., , ,	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 05 <input type="checkbox"/> President <input type="checkbox"/> Senate State: VA
Calendar Year-To-Date Per Election for Office Sought 2000.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Facebook		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 16 / 2020
Mailing Address 1 Hacker Way		Amount 10000.00
City Menlo Park	State CA	Zip Code 94025
Purpose of Expenditure Digital Advetising (Estimate)	Category/Type 004	Transaction ID : SE.19953 Date of Disbursement or Obligation MM / DD / YYYY 10 / 16 / 2020
Name of Federal Candidate GOOD, ROBERT G., , ,	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 05 <input type="checkbox"/> President <input type="checkbox"/> Senate State: VA
Calendar Year-To-Date Per Election for Office Sought 12000.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	12000.00
(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.

Testa, Donna, Doe, ,

[Electronically Filed]

Date

MM / DD / YYYY
10 / 17 / 2020

Signature

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(Schedule E)

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FOR SE OF FORM 24/48			

NAME OF COMMITTEE (In Full) FEDUP POLITICAL ACTION COMMITTEE AKA FEDUP PAC		FEC IDENTIFICATION NUMBER ▼ C C00455923
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 Phillips, Douglas, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 16 / 2020
Mailing Address 19275 Stone Oak Pkwy #1422		Amount 1600.00
City San Antonio	State TX	Zip Code 78258
Purpose of Expenditure Creation and editing of video (Estimate)	Category/Type 004	Transaction ID : SE.19954 Date of Disbursement or Obligation MM / DD / YYYY 10 / 16 / 2020
Name of Federal Candidate GOOD, ROBERT G., , ,	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 05 <input type="checkbox"/> President <input type="checkbox"/> Senate State: VA
Calendar Year-To-Date Per Election for Office Sought 13600.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY
Mailing Address		Amount
City	State	Zip Code
Purpose of Expenditure	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY
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.....▶	1600.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	13600.00

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.

Testa, Donna, Doe, ,

[Electronically Filed]

Date

MM / DD / YYYY
10 / 17 / 2020

Signature