

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 1 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) United We Can			FEC IDENTIFICATION NUMBER ▼ C 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 MM / DD / YYYY				
Full Name of Payee Blue Dot Data			Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 11 / 2026	
Mailing Address 4540 N Ravenswood Ave Unit 7			Amount 32550.00	
City Chicago	State IL	Zip Code 60640-6923	Transaction ID : 500021425	
Purpose of Expenditure Estimated Cost - Direct Mail		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 02 / 11 / 2026	
Name of Federal Candidate DRIVER, ANTHONY, , , JR.		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 07 <input type="checkbox"/> President <input type="checkbox"/> Senate State: IL	
Calendar Year-To-Date Per Election for Office Sought		35439.93	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2026 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Scale To Win			Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 10 / 2026	
Mailing Address 13742 Harper St			Amount 1000.00	
City Santa Ana	State CA	Zip Code 92703-1419	Transaction ID : 500021428	
Purpose of Expenditure Estimated Cost - Text Messages		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 02 / 10 / 2026	
Name of Federal Candidate DRIVER, ANTHONY, , , JR.		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 07 <input type="checkbox"/> President <input type="checkbox"/> Senate State: IL	
Calendar Year-To-Date Per Election for Office Sought		35439.93	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2026 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			33550.00	
(b) SUBTOTAL of Unitemized Independent Expenditures▶				
(c) TOTAL Independent Expenditures.....▶				
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 Saenz, Rocio, , ,			Date MM / DD / YYYY 02 / 13 / 2026	

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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		MM / DD / YYYY	

Full Name of Payee VOTE REV PAC		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 10 / 2026	
Mailing Address 600 Pennsylvania Ave SE Unit 15180		Amount 1889.93	
City Washington	State DC	Zip Code 20003-7508	Transaction ID : 500021427
Purpose of Expenditure Website Development Consulting & Hosting		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 02 / 10 / 2026
Name of Federal Candidate DRIVER, ANTHONY, , , JR.		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 07 <input type="checkbox"/> President <input type="checkbox"/> Senate State: IL
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2026 <input type="checkbox"/> 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		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1889.93
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	35439.93

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 Saenz, Rocio, , ,

Date MM / DD / YYYY
02 / 13 / 2026