

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 1 OF 4
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 M M / D D / Y Y Y Y Y Y					
Full Name of Payee CLOUD DATA SERVICES			Date of Public Distribution/Dissemination 09 / 05 / 2024		
Mailing Address 1009 WHITNEY RANCH DR.			Amount 190.99		
City HENDERSON		State NV	Zip Code 89014		Transaction ID : SE-S1663475
Purpose of Expenditure LEADS / PHONE LISTS(ESTIMATE)		Category/ Type 004		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y	
Name of Federal Candidate FRANKEL, LOIS, , ,			☒ Support ☐ Oppose		Office Sought: ☒ House District: 22 ☐ President ☐ Senate State: FL
Calendar Year-To-Date Per Election for Office Sought 338.58			Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶		
Full Name of Payee CLOUD DATA SERVICES			Date of Public Distribution/Dissemination 09 / 05 / 2024		
Mailing Address 1009 WHITNEY RANCH DR.			Amount 190.99		
City HENDERSON		State NV	Zip Code 89014		Transaction ID : SE-S1663477
Purpose of Expenditure LEADS / PHONE LISTS(ESTIMATE)		Category/ Type 004		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y	
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 338.58			Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			381.98		
(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 CAPPLEMAN, OLIVER, , ,			Date 09 / 05 / 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 LAV SERVICES LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 05 / 2024
Mailing Address 1009 WHITNEY RANCH DR.		Amount 199.68
City HENDERSON	State NV	Zip Code 89014
Purpose of Expenditure PHONEBANK PAYROLL SERVICES(ESTIMATE)	Category/ Type 004	Transaction ID : SE-S1663483 Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate FRANKEL, LOIS, , ,		☒ Support ☐ Oppose
		Office Sought: ☒ House District: 22 ☐ President ☐ Senate State: FL
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶

Full Name of Payee LAV SERVICES LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 05 / 2024
Mailing Address 1009 WHITNEY RANCH DR.		Amount 199.67
City HENDERSON	State NV	Zip Code 89014
Purpose of Expenditure PHONEBANK PAYROLL SERVICES(ESTIMATE)	Category/ Type 004	Transaction ID : SE-S1663485 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		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	399.35
(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

MM / DD / YYYY
09 / 05 / 2024

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
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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 09 / 05 / 2024
Mailing Address 513 MILL AVE SE SUITE 206		Amount 138.90
City NEW PHILADELPHIA	State OH	Zip Code 44663
Purpose of Expenditure CAGING AND DATABASE SERVICES(ESTIMATE)	Category/ Type 004	Transaction ID : SE-S1663479 Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate FRANKEL, LOIS, , ,		☒ Support ☐ Oppose
		Office Sought: ☒ House District: 22 ☐ President ☐ Senate State: FL
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶

Full Name of Payee STANDARD DATA SERVICES LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 05 / 2024
Mailing Address 513 MILL AVE SE SUITE 206		Amount 138.90
City NEW PHILADELPHIA	State OH	Zip Code 44663
Purpose of Expenditure CAGING AND DATABASE SERVICES(ESTIMATE)	Category/ Type 004	Transaction ID : SE-S1663481 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		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	277.80
(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

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09 / 05 / 2024

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Check if ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee WIRED4DATA		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 05 / 2024
Mailing Address 55 LAKE HAVASU AVE SOUTH F-677		Amount 338.58
City LAKE HAVASU CITY	State AZ	Zip Code 86403
Purpose of Expenditure PHONEBANK IT/TECH SUPPORT(ESTIMATE)	Category/ Type 004	Transaction ID : SE-S1663489 Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate BILIRAKIS, GUS, , ,		Office Sought: ☒ House District: 12 ☐ President ☐ Senate State: FL ☐ Oppose
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 09 / 05 / 2024
Mailing Address 55 LAKE HAVASU AVE SOUTH F-677		Amount 338.58
City LAKE HAVASU CITY	State AZ	Zip Code 86403
Purpose of Expenditure PHONEBANK IT/TECH SUPPORT(ESTIMATE)	Category/ Type 004	Transaction ID : SE-S1663487 Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate FRANKEL, LOIS, , ,		Office Sought: ☒ House District: 22 ☐ President ☐ Senate State: FL ☐ Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	677.16
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	1736.29

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.

CAPPLEMAN, OLIVER, , ,

Signature

Date

MM / DD / YYYY
09 / 05 / 2024