

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

NAME OF COMMITTEE (In Full) FIX WASHINGTON PAC			FEC IDENTIFICATION NUMBER ▼ C C00870592	
Check if ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee INVICTUS ADVERTISING			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 03 / 2024	
Mailing Address 16192 COASTAL HIGHWAY			Amount 24225.00	
City LEWES	State DE	Zip Code 19958	Transaction ID : SE24.17301	
Purpose of Expenditure DIGITAL MEDIA PLACEMENT		Category/ Type 	Date of Disbursement or Obligation MM / DD / YYYY 07 / 02 / 2024	
Name of Federal Candidate BALDWIN, TAMMY, , ,		☐ Support ☒ Oppose	Office Sought: ☐ House District: _____ ☐ President ☒ Senate State: WI	
Calendar Year-To-Date Per Election for Office Sought 4872769.21		Disbursement For: ☒ Primary ☐ General 2024 ☐ Other (specify) ▶ _____		
Full Name of Payee SRCP MEDIA, INC.			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 03 / 2024	
Mailing Address 201 N. UNION ST SUITE 200			Amount 15213.00	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.17302	
Purpose of Expenditure MEDIA PRODUCTION		Category/ Type 	Date of Disbursement or Obligation MM / DD / YYYY 07 / 03 / 2024	
Name of Federal Candidate BALDWIN, TAMMY, , ,		☐ Support ☒ Oppose	Office Sought: ☐ House District: _____ ☐ President ☒ Senate State: WI	
Calendar Year-To-Date Per Election for Office Sought 4872769.21		Disbursement For: ☒ Primary ☐ General 2024 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			39438.00	
(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 FISHER, JEDIDIAH, , ,			Date MM / DD / YYYY 07 / 05 / 2024	

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Full Name of Payee TOTAL VIDEO PLACEMENTS		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 03 / 2024
Mailing Address PO BOX 1051		Amount 39375.00
City NEW ALBANY	State OH	Zip Code 43054
Purpose of Expenditure MEDIA PLACEMENT	Category/ Type	Transaction ID : SE24.17303 Date of Disbursement or Obligation MM / DD / YYYY 07 / 02 / 2024
Name of Federal Candidate BALDWIN, TAMMY, , , ☐ Support ☒ Oppose		Office Sought: ☐ House District: _____ ☐ President ☒ Senate State: WI
Calendar Year-To-Date Per Election for Office Sought 4872769.21		Disbursement For: ☒ Primary ☐ General ☐ Other (specify) ▶

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY
Mailing Address		Amount
City	State	Zip Code
Purpose of Expenditure	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY
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.....▶	39375.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	78813.00

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.

FISHER, JEDIDIAH, , ,

Signature

Date

MM / DD / YYYY
07 / 05 / 2024