

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 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 Dockside Strategies			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 05 / 28 / 2024 M M / D D / Y Y Y Y Y Y		
Mailing Address 8 The Green Ste 14712			Amount 42814.22		
City Dover		State DE	Zip Code 19901		Transaction ID : V5B85296C2BE393DD966
Purpose of Expenditure IE-Helmer-Direct Mail Production, Printing, Postage			Category/Type 004		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 05 / 24 / 2024 M M / D D / Y Y Y Y Y Y
Name of Federal Candidate Helmer, Daniel, I., Del.,			☒ Support ☐ Oppose		Office Sought: ☒ House District: 10 ☐ President ☐ Senate State: VA
Calendar Year-To-Date Per Election for Office Sought			1302606.22 Disbursement For: ☒ Primary ☐ General ☐ 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 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..... ▶ 42814.22 (b) SUBTOTAL of Unitemized Independent Expenditures ▶ (c) TOTAL Independent Expenditures..... ▶ 42814.22					
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 <i>Philpczyk, Brandon, , ,</i> Date M M / D D / Y Y Y Y Y Y 05 / 30 / 2024 M M / D D / Y Y Y Y Y Y					