

**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>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00523621       </div>
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>The Pivot Group</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 10 / 31 / 2018</div> </div>		
Mailing Address 1720 I Street, NW Suite 550			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">3111.40</div>		
City Washington	State DC	Zip Code 20006	<b>Transaction ID : D376410</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 10 / 31 / 2018</div> </div>		
Purpose of Expenditure Direct Mail		Category/ Type 004	Name of Federal Candidate MALINOWSKI, TOM, , ,		
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">14581.91</div>	Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate    State: NJ		
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶					

Full Name of Payee <b>The Pivot Group</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 10 / 31 / 2018</div> </div>		
Mailing Address 1720 I Street, NW Suite 550			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1560.40</div>		
City Washington	State DC	Zip Code 20006	<b>Transaction ID : D376411</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 10 / 31 / 2018</div> </div>		
Purpose of Expenditure Direct Mail		Category/ Type 004	Name of Federal Candidate PORTER, KATHERINE, , ,		
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">55181.20</div>	Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate    State: CA		
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶					

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">4671.80</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

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  
11 / 01 / 2018

Signature

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

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

Full Name of Payee <b>The Pivot Group</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>10 / 31 / 2018</b>	
Mailing Address 1720 I Street, NW Suite 550		Amount <b>2556.80</b>	
City Washington	State DC	Zip Code 20006	<b>Transaction ID : D376412</b>
Purpose of Expenditure Direct Mail	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>10 / 31 / 2018</b>	
Name of Federal Candidate ROSE, MAX, ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: <u>11</u> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>NY</u>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>The Pivot Group</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>10 / 31 / 2018</b>	
Mailing Address 1720 I Street, NW Suite 550		Amount <b>1513.40</b>	
City Washington	State DC	Zip Code 20006	<b>Transaction ID : D376413</b>
Purpose of Expenditure Direct Mail	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>10 / 31 / 2018</b>	
Name of Federal Candidate WEXTON, JENNIFER, ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: <u>10</u> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>VA</u>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<b>4070.20</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	<b>8742.00</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

M M M / D D D / Y Y Y Y Y Y  
**11 / 01 / 2018**

Signature