

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 M M / D D / Y Y Y Y Y Y				
Full Name of Payee Deliver Strategies, LLC			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 07 / 27 / 2026	
Mailing Address PO Box 100970			Amount 31364.81	
City Arlington		State VA	Zip Code 22210	
Purpose of Expenditure Direct Mail Program		Category/ Type	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 07 / 27 / 2026	
Name of Federal Candidate BERG, KAELE JO, ,		☒ Support ☐ Oppose	Office Sought: ☒ House District: 02 ☐ President ☐ Senate State: MN	
Calendar Year-To-Date Per Election for Office Sought 149748.20			Disbursement For: ☒ Primary ☐ General ☐ Other (specify) ▶	
Full Name of Payee			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y	
Mailing Address			Amount 	
City		State	Zip Code	
Purpose of Expenditure		Category/ Type	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y	
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..... ▶			31364.81	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶			31364.81	
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 M M / D D / Y Y Y Y Y Y 07 / 27 / 2026	