

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

NAME OF COMMITTEE (In Full) HEALTHCARE FREEDOM SUPER PAC		FEC IDENTIFICATION NUMBER ▼ C C00798009	
Check if ☐ 24-hour report ☒ 48-hour report		☒ New report ☐ Amends report filed on	

Full Name of Payee Prevail Strategies, LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 04 / 2025	
Mailing Address 7304 Aemilian Way		Amount 1500.00	
City Austin	State TX	Zip Code 78730	Transaction ID : SE.4442
Purpose of Expenditure Ad Creative		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 08 / 29 / 2025
Name of Federal Candidate MILLER-MEEKS, MARIANNETTE JANE, , ,		☒ Support ☐ Oppose	Office Sought: ☒ House District: 01 ☐ President ☐ Senate State: IA
Calendar Year-To-Date Per Election for Office Sought		1500.00	Disbursement For: ☒ Primary ☐ General 2026 ☐ Other (specify) ▶

Full Name of Payee Prevail Strategies, LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 04 / 2025	
Mailing Address 7304 Aemilian Way		Amount 1500.00	
City Austin	State TX	Zip Code 78730	Transaction ID : SE.4443
Purpose of Expenditure Data Cost		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 08 / 29 / 2025
Name of Federal Candidate MILLER-MEEKS, MARIANNETTE JANE, , ,		☒ Support ☐ Oppose	Office Sought: ☒ House District: 01 ☐ President ☐ Senate State: IA
Calendar Year-To-Date Per Election for Office Sought		12500.00	Disbursement For: ☒ Primary ☐ General 2026 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	3000.00
(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.

Carlin, Robert, F., ,

Signature

Date

MM / DD / YYYY
09 / 05 / 2025

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(Schedule E)PAGE 2 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) HEALTHCARE FREEDOM SUPER PAC		FEC IDENTIFICATION NUMBER ▼ C C00798009
Check if ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Prevail Strategies, LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 04 / 2025
Mailing Address 7304 Aemilian Way		Amount 7500.00
City Austin	State TX	Zip Code 78730
Purpose of Expenditure Digital Media	Category/ Type 004	Transaction ID : SE.4444 Date of Disbursement or Obligation MM / DD / YYYY 08 / 29 / 2025
Name of Federal Candidate MILLER-MEEKS, MARIANNETTE JANE, , ,		☒ Support ☐ Oppose
Office Sought: ☐ President ☐ Senate		District: 01 State: IA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☒ Primary ☐ General 2026 ☐ Other (specify) ▶

Full Name of Payee Prevail Strategies, LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 04 / 2025
Mailing Address 7304 Aemilian Way		Amount 2000.00
City Austin	State TX	Zip Code 78730
Purpose of Expenditure Web Page	Category/ Type 004	Transaction ID : SE.4445 Date of Disbursement or Obligation MM / DD / YYYY 08 / 29 / 2025
Name of Federal Candidate MILLER-MEEKS, MARIANNETTE JANE, , ,		☒ Support ☐ Oppose
Office Sought: ☐ President ☐ Senate		District: 01 State: IA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☒ Primary ☐ General 2026 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	9500.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	12500.00

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.

Carlin, Robert, F., ,

Signature

Date

MM / DD / YYYY
09 / 05 / 2025