

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

NAME OF COMMITTEE (In Full) VALOR AMERICA			FEC IDENTIFICATION NUMBER ▼ C C00625566		
Check if ☒ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on			MM / DD / YYYY		
Full Name of Payee Evolving Strategies			Date of Public Distribution/Dissemination MM / DD / YYYY		
Mailing Address 6015 Overlea Rd			Amount 1666.00		
City Bethesda		State MD	Zip Code 20816	Transaction ID : SE.17699	
Purpose of Expenditure Text Messaging Political Ad Dev and Placement		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate HARRIS, KAMALA, , ,		☐ Support ☒ Oppose	Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: MI		
Calendar Year-To-Date Per Election for Office Sought		11666.00		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶	
Full Name of Payee Evolving Strategies			Date of Public Distribution/Dissemination MM / DD / YYYY		
Mailing Address 6015 Overlea Rd			Amount 3334.00		
City Bethesda		State MD	Zip Code 20816	Transaction ID : SE.17700	
Purpose of Expenditure Text Messaging Political Ad Dev and Placement		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate SLOTKIN, ELISSA, , ,		☐ Support ☒ Oppose	Office Sought: ☐ House District: _____ ☐ President ☒ Senate State: MI		
Calendar Year-To-Date Per Election for Office Sought		33334.00		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			5000.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶			5000.00		
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 KORAH, ELSY, , ,			Date MM / DD / YYYY		