

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 1 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) VIRGINIANS FOR FREEDOM			FEC IDENTIFICATION NUMBER ▼ C C00872119	
Check if ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on M M M D D D Y Y Y Y Y Y				
Full Name of Payee 360 Touch			Date of Public Distribution/Dissemination M M M D D D Y Y Y Y Y Y 04 25 2024	
Mailing Address PO Box 982467			Amount 279801.94	
City Park City		State UT	Zip Code 84098	
Purpose of Expenditure Media placement		Category/ Type 004		Transaction ID : SE.4137 Date of Disbursement or Obligation M M M D D D Y Y Y Y Y Y 04 24 2024
Name of Federal Candidate GOOD, ROBERT, G, ,			☐ Support ☒ Oppose Office Sought: ☒ House ☐ President ☐ Senate District: 05 State: VA	
Calendar Year-To-Date Per Election for Office Sought 431551.94			Disbursement For: ☒ Primary ☐ General 2024 ☐ Other (specify) ▶	
Full Name of Payee Red Elephant Strategy LLC			Date of Public Distribution/Dissemination M M M D D D Y Y Y Y Y Y 04 24 2024	
Mailing Address 25475 Marsh Landing Pkwy			Amount 40352.00	
City Ponte Vedre Beach		State FL	Zip Code 32082	
Purpose of Expenditure Digital placement		Category/ Type 004		Transaction ID : SE.4138 Date of Disbursement or Obligation M M M D D D Y Y Y Y Y Y 04 24 2024
Name of Federal Candidate GOOD, ROBERT, G, ,			☐ Support ☒ Oppose Office Sought: ☒ House ☐ President ☐ Senate District: 05 State: VA	
Calendar Year-To-Date Per Election for Office Sought 471903.94			Disbursement For: ☒ Primary ☐ General 2024 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			320153.94	
(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 <u>Wojciechowski, Maria, , ,</u> Date M M M D D D Y Y Y Y Y Y 04 26 2024				

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(Schedule E)PAGE 2 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) VIRGINIANS FOR FREEDOM		FEC IDENTIFICATION NUMBER ▼ C C00872119
Check if ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Red Elephant Strategy LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 25 / 2024
Mailing Address 25475 Marsh Landing Pkwy		Amount 8500.00
City Ponte Vedre Beach	State FL	Zip Code 32082
Purpose of Expenditure Media prouction	Category/ Type 004	Transaction ID : SE.4139 Date of Disbursement or Obligation MM / DD / YYYY 04 / 24 / 2024
Name of Federal Candidate GOOD, ROBERT, G, ,		☐ Support ☒ Oppose
		Office Sought: ☒ House District: 05 ☐ President ☐ Senate State: VA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☒ Primary ☐ General 2024 ☐ Other (specify) ▶
480403.94		

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		☐ Support ☐ Oppose
		Office Sought: ☐ House District: _____ ☐ President ☐ Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	8500.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	328653.94

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.

Wojciechowski, Maria, , ,

Signature

Date

MM / DD / YYYY
04 / 26 / 2024