

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

NAME OF COMMITTEE (In Full) Protect Progress			FEC IDENTIFICATION NUMBER ▼ C C00848440		
Check if ☒ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Dockside Strategies			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 06 / 18 / 2026		
Mailing Address 8 The Green Ste 14712			Amount 16368.00		
City Dover		State DE	Zip Code 19901		Transaction ID : V3CADB24662A5020154F Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y
Purpose of Expenditure IE-Delaney-Media Production			Category/Type 004		
Name of Federal Candidate McClain Delaney, April, , Rep.,			☒ Support ☐ Oppose Office Sought: ☒ House ☐ President ☐ Senate District: 06 State: MD		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☒ Primary ☐ General 2026 ☐ Other (specify) ▶		
Full Name of Payee Targeted Platform Media LLC			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 06 / 18 / 2026		
Mailing Address P.O. Box 237			Amount 500000.00		
City Crownsville		State MD	Zip Code 21032-0237		Transaction ID : V002AE8EE9D22054A7C9 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 06 / 17 / 2026
Purpose of Expenditure E-Delaney-Media Buy			Category/Type 004		
Name of Federal Candidate McClain Delaney, April, , Rep.,			☒ Support ☐ Oppose Office Sought: ☒ House ☐ President ☐ Senate District: 06 State: MD		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☒ Primary ☐ General 2026 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			516368.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶			516368.00		
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. Signature <i>Philipczyk, Brandon, , ,</i> Date M M M / D D D / Y Y Y Y Y Y 06 / 19 / 2026					