

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 1 OF 2
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 / D D / Y Y Y Y Y Y					
Full Name of Payee CallHub			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 30 / 2024		
Mailing Address 2093 Philadelphia Pike # 7468			Amount 2433.33		
City State Zip Code Claymont DE 19703-2424		Transaction ID : 500119406 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 30 / 2024			
Purpose of Expenditure Auto-Dialer Services		Category/ Type 004			
Name of Federal Candidate Mucarsel-Powell, Debbie, , ,			☒ Support Office Sought: ☐ House District: _____ ☐ Oppose ☐ President ☒ Senate State: FL		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____		
Full Name of Payee CallHub			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 30 / 2024		
Mailing Address 2093 Philadelphia Pike # 7468			Amount 2433.34		
City State Zip Code Claymont DE 19703-2424		Transaction ID : 500119407 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 30 / 2024			
Purpose of Expenditure Auto-Dialer Services		Category/ Type 004			
Name of Federal Candidate Scott, Rick, , ,			☐ Support Office Sought: ☐ House District: _____ ☒ Oppose ☐ President ☒ Senate State: FL		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			4866.67		
(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 Mercado, Andrea, , ,			Date M M / D D / Y Y Y Y Y Y 10 / 31 / 2024		

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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	

Full Name of Payee CallHub			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2024	
Mailing Address 2093 Philadelphia Pike # 7468			Amount 2433.33	
City Claymont	State DE	Zip Code 19703-2424	Transaction ID : 500119408	
Purpose of Expenditure Auto-Dialer Services		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2024	
Name of Federal Candidate TRUMP, Donald, J., ,		☐ Support ☒ Oppose	Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought		17357.33	Disbursement For: ☐ Primary ☒ General 2024 ☐ 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..... ▶	2433.33
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	7300.00

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.

Mercado, Andrea, , ,

Signature

Date

MM / DD / YYYY
10 / 31 / 2024