

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 1 OF 1
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 / YYYY		
Full Name of Payee Targeted Platform Media LLC			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 28 / 2026		
Mailing Address P.O. Box 237			Amount 884240.00		
City Crownsville		State MD	Zip Code 21032-0237	Transaction ID : VDFB65D9B55242FB096D	
Purpose of Expenditure IE-Thanedar-Media Buy		Category/ Type	004	Date of Disbursement or Obligation MM / DD / YYYY 07 / 27 / 2026	
Name of Federal Candidate Thanedar, Shri, , Rep.,			☒ Support ☐ Oppose	Office Sought: ☒ House District: 13 ☐ President ☐ Senate State: MI	
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..... ▶			884240.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶			884240.00		
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 Philpczyk, Brandon, , ,			Date MM / DD / YYYY 07 / 29 / 2026		