

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

|                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                |                                                                                                                                                             |                                                                                                                                                   |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|--|
| NAME OF COMMITTEE (In Full)<br><b>CENTRAL COAST VALUES PAC</b>                                                                                                                                                                                                                                                                                              |  |                                                                                | FEC IDENTIFICATION NUMBER ▼<br><b>C</b> C00870204                                                                                                           |                                                                                                                                                   |  |
| 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<br>Political Animals LLC                                                                                                                                                                                                                                                                                                                 |  |                                                                                | Date of Public Distribution/Dissemination<br>MM / DD / YYYY<br>02 / 29 / 2024                                                                               |                                                                                                                                                   |  |
| Mailing Address 416 Florida Ave NW                                                                                                                                                                                                                                                                                                                          |  |                                                                                | Amount<br>32934.51                                                                                                                                          |                                                                                                                                                   |  |
| City<br>Washington                                                                                                                                                                                                                                                                                                                                          |  | State<br>DC                                                                    | Zip Code<br>20001                                                                                                                                           | Transaction ID : WFT2024211925-1                                                                                                                  |  |
| Purpose of Expenditure<br>Direct Mail                                                                                                                                                                                                                                                                                                                       |  | Category/<br>Type                                                              | Date of Disbursement or Obligation<br>MM / DD / YYYY<br>02 / 29 / 2024                                                                                      |                                                                                                                                                   |  |
| Name of Federal Candidate<br>Lofgren, Zoe, , ,                                                                                                                                                                                                                                                                                                              |  | <input checked="" type="checkbox"/> Support<br><input type="checkbox"/> Oppose | Office Sought: <input checked="" type="checkbox"/> House    District: 18<br><input type="checkbox"/> President <input type="checkbox"/> Senate    State: CA |                                                                                                                                                   |  |
| Calendar Year-To-Date<br>Per Election for Office Sought                                                                                                                                                                                                                                                                                                     |  | 123115.33                                                                      |                                                                                                                                                             | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2024 <input type="checkbox"/> Other (specify) ▶ |  |
| Full Name of Payee<br>Political Animals LLC                                                                                                                                                                                                                                                                                                                 |  |                                                                                | Date of Public Distribution/Dissemination<br>MM / DD / YYYY<br>02 / 29 / 2024                                                                               |                                                                                                                                                   |  |
| Mailing Address 416 Florida Ave NW                                                                                                                                                                                                                                                                                                                          |  |                                                                                | Amount<br>62296.32                                                                                                                                          |                                                                                                                                                   |  |
| City<br>Washington                                                                                                                                                                                                                                                                                                                                          |  | State<br>DC                                                                    | Zip Code<br>20001                                                                                                                                           | Transaction ID : WFT2024211922-1                                                                                                                  |  |
| Purpose of Expenditure<br>Direct Mail                                                                                                                                                                                                                                                                                                                       |  | Category/<br>Type                                                              | Date of Disbursement or Obligation<br>MM / DD / YYYY<br>02 / 29 / 2024                                                                                      |                                                                                                                                                   |  |
| Name of Federal Candidate<br>Lofgren, Zoe, , ,                                                                                                                                                                                                                                                                                                              |  | <input checked="" type="checkbox"/> Support<br><input type="checkbox"/> Oppose | Office Sought: <input checked="" type="checkbox"/> House    District: 18<br><input type="checkbox"/> President <input type="checkbox"/> Senate    State: CA |                                                                                                                                                   |  |
| Calendar Year-To-Date<br>Per Election for Office Sought                                                                                                                                                                                                                                                                                                     |  | 123115.33                                                                      |                                                                                                                                                             | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2024 <input type="checkbox"/> Other (specify) ▶ |  |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶                                                                                                                                                                                                                                                                                                    |  |                                                                                | 95230.83                                                                                                                                                    |                                                                                                                                                   |  |
| (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<br><br>May, Jennifer, , ,                                                                                                                                                                                                                                                                                                                         |  |                                                                                | Date<br>MM / DD / YYYY<br>03 / 01 / 2024                                                                                                                    |                                                                                                                                                   |  |

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                    |                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| NAME OF COMMITTEE (In Full)<br><b>CENTRAL COAST VALUES PAC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                    | <b>FEC IDENTIFICATION NUMBER ▼</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00870204</div>                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                   |
| 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 <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div>                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                    |                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                   |
| Full Name of Payee<br>Political Animals LLC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                    | Date of Public Distribution/Dissemination<br><div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> |                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                   |
| Mailing Address 416 Florida Ave NW                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                    | Amount<br><div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 27884.50                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                   |
| City<br>Washington                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | State<br>DC                                                                        | Zip Code<br>20001                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                   | <b>Transaction ID : WFT2024211924-1</b>                                                                                                                                                                                                                                                                           |
| Purpose of Expenditure<br>Robo Calls                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | Category/<br>Type <div style="border-bottom: 1px solid black; width: 60px;"></div> |                                                                                                                                                                                                                                                                                                                          | Date of Disbursement or Obligation<br><div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> |                                                                                                                                                                                                                                                                                                                   |
| Name of Federal Candidate<br>Lofgren, Zoe, , ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                    | <input checked="" type="checkbox"/> Support<br><input type="checkbox"/> Oppose                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                   | Office Sought: <input checked="" type="checkbox"/> House    District: <u>18</u><br><input type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>CA</u>                                                                                                                                         |
| Calendar Year-To-Date<br>Per Election for Office Sought                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                    | <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 123115.33                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                   |
| Full Name of Payee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                    | Date of Public Distribution/Dissemination<br><div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> |                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                   |
| Mailing Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                    | Amount<br><div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div>                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                   |
| City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | State                                                                              | Zip Code                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                   | Date of Disbursement or Obligation<br><div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> |
| Purpose of Expenditure                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | Category/<br>Type <div style="border-bottom: 1px solid black; width: 60px;"></div> |                                                                                                                                                                                                                                                                                                                          | Office Sought: <input type="checkbox"/> House    District: _____<br><input type="checkbox"/> President <input type="checkbox"/> Senate    State: _____                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                   |
| Name of Federal Candidate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                    | <input type="checkbox"/> Support<br><input type="checkbox"/> Oppose                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                   | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▶ _____                                                                                                                                                                           |
| Calendar Year-To-Date<br>Per Election for Office Sought                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                    | <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                   |
| <div style="display: flex; justify-content: space-between;"><div style="width: 60%;">(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶</div><div style="width: 35%; text-align: right;"><div style="border-bottom: 1px solid black; width: 100px;"></div> 27884.50</div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 60%;">(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶</div><div style="width: 35%; text-align: right;"><div style="border-bottom: 1px solid black; width: 100px;"></div></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 60%;">(c) <b>TOTAL</b> Independent Expenditures..... ▶</div><div style="width: 35%; text-align: right;"><div style="border-bottom: 1px solid black; width: 100px;"></div> 123115.33</div></div> |  |                                                                                    |                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                   |
| 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<br><br>May, Jennifer, , ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                    | Date <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div><br>03 / 01 / 2024                       |                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                   |