

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

NAME OF COMMITTEE (In Full) New Democrat Majority			FEC IDENTIFICATION NUMBER ▼ C C00859660		
Check if ☒ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on MM / DD / YYYY					
Full Name of Payee Aligned Strategies LLC			Date of Public Distribution/Dissemination MM / DD / YYYY		
Mailing Address 425 N 20Th St			Amount 150800.00		
City Philadelphia		State PA	Zip Code 19130-3846		Transaction ID : 500088842
Purpose of Expenditure Estimated Television Advertising Buy & Production			Category/ Type		Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate SHANKLAND, KATRINA, , ,			☐ Support ☒ Oppose		Office Sought: ☒ House District: 03 ☐ President ☐ Senate State: WI
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☒ Primary ☐ General ☐ 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..... ▶ 150800.00 (b) SUBTOTAL of Unitemized Independent Expenditures ▶ (c) TOTAL Independent Expenditures..... ▶ 150800.00					
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 Eveland, Alex, , , Date MM / DD / YYYY					