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FOR SE OF FORM 24/48			

NAME OF COMMITTEE (In Full) ELECT PRINCIPLED VETERANS FUND (EPV FUND)		FEC IDENTIFICATION NUMBER ▼ C C00772152	
Check if ☒ 24-hour report ☐ 48-hour report		☒ New report ☐ Amends report filed on	
		MM / DD / YYYY	

Full Name of Payee MEDIA AD VENTURES			Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 29 / 2024		
Mailing Address 8136 OLD KEENE MILL RD STE A-300			Amount 299915.00		
City SPRINGFIELD	State VA	Zip Code 22152	Transaction ID : SE.4490 Date of Disbursement or Obligation MM / DD / YYYY 05 / 23 / 2024		
Purpose of Expenditure MEDIA PLACEMENT: BROADCAST		Category/ Type 004			
Name of Federal Candidate BIGGS, SHERI, ,		☒ Support ☐ Oppose	Office Sought: ☒ House ☐ President ☐ Senate District: 03 State: SC		
Calendar Year-To-Date Per Election for Office Sought		299915.00	Disbursement For: ☒ Primary ☐ General ☐ Other (specify) ▶		

Full Name of Payee POOLHOUSE AGENCY LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 29 / 2024	
Mailing Address 23 W BROAD ST SUITE 200		Amount 13650.00	
City RICHMOND	State VA	Zip Code 23220	Transaction ID : SE.4489
Purpose of Expenditure AD PRODUCTION	Category/ Type	004	Date of Disbursement or Obligation MM / DD / YYYY 05 / 23 / 2024
Name of Federal Candidate BIGGS, SHERI, , ,	☒ Support ☐ Oppose	Office Sought: ☐ President	☒ House ☐ Senate
Calendar Year-To-Date Per Election for Office Sought	313565.00	District: 03 State: SC Disbursement For: ☒ Primary ☐ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	313565.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	313565.00

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.

KOCH, TIMOTHY, A., ,

Signature

Date _____

MM / DD / YYYY