

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 1 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) UNITED VETERANS ALLIANCE OF AMERICA PAC			FEC IDENTIFICATION NUMBER ▼ C C00685982	
Check if ☒ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on			MM / DD / YYYY	
Full Name of Payee CLOUD DATA SERVICES		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 08 / 2024		
Mailing Address 1009 WHITNEY RANCH DR.		Amount 380.67		
City HENDERSON	State NV	Zip Code 89014	Transaction ID : SE-S1650433	
Purpose of Expenditure LEADS / PHONE LISTS(ESTIMATE)		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY	
Name of Federal Candidate BILIRAKIS, GUS, , ,		☒ Support ☐ Oppose	Office Sought: ☒ House District: 12 ☐ President ☐ Senate State: FL	
Calendar Year-To-Date Per Election for Office Sought		15036.92	Disbursement For: ☒ Primary ☐ General 2024 ☐ Other (specify) ▶	
Full Name of Payee LAV SERVICES LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 08 / 2024		
Mailing Address 1009 WHITNEY RANCH DR.		Amount 361.64		
City HENDERSON	State NV	Zip Code 89014	Transaction ID : SE-S1650441	
Purpose of Expenditure PHONEBANK PAYROLL SERVICES(ESTIMATE)		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY	
Name of Federal Candidate BILIRAKIS, GUS, , ,		☒ Support ☐ Oppose	Office Sought: ☒ House District: 12 ☐ President ☐ Senate State: FL	
Calendar Year-To-Date Per Election for Office Sought		15036.92	Disbursement For: ☒ Primary ☐ General 2024 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		742.31		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
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.				
CAPPLEMAN, OLIVER, , , Signature		Date 08 / 08 / 2024		

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NAME OF COMMITTEE (In Full) UNITED VETERANS ALLIANCE OF AMERICA PAC		FEC IDENTIFICATION NUMBER ▼ C C00685982
Check if ☒ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee STANDARD DATA SERVICES LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 08 / 2024
Mailing Address 513 MILL AVE SE SUITE 206		Amount 266.47
City NEW PHILADELPHIA	State OH	Zip Code 44663
Purpose of Expenditure CAGING AND DATABASE SERVICES(ESTIMATE)	Category/ Type 004	Transaction ID : SE-S1650437 Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate BILIRAKIS, GUS, , ,		☒ Support ☐ Oppose Office Sought: ☒ House ☐ President ☐ Senate District: 12 State: FL
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☒ Primary ☐ General 2024 ☐ Other (specify) ▶

Full Name of Payee WIRED4DATA		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 08 / 2024
Mailing Address 55 LAKE HAVASU AVE SOUTH F-677		Amount 704.25
City LAKE HAVASU CITY	State AZ	Zip Code 86403
Purpose of Expenditure PHONEBANK IT/TECH SUPPORT(ESTIMATE)	Category/ Type 004	Transaction ID : SE-S1650445 Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate BILIRAKIS, GUS, , ,		☒ Support ☐ Oppose Office Sought: ☒ House ☐ President ☐ Senate District: 12 State: FL
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☒ Primary ☐ General 2024 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	970.72
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	1713.03

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.

CAPPLEMAN, OLIVER, , ,

Signature

Date

MM / DD / YYYY
08 / 08 / 2024