

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

NAME OF COMMITTEE (In Full) IN UNION USA			FEC IDENTIFICATION NUMBER ▼ C C00745745		
Check if ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on MM / DD / YYYY					
Full Name of Payee Deliver Strategies, LLC			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 03 / 2024		
Mailing Address PO Box 100970			Amount 112822.89		
City Arlington		State VA	Zip Code 22210		Transaction ID : SE.5178
Purpose of Expenditure Direct Mail Program		Category/ Type 004		Date of Disbursement or Obligation MM / DD / YYYY 10 / 03 / 2024	
Name of Federal Candidate BROWN, SHERROD, , ,			☒ Support ☐ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: OH
Calendar Year-To-Date Per Election for Office Sought 112822.89			Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶		
Full Name of Payee Deliver Strategies, LLC			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 03 / 2024		
Mailing Address PO Box 100970			Amount 37607.63		
City Arlington		State VA	Zip Code 22210		Transaction ID : SE.5179
Purpose of Expenditure Direct Mail Program		Category/ Type 004		Date of Disbursement or Obligation MM / DD / YYYY 10 / 03 / 2024	
Name of Federal Candidate MORENO, BERNIE, , ,			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: OH
Calendar Year-To-Date Per Election for Office Sought 150430.52			Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			150430.52		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶			150430.52		
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 Fullmer, Jenna, , ,			Date MM / DD / YYYY 10 / 03 / 2024		