

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

NAME OF COMMITTEE (In Full) COMMONWEALTH UNITY FUND			FEC IDENTIFICATION NUMBER ▼ C C00875856		
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 18th Street Media LLC			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 08 / 28 / 2024		
Mailing Address PO Box 39878			Amount 21212.13		
City Philadelphia		State PA	Zip Code 19106		Transaction ID : SE.4199
Purpose of Expenditure Direct Mail		Category/ Type 004		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 08 / 28 / 2024	
Name of Federal Candidate DEATON, JOHN, ,			☒ Support ☐ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: MA
Calendar Year-To-Date Per Election for Office Sought			1317607.20 Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶		
Full Name of Payee Apex Strategies LLC			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 08 / 29 / 2024		
Mailing Address PO Box 17302			Amount 8029.92		
City Arlington		State VA	Zip Code 22216		Transaction ID : SE.4201
Purpose of Expenditure Digital Advertising		Category/ Type 004		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 08 / 29 / 2024	
Name of Federal Candidate DEATON, JOHN, ,			☒ Support ☐ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: MA
Calendar Year-To-Date Per Election for Office Sought			1364297.91 Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶					29242.05
(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 Satterfield, David, ,			Date M M / D D / Y Y Y Y Y Y 08 / 29 / 2024		

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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 Hummel Printing			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 08 / 28 / 2024		
Mailing Address 850 Springfield Rd			Amount 38660.79		
City Union		State NJ	Zip Code 07083		Transaction ID : SE.4200
Purpose of Expenditure Direct Mail		Category/ Type 004		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 08 / 28 / 2024	
Name of Federal Candidate DEATON, JOHN, ,			☒ Support ☐ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: MA
Calendar Year-To-Date Per Election for Office Sought			1356267.99 Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶		
Full Name of Payee			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y		
Mailing Address			Amount 		
City		State	Zip Code		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y
Purpose of Expenditure		Category/ Type		M M / D D / Y Y Y Y Y Y	
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..... ▶			38660.79		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶			67902.84		
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>Satterfield, David, ,</i> Date M M / D D / Y Y Y Y Y Y 08 / 29 / 2024					