

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

NAME OF COMMITTEE (In Full) Protect Progress			FEC IDENTIFICATION NUMBER ▼ C C00848440	
Check if ☒ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on MM / DD / YYYYYY				
Full Name of Payee Kinetic Campaigns			Date of Public Distribution/Dissemination MM / DD / YYYYYY 07 / 21 / 2026	
Mailing Address 4304 Evergreen Lane			Amount 56560.00	
City Annandale	State VA	Zip Code 22003	Transaction ID : V710E61098FD836C2E2E	
Purpose of Expenditure IE-DelBene-Direct Mail Production, Printing, Postage		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYYYY 07 / 16 / 2026	
Name of Federal Candidate DelBene, Suzan, , Rep.,		☒ Support ☐ Oppose	Office Sought: ☒ House District: 01 ☐ President ☐ Senate State: WA	
Calendar Year-To-Date Per Election for Office Sought		113120.00	Disbursement For: ☒ Primary ☐ General 2026 ☐ Other (specify) ▶	
Full Name of Payee Kinetic Campaigns			Date of Public Distribution/Dissemination MM / DD / YYYYYY 07 / 21 / 2026	
Mailing Address 4304 Evergreen Lane			Amount 52520.00	
City Annandale	State VA	Zip Code 22003	Transaction ID : V39124A7F463250D6BF7	
Purpose of Expenditure IE-Schrier-Direct Mail Production, Printing, Postage		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYYYY 07 / 16 / 2026	
Name of Federal Candidate Schrier, Kim, , Rep.,		☒ Support ☐ Oppose	Office Sought: ☒ House District: 08 ☐ President ☐ Senate State: WA	
Calendar Year-To-Date Per Election for Office Sought		105040.00	Disbursement For: ☒ Primary ☐ General 2026 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			109080.00	
(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 Philipczyk, Brandon, , ,			Date MM / DD / YYYYYY 07 / 22 / 2026	

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Full Name of Payee Kinetic Campaigns		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 21 / 2026	
Mailing Address 4304 Evergreen Lane		Amount 51510.00	
City Annandale	State VA	Zip Code 22003	Transaction ID : VA98D4E205EAAF55838F Date of Disbursement or Obligation MM / DD / YYYY 07 / 16 / 2026
Purpose of Expenditure IE-Strickland-Direct Mail Production, Printing, Postage		Category/ Type 004	
Name of Federal Candidate Strickland, Marilyn, , Rep.,		☒ Support ☐ Oppose	Office Sought: ☒ House District: 10 ☐ President ☐ Senate State: WA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☒ Primary ☐ General 2026 ☐ Other (specify) ▶	

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure		Category/ Type	
Name of Federal Candidate		☐ Support ☐ Oppose	Office Sought: ☐ House District: _____ ☐ President ☐ Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	51510.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	160590.00

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.

Philipczyk, Brandon, , ,

Signature

Date

MM / DD / YYYY
07 / 22 / 2026