

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

NAME OF COMMITTEE (In Full) PROJECT DEMOCRACY			FEC IDENTIFICATION NUMBER ▼ C C00807321		
Check if ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y Y Y					
Full Name of Payee Relation LLC			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y Y Y 07 / 30 / 2024		
Mailing Address 3284 San Juan Vista Rd			Amount 65000.00		
City Placerville		State CO	Zip Code 81430		Transaction ID : SE.4379 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y Y Y
Purpose of Expenditure Digital Advertising		Category/ Type			
Name of Federal Candidate TRUMP, DONALD J., , ,			☐ Support ☒ Oppose		Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 65000.00			Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____		
Full Name of Payee Relation LLC			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y Y Y 07 / 30 / 2024		
Mailing Address 3284 San Juan Vista Rd			Amount 13200.00		
City Placerville		State CO	Zip Code 81430		Transaction ID : SE.4380 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y Y Y
Purpose of Expenditure Digital Production		Category/ Type			
Name of Federal Candidate TRUMP, DONALD J., , ,			☐ Support ☒ Oppose		Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 78200.00			Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			78200.00		
(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 Murray, Allison, , ,			Date M M M / D D D / Y Y Y Y Y Y Y Y 08 / 01 / 2024		

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Check if ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Relation LLC			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 30 / 2024		
Mailing Address 3284 San Juan Vista Rd			Amount 25000.00		
City Placerville		State CO	Zip Code 81430		Transaction ID : SE.4391
Purpose of Expenditure Digital Advertising		Category/ Type		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y	
Name of Federal Candidate TRUMP, DONALD J., , ,			☐ Support ☒ Oppose		Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: _____
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 M / D D D / Y Y Y Y Y Y		
Mailing Address			Amount 		
City		State	Zip Code		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y
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..... ▶ 25000.00 (b) SUBTOTAL of Unitemized Independent Expenditures ▶ (c) TOTAL Independent Expenditures..... ▶ 103200.00					
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 Murray, Allison, , ,			Date M M M / D D D / Y Y Y Y Y Y 08 / 01 / 2024		