

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

NAME OF COMMITTEE (In Full) Florida Freedom PAC			FEC IDENTIFICATION NUMBER ▼ C C00521013		
Check if ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Street sMartz Consulting			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 08 / 2024		
Mailing Address 2902 Remington St			Amount 9601.56		
City Jacksonville	State FL	Zip Code 32205-7529	Transaction ID : 500116988		
Purpose of Expenditure Direct Mail Services		Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 07 / 2024		
Name of Federal Candidate Harris, Kamala, , ,		☒ Support ☐ Oppose	Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought		13430.51	Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____		
Full Name of Payee Street sMartz Consulting			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 08 / 2024		
Mailing Address 2902 Remington St			Amount 3828.95		
City Jacksonville	State FL	Zip Code 32205-7529	Transaction ID : 500116989		
Purpose of Expenditure Direct Mail Services		Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 08 / 2024		
Name of Federal Candidate Harris, Kamala, , ,		☒ Support ☐ Oppose	Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought		13430.51	Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			13430.51		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶			13430.51		
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 Mercado, Andrea, , ,			Date M M M / D D D / Y Y Y Y Y Y 10 / 08 / 2024		