

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 M M M / D D D / Y Y Y Y Y Y Y Y					
Full Name of Payee Conversion Creative			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y Y Y 05 / 31 / 2024		
Mailing Address PO Box 80219			Amount 48400.00		
City Charleston		State SC	Zip Code 29416		
Purpose of Expenditure Direct Mail		Category/ Type		Transaction ID : SE.7298 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y Y Y 05 / 28 / 2024	
Name of Federal Candidate BECKER, RICK, , ,			☒ Support ☐ Oppose		Office Sought: ☒ House District: 00 ☐ President ☐ Senate State: ND
Calendar Year-To-Date Per Election for Office Sought			530580.00 Disbursement For: ☒ Primary ☐ General 2024 ☐ Other (specify) ▶		
Full Name of Payee Engagement Strategies, Inc.			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y Y Y 05 / 31 / 2024		
Mailing Address 5382 N Highway 36			Amount 9080.00		
City Erda		State UT	Zip Code 84074		
Purpose of Expenditure Text Messages		Category/ Type		Transaction ID : SE.7299 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y Y Y 05 / 30 / 2024	
Name of Federal Candidate BECKER, RICK, , ,			☒ Support ☐ Oppose		Office Sought: ☒ House District: 00 ☐ President ☐ Senate State: ND
Calendar Year-To-Date Per Election for Office Sought			588060.00 Disbursement For: ☒ Primary ☐ General 2024 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			57480.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶			57480.00		
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 M M M / D D D / Y Y Y Y Y Y Y Y 05 / 31 / 2024					