

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		MM / DD / YYYY

Full Name of Payee Dockside Strategies		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 13 / 2024
Mailing Address 8 The Green Ste 14712		Amount 10892.00
City Dover	State DE	Zip Code 19901
Purpose of Expenditure IE-Goldman-Media Production		Category/ Type 004
Name of Federal Candidate Goldman, Daniel, , Rep.,		Office Sought: ☒ House District: 10 ☐ President ☐ Senate State: NY
Calendar Year-To-Date Per Election for Office Sought		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		Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate		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..... ▶	10892.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	10892.00

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.

Philipczyk, Brandon, , ,

Signature

Date

MM / DD / YYYY
06 / 14 / 2024