

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

NAME OF COMMITTEE (In Full) VALUE IN ELECTING WOMEN POLITICAL ACTION COMMITTEE			FEC IDENTIFICATION NUMBER ▼ C C00327189	
Check if ☒ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y M M / D D / Y Y Y Y Y Y M M / D D / Y Y Y Y Y Y				
Full Name of Payee NEW TROY STRATEGIES			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 25 / 2024 M M / D D / Y Y Y Y Y Y	
Mailing Address 700 S WASHINGTON ST STE 310			Amount 30000.00	
City ALEXANDRIA State VA Zip Code 22314-4287		Transaction ID : E5E10D6210E924505B19 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 24 / 2024 M M / D D / Y Y Y Y Y Y		
Purpose of Expenditure IE- CHAVEZ-DEREMER-DIGITAL ADS		Category/Type		
Name of Federal Candidate CHAVEZ-DEREMER, LORI, , ,		☒ Support ☐ Oppose Office Sought: ☒ House District: 05 ☐ President ☐ Senate State: OR		
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶		
Full Name of Payee			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y M M / D D / Y Y Y Y Y Y M M / D D / Y Y Y Y Y Y	
Mailing Address			Amount 	
City State Zip Code		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y M M / D D / Y Y Y Y Y Y M M / D D / Y Y Y Y Y Y		
Purpose of Expenditure		Category/Type		
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..... ▶			30000.00	
(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.				
Signature _____ LISKER, LISA, , ,		Date M M / D D / Y Y Y Y Y Y 10 / 25 / 2024 M M / D D / Y Y Y Y Y Y		