

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 1 OF 2  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>United We Can</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00523621		
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span>					
Full Name of Payee <b>Waterfront Strategies</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">20</span> / <span style="border: 1px solid black; padding: 2px;">2018</span>		
Mailing Address 1010 Wisconsin Avenue, NW Suite 800			Amount <span style="border: 1px solid black; padding: 2px;">148346.50</span>		
City Washington State DC Zip Code 20007		Transaction ID : D375668 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">20</span> / <span style="border: 1px solid black; padding: 2px;">2018</span>			
Purpose of Expenditure Radio Advertising Buy		Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>			
Name of Federal Candidate NELSON, BILL, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: FL		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">299273.63</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ► _____		
Full Name of Payee <b>Waterfront Strategies</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">20</span> / <span style="border: 1px solid black; padding: 2px;">2018</span>		
Mailing Address 1010 Wisconsin Avenue, NW Suite 800			Amount <span style="border: 1px solid black; padding: 2px;">148346.50</span>		
City Washington State DC Zip Code 20007		Transaction ID : D375669 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">20</span> / <span style="border: 1px solid black; padding: 2px;">2018</span>			
Purpose of Expenditure Radio Advertising Buy		Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>			
Name of Federal Candidate SCOTT, RICK, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: FL		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">299273.63</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ► _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ►			<span style="border: 1px solid black; padding: 2px;">296693.00</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ►			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ►			<span style="border: 1px solid black; padding: 2px;"></span>		
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>Hudson, Gerald, , ,</i>			Date <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">21</span> / <span style="border: 1px solid black; padding: 2px;">2018</span> [Electronically Filed]		

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NAME OF COMMITTEE (In Full) <b>United We Can</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00523621	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>76 Words LLC</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 20 / 2018</b>		
Mailing Address 1121 5th St NW FI 1			Amount <b>1290.32</b>		
City Washington	State DC	Zip Code 20001	Transaction ID : <b>D375670</b> Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 20 / 2018</b>		
Purpose of Expenditure Radio Advertising Production (In-Kind Received From SMP, C00484642)		Category/Type <b>004</b>			
Name of Federal Candidate NELSON, BILL, ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>FL</b>		
Calendar Year-To-Date Per Election for Office Sought		<b>299273.63</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee <b>76 Words LLC</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 20 / 2018</b>		
Mailing Address 1121 5th St NW FI 1			Amount <b>1290.31</b>		
City Washington	State DC	Zip Code 20001	Transaction ID : <b>D375671</b> Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 20 / 2018</b>		
Purpose of Expenditure Radio Advertising Production (In-Kind Received From SMP, C00484642)		Category/Type <b>004</b>			
Name of Federal Candidate SCOTT, RICK, ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>FL</b>		
Calendar Year-To-Date Per Election for Office Sought		<b>299273.63</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>2580.63</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	<b>299273.63</b>

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.

Hudson, Gerald, , ,

[Electronically Filed]

Date

MM / DD / YYYY  
**09 / 21 / 2018**

Signature