

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

NAME OF COMMITTEE (In Full) UNITED DEMOCRACY PROJECT ("UDP")		FEC IDENTIFICATION NUMBER ▼ C C00799031	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Targeted Platform Media LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 23 / 2024	
Mailing Address PO Box 237		Amount 300000.00	
City Crownsville	State MD	Zip Code 21032-0237	Transaction ID : ECE7335F8D9AF4337982
Purpose of Expenditure Media Placement		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate Bell, Wesley, Mr. ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MO
Calendar Year-To-Date Per Election for Office Sought		7057528.36	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Targeted Platform Media LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 23 / 2024	
Mailing Address PO Box 237		Amount 700000.00	
City Crownsville	State MD	Zip Code 21032-0237	Transaction ID : E46490A04BE414FBB867
Purpose of Expenditure Media Placement		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate Bush, Cori, , Rep.,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MO
Calendar Year-To-Date Per Election for Office Sought		7057528.36	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	1000000.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	1000000.00

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.

D'Alessio, Christopher, , ,

Signature

Date

MM / DD / YYYY
07 / 24 / 2024