24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
COURAGEOUS CONSERVATIVES PAC	
	C C00587022
Check if 24-hour report 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y
Full Name of Payee	Date of Public Distribution/Dissemination
Atlantic Media	M M / D D / Y Y Y
Mailing Address Box 297	06 11 2018 Amount
	,
City State Zip Code	1161.20
Rodanthe NC 27968	Transaction ID : SE.5177 Date of Disbursement or Obligation
Purpose of Expenditure Advertising Category/ Type	06 11 2018
Name of Federal Candidate Support Office	e Sought: X House District: 10
HILL, SHAK, , ,	President Senate State: VA
Calendar Year-To-Date Per Election for Office Sought Disbut 2018	Other (specify) ▶
Full Name of Payee Atlantic Media	Date of Public Distribution/Dissemination
	06 11 2018
Mailing Address Box 297	Amount
City State Zip Code	4644.80
Rodanthe NC 27968	Transaction ID : SE.5178 Date of Disbursement or Obligation
Purpose of Expenditure Advertising Category/ Type	06 11 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	e Sought: 🗶 House District:10
COMSTOCK, BARBARA, , ,	President Senate State: VA
Calendar Year-To-Date Per Election for Office Sought Disbut	ursement For: Primary General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	5806.00
	7
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	5806.00
Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	
	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	