

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 1 OF 1
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 M M M / D D D / Y Y Y Y Y Y M M M / D D D / Y Y Y Y Y Y M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee SIMWINS			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 03 / 17 / 2025 M M M / D D D / Y Y Y Y Y Y	
Mailing Address 1509 E 9th Ave			Amount 8648.20	
City Tampa State FL Zip Code 33605		Transaction ID : SE.4140 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 03 / 18 / 2025 M M M / D D D / Y Y Y Y Y Y		
Purpose of Expenditure Text Messaging		Category/Type 004		
Name of Federal Candidate WEIL, JOSHUA JOSEPH, , ,			Office Sought: ☒ House District: 06 ☐ President ☐ Senate State: FL ☐ Support ☒ Oppose	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☐ General 2025 ☒ Other (specify) ▶ Special-General 187734.60	
Full Name of Payee			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y M M M / D D D / Y Y Y Y Y Y M M M / D D D / Y Y Y Y Y Y	
Mailing Address			Amount 8648.20	
City State Zip Code		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y M M M / D D D / Y Y Y Y Y Y M M M / D D D / Y Y Y Y Y Y		
Purpose of Expenditure		Category/Type		
Name of Federal Candidate			Office Sought: ☐ House District: _____ ☐ President ☐ Senate State: _____ ☐ Support ☐ Oppose	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▶ _____ 	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶ 8648.20 (b) SUBTOTAL of Unitemized Independent Expenditures ▶ (c) TOTAL Independent Expenditures..... ▶ 8648.20				
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 M M M / D D D / Y Y Y Y Y Y 03 / 18 / 2025 M M M / D D D / Y Y Y Y Y Y				