

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 Progress		FEC IDENTIFICATION NUMBER ▼ C C00848440	
Check if ☒ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on		MM / DD / YYYY	

Full Name of Payee Targeted Platform Media LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 11 / 2026	
Mailing Address P.O. Box 237		Amount 925000.00	
City Crownsville	State MD	Zip Code 21032-0237	Transaction ID : V16CE96AA01CCB84FB55
Purpose of Expenditure IE-Gilbert-Media Buy		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 08 / 06 / 2026
Name of Federal Candidate Gilbert, Oliver, , ,		☐ Support ☒ Oppose	Office Sought: ☒ House District: 24 ☐ President ☐ Senate State: FL
Calendar Year-To-Date Per Election for Office Sought		1996637.44	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..... ▶	925000.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	925000.00

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.

Philipczyk, Brandon, , ,

Signature

Date

MM / DD / YYYY
08 / 12 / 2026