

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

NAME OF COMMITTEE (In Full) VICTORY INCLUDES ACCOUNTABILITY BELIEVABILITY LEADERSHIP AND ELECTABILITY PAC (VIALE PAC)			FEC IDENTIFICATION NUMBER ▼ C C00853119		
Check if ☒ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Content Media Co			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 02 / 22 / 2024		
Mailing Address 5800 Cartina Terrace			Amount 3763.18		
City Rockville		State MD	Zip Code 20852		
Purpose of Expenditure Online Advertisements		Category/ Type		Transaction ID : WFT2024117108-1 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 02 / 22 / 2024	
Name of Federal Candidate Weiss, Joanna, , ,			☒ Support ☐ Oppose		Office Sought: ☒ House District: 47 ☐ President ☐ Senate State: CA
Calendar Year-To-Date Per Election for Office Sought 65000.00			Disbursement For: ☒ Primary ☐ General 2024 ☐ Other (specify) ▶ _____		
Full Name of Payee Content Media Co			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 02 / 22 / 2024		
Mailing Address 5800 Cartina Terrace			Amount 33868.44		
City Rockville		State MD	Zip Code 20852		
Purpose of Expenditure Online Advertisements		Category/ Type		Transaction ID : WFT20241171010-1 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 02 / 22 / 2024	
Name of Federal Candidate Min, Dave, , ,			☐ Support ☒ Oppose		Office Sought: ☒ House District: 47 ☐ President ☐ Senate State: CA
Calendar Year-To-Date Per Election for Office Sought 65000.00			Disbursement For: ☒ Primary ☐ General 2024 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			37631.62		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶			37631.62		
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 May, Jennifer, , ,			Date M M / D D / Y Y Y Y Y Y 02 / 23 / 2024		