

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 BREAST CANCER SUPPORT PAC			FEC IDENTIFICATION NUMBER ▼ C C00824821		
Check if ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on					
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 518.29		
City HENDERSON	State NV	Zip Code 89014	Transaction ID : SE-S1650419		
Purpose of Expenditure LEADS / PHONE LISTS(ESTIMATE)		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate DUCKWORTH, TAMMY, L, ,		☒ Support ☐ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: IL		
Calendar Year-To-Date Per Election for Office Sought		958.83	Disbursement For: ☒ Primary ☐ General 2028 ☐ 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 492.37		
City HENDERSON	State NV	Zip Code 89014	Transaction ID : SE-S1650427		
Purpose of Expenditure PHONEBANK PAYROLL SERVICES(ESTIMATE)		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate DUCKWORTH, TAMMY, L, ,		☒ Support ☐ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: IL		
Calendar Year-To-Date Per Election for Office Sought		958.83	Disbursement For: ☒ Primary ☐ General 2028 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			1010.66		
(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.					
Signature COBOS, BEATRIZ, , ,			Date MM / DD / YYYY 08 / 08 / 2024		

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

NAME OF COMMITTEE (In Full) UNITED BREAST CANCER SUPPORT PAC		FEC IDENTIFICATION NUMBER ▼ C C00824821	
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 362.80	
City NEW PHILADELPHIA	State OH	Zip Code 44663	Transaction ID : SE-S1650423
Purpose of Expenditure CAGING AND DATABASE SERVICES(ESTIMATE)		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate DUCKWORTH, TAMMY, L, ,		☒ Support ☐ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: IL
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☒ Primary ☐ General 2028 ☐ 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 958.83	
City LAKE HAVASU CITY	State AZ	Zip Code 86403	Transaction ID : SE-S1650431
Purpose of Expenditure PHONEBANK IT/TECH SUPPORT(ESTIMATE)		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate DUCKWORTH, TAMMY, L, ,		☒ Support ☐ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: IL
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☒ Primary ☐ General 2028 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	1321.63
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	2332.29

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.

COBOS, BEATRIZ, , ,

Signature

Date

MM / DD / YYYY
08 / 08 / 2024