

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

PAGE 1 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) United for Progress PAC		FEC IDENTIFICATION NUMBER ▼ C C00627141	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Alianza for Progress Inc.			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 13 / 2020		
Mailing Address 10524 Moss Park Rd Ste 204-605			Amount 1546.15		
City Orlando	State FL	Zip Code 32832-5898	Transaction ID : VSGFEA1E9V6		
Purpose of Expenditure Printing - Estimate		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate Biden, Joseph, R, , Jr		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President		District: 00 State: 00
Calendar Year-To-Date Per Election for Office Sought		177874.64		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Alianza for Progress Inc.			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 13 / 2020		
Mailing Address 10524 Moss Park Rd Ste 204-605			Amount 3709.51		
City Orlando	State FL	Zip Code 32832-5898	Transaction ID : VSGFEA1EQE2		
Purpose of Expenditure Canvassing - Estimate		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate Biden, Joseph, R, , Jr		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President		District: 00 State: 00
Calendar Year-To-Date Per Election for Office Sought		177874.64		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	5255.66
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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.

Vilar, Juan Marcos, , ,

[Electronically Filed]

Date

MM / DD / YYYY
10 / 15 / 2020

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 2 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) United for Progress PAC		FEC IDENTIFICATION NUMBER ▼ C C00627141	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Alianza for Progress Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 14 / 2020	
Mailing Address 10524 Moss Park Rd Ste 204-605		Amount 3818.83	
City Orlando	State FL	Zip Code 32832-5898	Transaction ID : VSGFEA1EQF9
Purpose of Expenditure Canvassing - Estimate		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate Biden, Joseph, R, , Jr		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: 00
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure		Category/Type	
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	3818.83
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	9074.49

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.

Vilar, Juan Marcos, , ,

[Electronically Filed]

Date

MM / DD / YYYY
10 / 15 / 2020

Signature