

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 1 OF 1
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		M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee Prevail Strategies, LLC		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2025	
Mailing Address 7304 Aemilian Way		Amount 9200.00	
City Austin	State TX	Zip Code 78730	Transaction ID : SE.4453
Purpose of Expenditure Digital Advertising		Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 04 / 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		30900.00	Disbursement For: ☒ Primary ☐ General ☐ Other (specify) ▶

Full Name of Payee		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y
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..... ▶	9200.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	9200.00

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

M M M / D D D / Y Y Y Y Y Y
11 / 04 / 2025