

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 VETERANS ALLIANCE OF AMERICA PAC		FEC IDENTIFICATION NUMBER ▼ C C00685982
Check if ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee CLOUD DATA SERVICES		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 15 / 2024
Mailing Address 1009 WHITNEY RANCH DR.		Amount 266.10
City HENDERSON	State NV	Zip Code 89014
Purpose of Expenditure LEADS / PHONE LISTS(ESTIMATE)	Category/ Type 004	Transaction ID : SE-S1660455 Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate BROWNLEY, JULIA, ,		☒ Support ☐ Oppose
		Office Sought: ☒ House District: 26 ☐ President ☐ Senate State: CA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶

Full Name of Payee LAV SERVICES LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 15 / 2024
Mailing Address 1009 WHITNEY RANCH DR.		Amount 278.19
City HENDERSON	State NV	Zip Code 89014
Purpose of Expenditure PHONEBANK PAYROLL SERVICES(ESTIMATE)	Category/ Type 004	Transaction ID : SE-S1660463 Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate BROWNLEY, JULIA, ,		☒ Support ☐ Oppose
		Office Sought: ☒ House District: 26 ☐ President ☐ Senate State: CA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	544.29
(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.

CAPPLEMAN, OLIVER, , ,

Signature

Date

MM / DD / YYYY
08 / 15 / 2024

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 VETERANS ALLIANCE OF AMERICA PAC			FEC IDENTIFICATION NUMBER ▼ C C00685982		
Check if ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y M M / D D / Y Y Y Y Y Y M M / D D / Y Y Y Y Y Y					
Full Name of Payee STANDARD DATA SERVICES LLC			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 08 / 15 / 2024 M M / D D / Y Y Y Y Y Y		
Mailing Address 513 MILL AVE SE SUITE 206			Amount 193.52		
City State Zip Code NEW PHILADELPHIA OH 44663		Transaction ID : SE-S1660459 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y M M / D D / Y Y Y Y Y Y M M / D D / Y Y Y Y Y Y			
Purpose of Expenditure CAGING AND DATABASE SERVICES(ESTIMATE)		Category/ Type 004			
Name of Federal Candidate BROWNLEY, JULIA, , ,			☒ Support ☐ Oppose		Office Sought: ☒ House District: 26 ☐ President ☐ Senate State: CA
Calendar Year-To-Date Per Election for Office Sought			6776.49 6776.49		
Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶					
Full Name of Payee WIRED4DATA			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 08 / 15 / 2024 M M / D D / Y Y Y Y Y Y		
Mailing Address 55 LAKE HAVASU AVE SOUTH F-677			Amount 471.71		
City State Zip Code LAKE HAVASU CITY AZ 86403		Transaction ID : SE-S1660467 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y M M / D D / Y Y Y Y Y Y M M / D D / Y Y Y Y Y Y			
Purpose of Expenditure PHONEBANK IT/TECH SUPPORT(ESTIMATE)		Category/ Type 004			
Name of Federal Candidate BROWNLEY, JULIA, , ,			☒ Support ☐ Oppose		Office Sought: ☒ House District: 26 ☐ President ☐ Senate State: CA
Calendar Year-To-Date Per Election for Office Sought			6776.49 6776.49		
Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶					
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶ 665.23 (b) SUBTOTAL of Unitemized Independent Expenditures ▶ (c) TOTAL Independent Expenditures..... ▶ 1209.52					
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 <u>CAPPLEMAN, OLIVER, , ,</u> Date M M / D D / Y Y Y Y Y Y 08 / 15 / 2024 M M / D D / Y Y Y Y Y Y					