

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 ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00627141 </div>
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 <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 5px;"> M M M / D D D / Y Y Y Y Y Y </div>	

Full Name of Payee Alianza for Progress Inc.			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 5px;"> M M M / D D D / Y Y Y Y Y Y 10 / 14 / 2018 </div>	
Mailing Address 10524 Moss Park Rd Ste 204-605			Amount <div style="border: 1px solid black; padding: 2px; width: 100%;"> 2565.80 </div>	
City Orlando	State FL	Zip Code 32832-5898	Transaction ID : VSGFE9YWSY7 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 5px;"> M M M / D D D / Y Y Y Y Y Y </div>	
Purpose of Expenditure Canvassing - Estimate		Category/ Type	<div style="display: inline-block; border: 1px solid black; padding: 2px; width: 100%;"> M M M / D D D / Y Y Y Y Y Y </div>	
Name of Federal Candidate Nelson, Bill, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>FL</u>	
<div style="border: 1px solid black; padding: 2px; width: 100%;"> 10263.18 </div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ► _____	

Full Name of Payee Alianza for Progress Inc.			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 5px;"> M M M / D D D / Y Y Y Y Y Y 10 / 15 / 2018 </div>	
Mailing Address 10524 Moss Park Rd Ste 204-605			Amount <div style="border: 1px solid black; padding: 2px; width: 100%;"> 2565.80 </div>	
City Orlando	State FL	Zip Code 32832-5898	Transaction ID : VSGFE9YWSZ5 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 5px;"> M M M / D D D / Y Y Y Y Y Y </div>	
Purpose of Expenditure Canvassing - Estimate		Category/ Type	<div style="display: inline-block; border: 1px solid black; padding: 2px; width: 100%;"> M M M / D D D / Y Y Y Y Y Y </div>	
Name of Federal Candidate Nelson, Bill, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>FL</u>	
<div style="border: 1px solid black; padding: 2px; width: 100%;"> 10263.18 </div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ► _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ►	<div style="border: 1px solid black; padding: 2px; width: 100%;"> 5131.60 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ►	<div style="border: 1px solid black; padding: 2px; width: 100%;"> _____ </div>
(c) TOTAL Independent Expenditures..... ►	<div style="border: 1px solid black; padding: 2px; width: 100%;"> _____ </div>

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

M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2018

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 / 16 / 2018	
Mailing Address 10524 Moss Park Rd Ste 204-605		Amount 2565.80	
City Orlando	State FL	Zip Code 32832-5898	Transaction ID : VSGFE9YWT03
Purpose of Expenditure Canvassing - Estimate		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate Nelson, Bill, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: FL
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Alianza for Progress Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2018	
Mailing Address 10524 Moss Park Rd Ste 204-605		Amount 2565.78	
City Orlando	State FL	Zip Code 32832-5898	Transaction ID : VSGFE9YWT11
Purpose of Expenditure Canvassing - Estimate		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate Nelson, Bill, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: FL
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	5131.58
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	10263.18

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 / 19 / 2018

Signature