## 10/24/2020 22 : 22

## Image# 202010249336528774 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

(Schedule E)		IUNES		PAGE 1 OF 1 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Rockingham County Democratic Committee				
				0 00000000
Check if 🗶 24-hour report 📃 48-hour repo	ort X New repo	ort Amends repo		M / D D / Y Y Y Y Y
Full Name of Payee			Date o	of Public Distribution/Dissemination
Nuevas Raices			M	10 / D / Y Y Y Y 22 2020
Mailing Address PO Box 1281			Amou	nt
City	State	Zip Code		350.00
Harrisonburg	VA	22803		action ID : SE2147483484 of Disbursement or Obligation
Purpose of Expenditure 9.5"x5.5" color ad for this Spanish-language	newspaper	Category/ Type 004		$10 \begin{array}{c} 1 \\ 10 \end{array} \begin{array}{c} 0 \\ 10 \end{array} \begin{array}{c} 0 \\ 10 \end{array} \begin{array}{c} 0 \\ 2020 \end{array}$
Name of Federal Candidate		<b>x</b> Support	Office Sough	t: House District: 06
BIDEN, JOE R, , ,		Oppose	× Preside	
Calendar Year-To-Date Per Election for Office Sought		350.00	Disbursemen 2020	t For: Primary X General
Full Name of Payee				of Public Distribution/Dissemination
			М	M / D D / Y Y Y
Mailing Address			_ L	
			Amou	nt
City	State	Zip Code	— E.	
			Date	of Disbursement or Obligation
Purpose of Expenditure		Category/		
		Туре		
Name of Federal Candidate		Support	Office Sough	t: House District:
		Oppose	Preside	ent Senate State:
Calendar Year-To-Date			Disbursemen	t For: Primary General
Per Election for Office Sought			o	ther (specify) ►
(a) SUBTOTAL of Itemized Independent Expe	enditures		• •	350.00
			_	
(b) SUBTOTAL of Unitemized Independent E	xpenditures		• •	
(c) TOTAL Independent Expenditures				050.00
				350.00
Under penalty of perjury I certify that the ind with, or at the request or suggestion of, any party committee) any political party committee	candidate or authorized			
Sheridan, Susan, Bosworth, Ms,			M M /	
Signature	[Electroni	<i>[cally Filed]</i> Date	9 10	24 2020