

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

NAME OF COMMITTEE (In Full) Democratic Defense Fund			FEC IDENTIFICATION NUMBER ▼ C C00778381		
Check if ☒ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on MM / DD / YYYY					
Full Name of Payee Helix Campaigns, LLC			Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 24 / 2024		
Mailing Address 1401 Church St NW Apt 123			Amount 2000.00		
City Washington		State DC	Zip Code 20005-2045		Transaction ID : 500443199
Purpose of Expenditure Website		Category/ Type		Date of Disbursement or Obligation MM / DD / YYYY 05 / 24 / 2024	
Name of Federal Candidate BIDEN, JOSEPH, JR, ,			☒ Support ☐ Oppose		Office Sought: ☐ House District: 00 ☒ President ☐ Senate State: 00
Calendar Year-To-Date Per Election for Office Sought 16500.00			Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶		
Full Name of Payee Helix Campaigns, LLC			Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 24 / 2024		
Mailing Address 1401 Church St NW Apt 123			Amount 2000.00		
City Washington		State DC	Zip Code 20005-2045		Transaction ID : 500443200
Purpose of Expenditure Website		Category/ Type		Date of Disbursement or Obligation MM / DD / YYYY 05 / 24 / 2024	
Name of Federal Candidate TRUMP, DONALD, J., ,			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☒ President ☐ Senate State: 00
Calendar Year-To-Date Per Election for Office Sought 16500.00			Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			4000.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶			4000.00		
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 May, Jennifer, , ,			Date MM / DD / YYYY 05 / 24 / 2024		