

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 1 OF 3
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) UNITED DEMOCRACY PROJECT ("UDP")		FEC IDENTIFICATION NUMBER ▼ C C00799031	
Check if ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on		MM / DD / YYYY	

Full Name of Payee UNITED MEDIA PARTNERS LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 30 / 2026	
Mailing Address 850 NEW BURTON ROAD SUITE 201		Amount 307108.51	
City DOVER	State DE	Zip Code 19904	Transaction ID : EE4862BF603D343B5B91 Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure DIRECT MAIL		Category/ Type	
Name of Federal Candidate STEVENS, HALEY, , ,		☒ Support ☐ Oppose	Office Sought: ☐ House District: _____ ☐ President ☒ Senate State: MI
Calendar Year-To-Date Per Election for Office Sought		10783806.52	Disbursement For: ☒ Primary ☐ General 2026 ☐ Other (specify) ▶

Full Name of Payee TARGETED PLATFORM MEDIA LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 30 / 2026	
Mailing Address PO BOX 237		Amount 685452.50	
City CROWNSVILLE	State MD	Zip Code 21032-0237	Transaction ID : E7ED3B84B5A17431682F Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure MEDIA PLACEMENT		Category/ Type	
Name of Federal Candidate STEVENS, HALEY, , ,		☒ Support ☐ Oppose	Office Sought: ☐ House District: _____ ☐ President ☒ Senate State: MI
Calendar Year-To-Date Per Election for Office Sought		10783806.52	Disbursement For: ☒ Primary ☐ General 2026 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	992561.01
(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.

D'ALESSIO, CHRISTOPHER, , ,

Signature

Date

MM / DD / YYYY
07 / 02 / 2026

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(Schedule E)PAGE 2 OF 3
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Full Name of Payee TARGETED PLATFORM MEDIA LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 30 / 2026
Mailing Address PO BOX 237		Amount 2056357.50
City CROWNSVILLE	State MD	Zip Code 21032-0237
Purpose of Expenditure MEDIA PLACEMENT	Category/ Type	Transaction ID : EB11622FAD8004624A94 Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate EL-SAYED, ABDUL, , ,		Office Sought: ☐ House District: _____ ☐ President ☒ Senate State: MI
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☒ Primary ☐ General 2026 ☐ Other (specify) ▶

Full Name of Payee MVAR MEDIA LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 30 / 2026
Mailing Address 1421 PRINCE ST STE 320		Amount 90000.00
City ALEXANDRIA	State VA	Zip Code 22314-2805
Purpose of Expenditure MEDIA PLACEMENT	Category/ Type	Transaction ID : EB0A49AFC73B54B848E/ Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate STEVENS, HALEY, , ,		Office Sought: ☐ House District: _____ ☐ President ☒ Senate State: MI
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☒ Primary ☐ General 2026 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	2146357.50
(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.

D'ALESSIO, CHRISTOPHER, , ,

Signature

Date

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07 / 02 / 2026

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NAME OF COMMITTEE (In Full) UNITED DEMOCRACY PROJECT ("UDP")		FEC IDENTIFICATION NUMBER ▼ C C00799031	
Check if ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on		MM / DD / YYYY	

Full Name of Payee MVAR MEDIA LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 30 / 2026	
Mailing Address 1421 PRINCE ST STE 320		Amount 270000.00	
City ALEXANDRIA	State VA	Zip Code 22314-2805	Transaction ID : EDE3B222C8490450688C
Purpose of Expenditure MEDIA PLACEMENT		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate EL-SAYED, ABDUL, , ,		☐ Support ☒ Oppose	Office Sought: ☐ House District: _____ ☐ President ☒ Senate State: MI
Calendar Year-To-Date Per Election for Office Sought		10783806.52	Disbursement For: ☒ Primary ☐ General 2026 ☐ Other (specify) ▶

Full Name of Payee MVAR MEDIA LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 30 / 2026	
Mailing Address 1421 PRINCE ST STE 320		Amount 20000.00	
City ALEXANDRIA	State VA	Zip Code 22314-2805	Transaction ID : E50E3F2E4731646088E0
Purpose of Expenditure MEDIA PRODUCTION		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate EL-SAYED, ABDUL, , ,		☐ Support ☒ Oppose	Office Sought: ☐ House District: _____ ☐ President ☒ Senate State: MI
Calendar Year-To-Date Per Election for Office Sought		10783806.52	Disbursement For: ☒ Primary ☐ General 2026 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	290000.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	3428918.51

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.

D'ALESSIO, CHRISTOPHER, , ,

Signature

Date

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07 / 02 / 2026