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 ▼		
LGBTQ Victory Fund Federal PAC		C C00476978
		M - M / D - D / Y - Y - Y - Y
Check if 24-hour report X 48-hour report X New rep	port Amends report f	
Full Name of Payee The Campaign Workshop, Inc		Date of Public Distribution/Dissemination
Non-Contribution Account		08 / DD / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1660 L St NW		Amount
City State	Zip Code	16977.00
Washington DC	20036-5649	Transaction ID : VSGF49YG2P3 Date of Disbursement or Obligation
Purpose of Expenditure Digital Ad Buy & Production	Category/ Type 004	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	x Support O	Office Sought: House District: 27
RICHARDSON, DAVID, , ,	Oppose	President Senate State: FL
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ✓ Primary 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	
Purpose of Expenditure	T :	Date of Disbursement or Obligation
	Category/ Type	M M / D D / Y Y Y Y
Name of Federal Candidate		Office Sought: House District:
	Oppose	President Senate State:
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary General
Tel Lieution for Chice Sought		Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures		16977.00
(b) SUBTOTAL of Unitemized Independent Expenditures)	
(c) TOTAL Independent Expenditures		16977.00
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	08 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		