

FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees)

1. (a) Name of Individual, Organization or Corporation Indivisible Project Inc.		
(b) Address (number and street) ☐ check if different than previously reported PO BOX 43884 Ste 104		
(c) City, State and ZIP Code Washington DC 20010		3. FEC Identification Number C C90017492
2. Occupation and Name of Employer (for Individual Filers Only)		

4. TYPE OF REPORT (check appropriate boxes):

- (a) ☐ April 15 Quarterly Report
- ☐ July 15 Quarterly Report ☒ 24-Hour Report
- ☐ October 15 Quarterly Report ☐ 48-Hour Report
- ☐ January 31 Year-End Report

b) Is this Report an amendment? ☒ No ☐ Yes, it amends the report filed on

5. COVERING PERIOD:

FROM

THROUGH

6. TOTAL CONTRIBUTIONS.....

7. TOTAL INDEPENDENT EXPENDITURES

2289.99

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 any political party committee or its agent.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

DATE _____

Coatney, Hallie, , ,

Coatney, Hallie, , ,

07/23/2026

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 52 U.S.C. § 30109.

For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov.

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2 OF 2
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

Indivisible Project Inc.

Full Name (Last, First, Middle Initial) of Payee
Clear Channel

Date of Public Distribution/Dissemination

MM / DD / YYYY
07 / 14 / 2026Mailing Address 9590 Lynn Buff Ct
Ste 5

Amount

2289.99

Transaction ID : 500094360

Purpose of Expenditure
BillboardCategory/
TypeOffice Sought: ☒ House State: WI
☐ Senate District: 03
☐ PresidentName of Federal Candidate Supported or Opposed by Expenditure:
BERGE, EMILY, , ,Check One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 4989.99Disbursement For: ☒ Primary ☐ General
☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

Date of Public Distribution/Dissemination

MM / DD / YYYY

Mailing Address

Amount

City State Zip Code

Purpose of Expenditure

Category/
TypeOffice Sought: ☐ House State: _____
☐ Senate District: _____
☐ President

Name of Federal Candidate Supported or Opposed by Expenditure:

Check One: ☐ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office SoughtDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

Date of Public Distribution/Dissemination

MM / DD / YYYY

Mailing Address

Amount

City State Zip Code

Purpose of Expenditure

Category/
TypeOffice Sought: ☐ House State: _____
☐ Senate District: _____
☐ President

Name of Federal Candidate Supported or Opposed by Expenditure:

Check One: ☐ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office SoughtDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▶(a) **SUBTOTAL** of Itemized Independent Expenditures.....▶ 2289.99(b) **SUBTOTAL** of Unitemized Independent Expenditures▶(c) **TOTAL** Independent Expenditures.....▶ 2289.99
(carry total from last page forward to Line 7)