

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 SRCP MEDIA, INC.		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 09 / 2024
Mailing Address 201 N. UNION ST SUITE 200		Amount 28420.00
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Expenditure MEDIA PRODUCTION	Category/ Type	Transaction ID : SE24.18995 Date of Disbursement or Obligation MM / DD / YYYY 09 / 06 / 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 1157407.00		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶

Full Name of Payee SRCP MEDIA, INC.		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 09 / 2024
Mailing Address 201 N. UNION ST SUITE 200		Amount 1062.00
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Expenditure MEDIA PRODUCTION	Category/ Type	Transaction ID : SE24.18996 Date of Disbursement or Obligation MM / DD / YYYY 09 / 09 / 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 1157407.00		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	29482.00
(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.

FISHER, JEDIDIAH, , ,

Signature

Date

MM / DD / YYYY
09 / 11 / 2024

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(Schedule E)PAGE 2 OF 2
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Check if ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee TOTAL VIDEO PLACEMENTS		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 09 / 2024
Mailing Address PO BOX 1051		Amount 621687.50
City NEW ALBANY	State OH	Zip Code 43054
Purpose of Expenditure MEDIA PLACEMENT	Category/ Type	Transaction ID : SE24.18994 Date of Disbursement or Obligation MM / DD / YYYY 09 / 06 / 2024
Name of Federal Candidate BALDWIN, TAMMY, , ,		Office Sought: ☐ House District: _____ ☐ President ☒ Senate State: WI
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2024 ☐ 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		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..... ▶	621687.50
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	651169.50

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
09 / 11 / 2024