

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

NAME OF COMMITTEE (In Full) CENTRAL VALLEY VALUES PAC			FEC IDENTIFICATION NUMBER ▼ C C00866269		
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 SWING STRATEGIES			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 04 / 29 / 2024		
Mailing Address 925 UNIVERSITY AVE			Amount 35572.31		
City SACRAMENTO		State CA	Zip Code 95825		Transaction ID : E-80
Purpose of Expenditure DIRECT MAIL SERVICES		Category/ Type 004		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 04 / 29 / 2024	
Name of Federal Candidate FONG, VINCE, , ,			☒ Support ☐ Oppose		Office Sought: ☒ House District: 20 ☐ President ☐ Senate State: CA
Calendar Year-To-Date Per Election for Office Sought			46034.47 Disbursement For: ☐ Primary ☐ General 2024 ☒ Other (specify) ▶ RUNOFF-2024		
Full Name of Payee SWING STRATEGIES			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 04 / 30 / 2024		
Mailing Address 925 UNIVERSITY AVE			Amount 20000.00		
City SACRAMENTO		State CA	Zip Code 95825		Transaction ID : E-79
Purpose of Expenditure DIGITAL ADVERTISEMENT		Category/ Type 004		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 04 / 29 / 2024	
Name of Federal Candidate FONG, VINCE, , ,			☒ Support ☐ Oppose		Office Sought: ☒ House District: 20 ☐ President ☐ Senate State: CA
Calendar Year-To-Date Per Election for Office Sought			66034.47 Disbursement For: ☐ Primary ☐ General 2024 ☒ Other (specify) ▶ RUNOFF-2024		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			55572.31		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶			55572.31		
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 HASTIE, CHRISSIE, , ,			Date M M M / D D D / Y Y Y Y Y Y 04 / 30 / 2024		