

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 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 / 04 / 2024		
Mailing Address 850 New Burton Road Suite 201			Amount 36629.20		
City Dover		State DE	Zip Code 19904		Transaction ID : E3FC687B87F6E490C840 Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure Direct Mail		Category/ Type			
Name of Federal Candidate Bowman, Jamaal, , Rep.,			☐ Support ☒ Oppose		Office Sought: ☒ House District: <u>16</u> ☐ President ☐ Senate State: <u>NY</u>
Calendar Year-To-Date Per Election for Office Sought			9175710.09 Disbursement For: ☒ Primary ☐ General 2024 ☐ Other (specify) ▶		
Full Name of Payee United Media Partners LLC			Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 04 / 2024		
Mailing Address 850 New Burton Road Suite 201			Amount 47658.47		
City Dover		State DE	Zip Code 19904		Transaction ID : ED0B37AA4813A41D18EF Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure Direct Mail		Category/ Type			
Name of Federal Candidate Bowman, Jamaal, , Rep.,			☐ Support ☒ Oppose		Office Sought: ☒ House District: <u>16</u> ☐ President ☐ Senate State: <u>NY</u>
Calendar Year-To-Date Per Election for Office Sought			9175710.09 Disbursement For: ☒ Primary ☐ General 2024 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			84287.67		
(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 D'Alessio, Christopher, , ,			Date MM / DD / YYYY 06 / 06 / 2024		

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Check if ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on / /					
Full Name of Payee Targeted Platform Media LLC			Date of Public Distribution/Dissemination / / 06 / 04 / 2024		
Mailing Address PO Box 237			Amount 466110.65		
City Crownsville		State MD	Zip Code 21032-0237		Transaction ID : E85794E825CAD48BC93D Date of Disbursement or Obligation / /
Purpose of Expenditure Media Placement		Category/ Type			
Name of Federal Candidate Latimer, George, , ,			☒ Support ☐ Oppose	Office Sought: ☒ House District: <u>16</u> ☐ President ☐ Senate State: <u>NY</u>	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☒ Primary ☐ General 2024 ☐ Other (specify) ▶ _____		
Full Name of Payee MVAR Media LLC			Date of Public Distribution/Dissemination / / 06 / 04 / 2024		
Mailing Address 1421 Prince St Ste 320			Amount 95090.83		
City Alexandria		State VA	Zip Code 22314-2805		Transaction ID : ED724DD71EC864621A06 Date of Disbursement or Obligation / /
Purpose of Expenditure Media Placement		Category/ Type			
Name of Federal Candidate Bowman, Jamaal, , Rep.,			☐ Support ☒ Oppose	Office Sought: ☒ House District: <u>16</u> ☐ President ☐ Senate State: <u>NY</u>	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☒ Primary ☐ General 2024 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			 561201.48		
(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 <u>D'Alessio, Christopher, , ,</u> Date / / 06 / 06 / 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 MVAR Media LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 04 / 2024
Mailing Address 1421 Prince St Ste 320		Amount 84325.83
City Alexandria	State VA	Zip Code 22314-2805
Purpose of Expenditure Media Placement	Category/ Type	Transaction ID : E37625322E919462196F Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate Latimer, George, , ,		Office Sought: ☒ House District: 16 ☐ President ☐ Senate State: NY
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☒ Primary ☐ General 2024 ☐ Other (specify) ▶

Full Name of Payee MVAR Media LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 04 / 2024
Mailing Address 1421 Prince St Ste 320		Amount 10708.57
City Alexandria	State VA	Zip Code 22314-2805
Purpose of Expenditure Media Production	Category/ Type	Transaction ID : E3A6116307D934FC28D4 Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate Bowman, Jamaal, , Rep.,		Office Sought: ☒ House District: 16 ☐ President ☐ Senate State: NY
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☒ Primary ☐ General 2024 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	95034.40
(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
06 / 06 / 2024

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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 Targeted Platform Media LLC			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 04 / 2024 M M / D D / Y Y Y Y Y Y	
Mailing Address PO Box 237			Amount 1398331.96	
City State Zip Code Crownsville MD 21032-0237		Transaction ID : EBD2743A65A004AE7BFF 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 Media Placement		Category/Type		
Name of Federal Candidate Bowman, Jamaal, , Rep.,		☐ Support ☒ Oppose Office Sought: ☒ House ☐ Senate ☐ President ☐ Senate District: 16 State: NY		
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☒ Primary ☐ General 2024 ☐ 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 	
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		
Name of Federal Candidate		☐ Support ☐ Oppose Office Sought: ☐ House ☐ Senate ☐ President ☐ Senate District: State:		
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			1398331.96	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶			2138855.51	
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. Signature <u>D'Alessio, Christopher, , ,</u> Date M M / D D / Y Y Y Y Y Y 06 / 06 / 2024 M M / D D / Y Y Y Y Y Y				