

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

NAME OF COMMITTEE (In Full) OHIO FREEDOM FUND			FEC IDENTIFICATION NUMBER ▼ C C00628842		
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Medium Buying LLC			Date of Public Distribution/Dissemination 03 / 09 / 2020		
Mailing Address 815 Grandview Avenue Suite 600			Amount 32000.00		
City Columbus	State OH	Zip Code 43215	Transaction ID : SE.4339 Date of Disbursement or Obligation 03 / 05 / 2020		
Purpose of Expenditure Media Placement		Category/ Type 004			
Name of Federal Candidate HAGAN, CHRISTINA, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>13</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>OH</u>		
Calendar Year-To-Date Per Election for Office Sought		32000.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Medium Buying LLC			Date of Public Distribution/Dissemination 03 / 09 / 2020		
Mailing Address 815 Grandview Avenue Suite 600			Amount 32000.00		
City Columbus	State OH	Zip Code 43215	Transaction ID : SE.4340 Date of Disbursement or Obligation 03 / 05 / 2020		
Purpose of Expenditure Media Placement		Category/ Type 004			
Name of Federal Candidate LYRAS, LOUIS GEORGE, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>13</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>OH</u>		
Calendar Year-To-Date Per Election for Office Sought		64000.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			64000.00		
(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.					
Signature Datwyler, Thomas, , ,		[Electronically Filed]		Date 03 / 10 / 2020	

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

NAME OF COMMITTEE (In Full) OHIO FREEDOM FUND		FEC IDENTIFICATION NUMBER ▼ C C00628842
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee Medium Buying LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 09 / 2020
Mailing Address 815 Grandview Avenue Suite 600		Amount 5500.00
City Columbus	State OH	Zip Code 43215
Purpose of Expenditure Media Production	Category/ Type 004	Transaction ID : SE.4341 Date of Disbursement or Obligation MM / DD / YYYY 03 / 05 / 2020
Name of Federal Candidate HAGAN, CHRISTINA, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: 13 <input type="checkbox"/> President <input type="checkbox"/> Senate State: OH
Calendar Year-To-Date Per Election for Office Sought 69500.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Medium Buying LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 09 / 2020
Mailing Address 815 Grandview Avenue Suite 600		Amount 5500.00
City Columbus	State OH	Zip Code 43215
Purpose of Expenditure Media Production	Category/ Type 004	Transaction ID : SE.4342 Date of Disbursement or Obligation MM / DD / YYYY 03 / 05 / 2020
Name of Federal Candidate LYRAS, LOUIS GEORGE, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: 13 <input type="checkbox"/> President <input type="checkbox"/> Senate State: OH
Calendar Year-To-Date Per Election for Office Sought 75000.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	11000.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	75000.00

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.

Datwyler, Thomas, , ,

[Electronically Filed]

Date

MM / DD / YYYY
03 / 10 / 2020

Signature