

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

NAME OF COMMITTEE (In Full) Protect Freedom Political Action Committee			FEC IDENTIFICATION NUMBER ▼ C C00657866		
Check if ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on			MM / DD / YYYY		
Full Name of Payee Rowan Ventures		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 20 / 2024			
Mailing Address 3500 S DuPont Highway		Amount 180000.00			
City Dover	State DE	Zip Code 19901	Transaction ID : SE.7403		
Purpose of Expenditure Paid Door Knockers		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 06 / 07 / 2024		
Name of Federal Candidate GAETZ, MATT, , ,		☒ Support ☐ Oppose	Office Sought: ☒ House District: 01 ☐ President ☐ Senate State: FL		
Calendar Year-To-Date Per Election for Office Sought		180000.00	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	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.....		180000.00			
(b) SUBTOTAL of Unitemized Independent Expenditures					
(c) TOTAL Independent Expenditures.....		180000.00			
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 MM / DD / YYYY 06 / 21 / 2024			