

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 for Common Sense			FEC IDENTIFICATION NUMBER ▼ C C00846428		
Check if ☐ 24-hour report ☒ 48-hour report ☐ New report ☒ Amends report filed on M M / D D / Y Y Y Y Y Y 09 / 16 / 2024					
Full Name of Payee CSC Group			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 08 / 20 / 2024		
Mailing Address 506 46th Street			Amount 2341.86		
City West Palm Beach		State FL	Zip Code 33407		Transaction ID : SE.4318 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 08 / 20 / 2024
Purpose of Expenditure Election day text messages-GOTV		Category/ Type			
Name of Federal Candidate Eddy, Christopher, , ,			☒ Support ☐ Oppose		Office Sought: ☒ House District: 25 ☐ President ☐ Senate State: FL
Calendar Year-To-Date Per Election for Office Sought			71482.87 Disbursement For: ☒ Primary ☐ General 2024 ☐ Other (specify) ▶		
Full Name of Payee Matheny, Kristin, , ,			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 11 / 2024		
Mailing Address 2581 Jardin Drive			Amount 6000.00		
City Weston		State FL	Zip Code 33327		Transaction ID : SE.4317 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 16 / 2024
Purpose of Expenditure Social media advertising-9/11 through 9/30		Category/ Type			
Name of Federal Candidate Eddy, Christopher, , ,			☒ Support ☐ Oppose		Office Sought: ☒ House District: 25 ☐ President ☐ Senate State: FL
Calendar Year-To-Date Per Election for Office Sought			52025.00 Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			8341.86		
(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 Watkins, Nancy, H., ,			Date M M / D D / Y Y Y Y Y Y 09 / 18 / 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 09 / 16 / 2024	

Full Name of Payee Outfront Media		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 16 / 2024	
Mailing Address P. O. Box 33074		Amount 20012.50	
City Newark	State NJ	Zip Code 07188	Transaction ID : SE.4316
Purpose of Expenditure advertising-9/16 through 11/3		Category/ Type	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 05 / 2024
Name of Federal Candidate Eddy, Christopher, , ,		☒ Support ☐ Oppose	Office Sought: ☒ House District: 25 ☐ President ☐ Senate State: FL
Calendar Year-To-Date Per Election for Office Sought		40025.00	Disbursement For: ☐ Primary ☒ General 2024 ☐ 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	
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.....▶	20012.50
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	28354.36

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.

Watkins, Nancy, H., ,

Signature

Date

M M / D D / Y Y Y Y Y Y
09 / 18 / 2024