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)		FEC IDENTIFICATION NUMBER ▼
Valor Fund		C C00584755
Check if X 24-hour report 48-hour report New report Amends report filed on		
Full Name of Payee Southeast Strategic Communications, LLC		Date of Public Distribution/Dissemination
		11 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 931 Monroe Dr Ste 102 #318		Amount
City State	Zip Code	16925.68
Atlanta GA	30308	Transaction ID : SE.4312 Date of Disbursement or Obligation
Purpose of Expenditure Direct Mail	Category/ Type 004	11 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	✗ Support	Office Sought:
MAST, BRIAN, , ,	Oppose	President Senate State: FL
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary General Other (specify) ☐ Other
Full Name of Payee		Date of Public Distribution/Dissemination
		M M / D D / Y Y Y Y
Mailing Address		Amount
City State	Zip Code	
City	Zip Code	
Purpose of Expenditure	Onto a samul	Date of Disbursement or Obligation
	Category/ Type	M M / D D / Y Y Y Y
Name of Federal Candidate	Support	Office Sought: House District:
	Oppose	President Senate State:
Calendar Year-To-Date		Disbursement For: Primary General
Per Election for Office Sought		Other (specify) -
(a) SUBTOTAL of Itemized Independent Expenditures		16925.68
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures		16925.68
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		
	nically Filed] Date	11 02 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		