

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

NAME OF COMMITTEE (In Full) ELECT PRINCIPLED VETERANS FUND (EPV FUND)			FEC IDENTIFICATION NUMBER ▼ C C00772152		
Check if ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on MM / DD / YYYY					
Full Name of Payee BARREL PLACEMENTS			Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 26 / 2024		
Mailing Address PO BOX 811			Amount 75300.00		
City ALEXANDRIA	State VA	Zip Code 22313	Transaction ID : SE.4514		
Purpose of Expenditure MEDIA PLACEMENT: TV		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 06 / 25 / 2024		
Name of Federal Candidate ROTH, ROGER, , ,		☒ Support ☐ Oppose	Office Sought: ☒ House District: 08 ☐ President ☐ Senate State: WI		
Calendar Year-To-Date Per Election for Office Sought		75300.00	Disbursement For: ☒ Primary ☐ General 2024 ☐ Other (specify) ▶		
Full Name of Payee POOLHOUSE AGENCY LLC			Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 26 / 2024		
Mailing Address 23 W BROAD ST SUITE 200			Amount 13200.00		
City RICHMOND	State VA	Zip Code 23220	Transaction ID : SE.4513		
Purpose of Expenditure AD PRODUCTION		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 06 / 25 / 2024		
Name of Federal Candidate ROTH, ROGER, , ,		☒ Support ☐ Oppose	Office Sought: ☒ House District: 08 ☐ President ☐ Senate State: WI		
Calendar Year-To-Date Per Election for Office Sought		88500.00	Disbursement For: ☒ Primary ☐ General 2024 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			88500.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶			88500.00		
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 KOCH, TIMOTHY, A., ,			Date MM / DD / YYYY 06 / 26 / 2024		