

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

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FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Ultraviolet PAC			FEC IDENTIFICATION NUMBER ▼ C C00629477		
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 M M / D D / Y Y Y Y Y Y					
Full Name of Payee Fireside Campaigns			Date of Public Distribution/Dissemination 10 / 23 / 2020		
Mailing Address 815 16th St NW FI 4			Amount 1000.00		
City Washington		State DC	Zip Code 20006-4101		Transaction ID : VTD6EAEJ9K1
Purpose of Expenditure Digital Advertising - Estimate		Category/Type 		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y	
Name of Federal Candidate Collins, Susan, M., ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: ME
Calendar Year-To-Date Per Election for Office Sought 1000.00			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Fireside Campaigns			Date of Public Distribution/Dissemination 10 / 23 / 2020		
Mailing Address 815 16th St NW FI 4			Amount 1000.00		
City Washington		State DC	Zip Code 20006-4101		Transaction ID : VTD6EAEJ9M9
Purpose of Expenditure Digital Advertising - Estimate		Category/Type 		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y	
Name of Federal Candidate McSally, Martha, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AZ
Calendar Year-To-Date Per Election for Office Sought 1000.00			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			2000.00		
(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.					
Signature Thomas, Shaunna, , ,			[Electronically Filed]		Date 10 / 24 / 2020

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NAME OF COMMITTEE (In Full) Ultraviolet PAC		FEC IDENTIFICATION NUMBER ▼ C C00629477	
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 Fireside Campaigns		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 23 / 2020	
Mailing Address 815 16th St NW FI 4		Amount 12000.00	
City Washington	State DC	Zip Code 20006-4101	Transaction ID : VTD6EAEJ9N7
Purpose of Expenditure Digital Advertising - Estimate	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY	
Name of Federal Candidate Gardner, Cory, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: CO
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee Fireside Campaigns		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 23 / 2020	
Mailing Address 815 16th St NW FI 4		Amount 16000.00	
City Washington	State DC	Zip Code 20006-4101	Transaction ID : VTD6EAEJ9P5
Purpose of Expenditure Digital Advertising - Estimate	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY	
Name of Federal Candidate Cornyn, John, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: TX
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	28000.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	30000.00

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.

Thomas, Shaunna, , ,

[Electronically Filed]

Date

MM / DD / YYYY
 10 / 24 / 2020

Signature