

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

NAME OF COMMITTEE (In Full) American Democracy Project			FEC IDENTIFICATION NUMBER ▼ C C00955393		
Check if ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y M M / D D / Y Y Y Y Y Y M M / D D / Y Y Y Y Y Y					
Full Name of Payee Skyridge Strategies, LLC			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 08 / 05 / 2026 M M / D D / Y Y Y Y Y Y		
Mailing Address 2791 Oak Alley Ste 1B			Amount 20000.00		
City Eugene		State OR	Zip Code 97405		Transaction ID : E-24
Purpose of Expenditure Digital Advertising		Category/ Type 001	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 08 / 06 / 2026 M M / D D / Y Y Y Y Y Y		
Name of Federal Candidate Leslie, David, Bryan, ,			☒ Support ☐ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AK
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 M M / D D / Y Y Y Y Y Y M M / D D / Y Y Y Y Y Y M M / D D / Y Y Y Y Y Y		
Mailing Address			Amount 20000.00		
City		State	Zip Code		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y M M / D D / Y Y Y Y Y Y M M / D D / Y Y Y Y Y Y
Purpose of Expenditure		Category/ Type	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y M M / D D / Y Y Y Y Y Y M M / D D / Y Y Y Y Y Y		
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..... ▶ 20000.00 (b) SUBTOTAL of Unitemized Independent Expenditures ▶ 20000.00 (c) TOTAL Independent Expenditures..... ▶ 20000.00					
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 Perrone, Victoria, , ,			Date M M / D D / Y Y Y Y Y Y 08 / 06 / 2026 M M / D D / Y Y Y Y Y Y		