

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

NAME OF COMMITTEE (In Full) PEOPLE FOR INTEGRITY IN GOVERNMENT			FEC IDENTIFICATION NUMBER ▼ C C00898833	
Check if ☐ 24-hour report ☒ 48-hour report ☐ New report ☒ Amends report filed on			MM / DD / YYYY 03 / 12 / 2025	
Full Name of Payee Republican Ads		Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 11 / 2025		
Mailing Address 700 Pennsylvania Ave SE 2nd FL		Amount 20000.00		
City Washington	State DC	Zip Code 20003	Transaction ID : SE.4116	
Purpose of Expenditure Digital Advertising		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 03 / 11 / 2025	
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-General	
Full Name of Payee SIMWINS		Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 11 / 2025		
Mailing Address 1509 E 9th Ave		Amount 70895.00		
City Tampa	State FL	Zip Code 33605	Transaction ID : SE.4122	
Purpose of Expenditure Mailers		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 03 / 12 / 2025	
Name of Federal Candidate WEIL, JOSHUA JOSEPH, , ,		☐ Support ☒ Oppose	Office Sought: ☒ House District: 06 ☐ President ☐ Senate State: FL	
Calendar Year-To-Date Per Election for Office Sought		90895.00	Disbursement For: ☐ Primary ☐ General 2025 ☒ Other (specify) ▶ Special-General	
(a) SUBTOTAL of Itemized Independent Expenditures.....		90895.00		
(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 Millner, Michael, , ,		Date MM / DD / YYYY 03 / 14 / 2025		

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Name of Federal Candidate WEIL, JOSHUA JOSEPH, ,		☐ Support ☒ Oppose	Office Sought: ☒ House District: 06 ☐ President ☐ Senate State: FL
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☐ General 2025 ☒ Other (specify) ▶ Special-General	

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.....▶	70895.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	161790.00

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 Millner, Michael, , ,

Date MM / DD / YYYY
03 / 14 / 2025