

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

NAME OF COMMITTEE (In Full) WIN IT BACK PAC		FEC IDENTIFICATION NUMBER ▼ C C00844613	
Check if ☒ 24-hour report ☐ 48-hour report ☐ New report ☒ Amends report filed on		MM / DD / YYYY 10 / 27 / 2024	

Full Name of Payee Armada Strategies		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 26 / 2024	
Mailing Address 3742 NORTH FEDERAL HIGHWAY #1032		Amount 4600000.00	
City LIGHTHOUSE POINT	State FL	Zip Code 33064	Transaction ID : SE.5748
Purpose of Expenditure TV ad placement		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2024
Name of Federal Candidate ALLRED, COLIN, ,		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: TX
Calendar Year-To-Date Per Election for Office Sought		8455060.01	Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶

Full Name of Payee Club for Growth		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 26 / 2024	
Mailing Address 2001 L ST NW STE 600		Amount 995.08	
City Washington	State DC	Zip Code 20036	Transaction ID : SE.5750
Purpose of Expenditure TV ad production (from advance line 21)		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 26 / 2024
Name of Federal Candidate ALLRED, COLIN, ,		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: TX
Calendar Year-To-Date Per Election for Office Sought		8495738.59	Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	4600995.08
(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.

Rozansky, Adam, ,

Signature

Date

MM / DD / YYYY
10 / 27 / 2024

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(Schedule E)PAGE 2 OF 2
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Full Name of Payee Prime Media Partners		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 26 / 2024	
Mailing Address 4201 Wilson Blvd. #110-126		Amount 39683.50	
City Arlington	State VA	Zip Code 22203	Transaction ID : SE.5749
Purpose of Expenditure TV ad production	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2024	
Name of Federal Candidate ALLRED, COLIN, ,		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: TX
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2024 ☐ 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..... ▶	39683.50
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	4640678.58

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.

Rozansky, Adam, , ,

Signature

Date

MM / DD / YYYY

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