

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

NAME OF COMMITTEE (In Full) Freedom's Defense Fund			FEC IDENTIFICATION NUMBER ▼ C C00401786		
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 M M M / D D D / Y Y Y Y Y Y M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Dragonfly Consulting			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 03 / 06 / 2025 M M M / D D D / Y Y Y Y Y Y		
Mailing Address 5115 Continental Dr			Amount 20000.00		
City State Zip Code Frederick MD 21703-4803		Transaction ID : EEBA348698F954899879 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 03 / 03 / 2025 M M M / D D D / Y Y Y Y Y Y			
Purpose of Expenditure Advertising		Category/ Type			
Name of Federal Candidate Fine, Randy, , ,			☒ Support ☐ Oppose		Office Sought: ☒ House District: 06 ☐ President ☐ Senate State: FL
Calendar Year-To-Date Per Election for Office Sought			20000.00		
			Disbursement For: ☐ Primary ☐ General 2025 ☒ Other (specify) ▶ Special		
Full Name of Payee			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y M M M / D D D / Y Y Y Y Y Y M M M / D D D / Y Y Y Y Y Y		
Mailing Address			Amount 		
City State Zip Code		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y M M M / D D D / Y Y Y Y Y Y M M M / D 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..... ▶ 20000.00 (b) SUBTOTAL of Unitemized Independent Expenditures ▶ (c) TOTAL Independent Expenditures..... ▶ 20000.00					
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. Signature Kilgore, Paul, , , Date M M M / D D D / Y Y Y Y Y Y 03 / 06 / 2025 M M M / D D D / Y Y Y Y Y Y					