

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 1 OF 6
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Progressive Victory PAC			FEC IDENTIFICATION NUMBER ▼ C C00821348		
Check if ☒ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on MM / DD / YYYY					
Full Name of Payee Amaze Holding Company LLC			Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 22 / 2024		
Mailing Address 2901 W Coast Hwy Ste 200			Amount 948.00		
City Newport Beach		State CA	Zip Code 92663-4045		Transaction ID : 500075301
Purpose of Expenditure Non-contribution account - Event merchandise		Category/ Type		Date of Disbursement or Obligation MM / DD / YYYY	
Name of Federal Candidate BOWMAN, JAMAAL, , ,			☒ Support ☐ Oppose		Office Sought: ☒ House District: <u>16</u> ☐ President ☐ Senate State: <u>NY</u>
Calendar Year-To-Date Per Election for Office Sought 54385.89			Disbursement For: ☒ Primary ☐ General 2024 ☐ Other (specify) ▶ _____		
Full Name of Payee Anthony's Pizza			Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 22 / 2024		
Mailing Address 208 Gramatan Ave			Amount 1018.45		
City Mount Vernon		State NY	Zip Code 10550-1252		Transaction ID : 500075303
Purpose of Expenditure Non-contribution account - Event food for staff		Category/ Type		Date of Disbursement or Obligation MM / DD / YYYY	
Name of Federal Candidate BOWMAN, JAMAAL, , ,			☒ Support ☐ Oppose		Office Sought: ☒ House District: <u>16</u> ☐ President ☐ Senate State: <u>NY</u>
Calendar Year-To-Date Per Election for Office Sought 54385.89			Disbursement For: ☒ Primary ☐ General 2024 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			1966.45		
(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.					
Signature Drzymala, Samuel, , ,			Date MM / DD / YYYY 06 / 23 / 2024		

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NAME OF COMMITTEE (In Full) Progressive Victory PAC		FEC IDENTIFICATION NUMBER ▼ C C00821348
Check if ☒ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee CandiLand Studios		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 22 / 2024
Mailing Address 4301 Odessa Ave		Amount 850.00
City Fort Worth	State TX	Zip Code 76133-1125
Purpose of Expenditure Non-contribution account - Performance Set Design	Category/ Type	Transaction ID : 500075251 Date of Disbursement or Obligation MM / DD / YYYY 06 / 20 / 2024
Name of Federal Candidate BOWMAN, JAMAAL, , ,	☒ Support ☐ Oppose	Office Sought: ☒ House District: 16 ☐ President ☐ Senate State: NY
Calendar Year-To-Date Per Election for Office Sought 54385.89		Disbursement For: ☒ Primary ☐ General 2024 ☐ Other (specify) ▶

Full Name of Payee CandiLand Studios		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 22 / 2024
Mailing Address 4301 Odessa Ave		Amount 850.00
City Fort Worth	State TX	Zip Code 76133-1125
Purpose of Expenditure Non-contribution account - Performance Set Design	Category/ Type	Transaction ID : 500075261 Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate BOWMAN, JAMAAL, , ,	☒ Support ☐ Oppose	Office Sought: ☒ House District: 16 ☐ President ☐ Senate State: NY
Calendar Year-To-Date Per Election for Office Sought 54385.89		Disbursement For: ☒ Primary ☐ General 2024 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1700.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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Drzymala, Samuel, , ,

Signature

Date

MM / DD / YYYY
06 / 23 / 2024

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Check if ☒ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Catering at Iona University by Chartwells		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 22 / 2024
Mailing Address 715 North Ave		Amount 1832.08
City New Rochelle	State NY	Zip Code 10801-1830
Purpose of Expenditure Non-contribution account - Event catering	Category/ Type	Transaction ID : 500075254 Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate BOWMAN, JAMAAL, , ,		☒ Support ☐ Oppose Office Sought: ☒ House ☐ President ☐ Senate District: 16 State: NY
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☒ Primary ☐ General 2024 ☐ Other (specify) ▶

Full Name of Payee Catering at Iona University by Chartwells		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 22 / 2024
Mailing Address 715 North Ave		Amount 1832.08
City New Rochelle	State NY	Zip Code 10801-1830
Purpose of Expenditure Non-contribution account - Event catering	Category/ Type	Transaction ID : 500075255 Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate BOWMAN, JAMAAL, , ,		☒ Support ☐ Oppose Office Sought: ☒ House ☐ President ☐ Senate District: 16 State: NY
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☒ Primary ☐ General 2024 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	3664.16
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Check if ☒ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Hamill Media LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 22 / 2024
Mailing Address 160 Sweet Gum Ln		Amount 2000.00
City York	State PA	Zip Code 17406-1140
Purpose of Expenditure Non-contribution account - Media Production	Category/ Type	Transaction ID : 500075257 Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate BOWMAN, JAMAAL, , ,	☒ Support ☐ Oppose	Office Sought: ☒ House District: 16 ☐ President ☐ Senate State: NY
Calendar Year-To-Date Per Election for Office Sought 54385.89		Disbursement For: ☒ Primary ☐ General 2024 ☐ Other (specify) ▶

Full Name of Payee Innovation Printing and Promotions		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 22 / 2024
Mailing Address 10727 Liberty Ave		Amount 1946.69
City Ozone Park	State NY	Zip Code 11417-1812
Purpose of Expenditure Non-Contribution Account - Printing Event Materials	Category/ Type	Transaction ID : 500075253 Date of Disbursement or Obligation MM / DD / YYYY 06 / 18 / 2024
Name of Federal Candidate BOWMAN, JAMAAL, , ,	☒ Support ☐ Oppose	Office Sought: ☒ House District: 16 ☐ President ☐ Senate State: NY
Calendar Year-To-Date Per Election for Office Sought 54385.89		Disbursement For: ☒ Primary ☐ General 2024 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	3946.69
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Full Name of Payee McGowan, Joseph, Elijah, ,		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 22 / 2024
Mailing Address 10725 Abercorn St Apt 113		Amount 1400.00
City Savannah	State GA	Zip Code 31419-1440
Purpose of Expenditure Non-contribution Account - Videographer Services	Category/Type	Transaction ID : 500075250 Date of Disbursement or Obligation MM / DD / YYYY 06 / 18 / 2024
Name of Federal Candidate BOWMAN, JAMAAL, , ,	☒ Support ☐ Oppose	Office Sought: ☒ House District: 16 ☐ President ☐ Senate State: NY
Calendar Year-To-Date Per Election for Office Sought 54385.89		Disbursement For: ☒ Primary ☐ General 2024 ☐ Other (specify) ▶

Full Name of Payee McGowan, Joseph, Elijah, ,		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 22 / 2024
Mailing Address 10725 Abercorn St Apt 113		Amount 1000.00
City Savannah	State GA	Zip Code 31419-1440
Purpose of Expenditure Non-contribution Account - Videographer Services	Category/Type	Transaction ID : 500075256 Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate BOWMAN, JAMAAL, , ,	☒ Support ☐ Oppose	Office Sought: ☒ House District: 16 ☐ President ☐ Senate State: NY
Calendar Year-To-Date Per Election for Office Sought 54385.89		Disbursement For: ☒ Primary ☐ General 2024 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	2400.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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Full Name of Payee Tahir, Bilal, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 22 / 2024
Mailing Address 52 Astor Pl		Amount 14140.19
City Jersey City	State NJ	Zip Code 07304-2943
Purpose of Expenditure Non-contribution account - Strategic Consulting	Category/ Type	Transaction ID : 500075262 Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate BOWMAN, JAMAAL, , ,	☒ Support ☐ Oppose	Office Sought: ☒ House District: 16 ☐ President ☐ Senate State: NY
Calendar Year-To-Date Per Election for Office Sought 54385.89		Disbursement For: ☒ Primary ☐ General 2024 ☐ Other (specify) ▶

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

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	14140.19
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	27817.49

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Date

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