

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

NAME OF COMMITTEE (In Full) SAVE AMERICAN FREEDOM			FEC IDENTIFICATION NUMBER ▼ C C00819508		
Check if ☒ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on MM / DD / YYYY					
Full Name of Payee NORTH COUNTRY STRATEGIES LLC			Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 15 / 2026		
Mailing Address 230 SUNRISE AVENUE STE B-314			Amount 20000.00		
City PALM BEACH		State FL	Zip Code 33480		Transaction ID : SE.4221
Purpose of Expenditure DIGITAL ADVERTISING		Category/ Type		Date of Disbursement or Obligation MM / DD / YYYY 05 / 15 / 2026	
Name of Federal Candidate LETLLOW, JULIA, , ,			☒ Support ☐ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 538441.00			Disbursement For: ☒ Primary ☐ General 2026 ☐ Other (specify) ▶		
Full Name of Payee NORTH COUNTRY STRATEGIES LLC			Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 15 / 2026		
Mailing Address 230 SUNRISE AVENUE STE B-314			Amount 27000.00		
City PALM BEACH		State FL	Zip Code 33480		Transaction ID : SE.4222
Purpose of Expenditure MESSAGE PHONE CALLS		Category/ Type		Date of Disbursement or Obligation MM / DD / YYYY 05 / 15 / 2026	
Name of Federal Candidate LETLLOW, JULIA, , ,			☒ Support ☐ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 518441.00			Disbursement For: ☒ Primary ☐ General 2026 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			47000.00		
(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 JOHNSON, MELODIE, , ,			Date MM / DD / YYYY 05 / 15 / 2026		

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NAME OF COMMITTEE (In Full) SAVE AMERICAN FREEDOM		FEC IDENTIFICATION NUMBER ▼ C C00819508
Check if ☒ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee NORTH COUNTRY STRATEGIES LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 15 / 2026
Mailing Address 230 SUNRISE AVENUE STE B-314		Amount 128000.00
City PALM BEACH	State FL	Zip Code 33480
Purpose of Expenditure TEXT MESSAGING	Category/ Type	Transaction ID : SE.4223 Date of Disbursement or Obligation MM / DD / YYYY 05 / 15 / 2026
Name of Federal Candidate LETLow, JULIA, , ,		☒ Support ☐ Oppose Office Sought: ☐ House ☒ Senate District: 00 ☐ President State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☒ Primary ☐ General 2026 ☐ Other (specify) ▶

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY
Mailing Address		Amount
City	State	Zip Code
Purpose of Expenditure	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate		☐ Support ☐ Oppose Office Sought: ☐ House ☐ Senate 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..... ▶	128000.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	175000.00

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.

JOHNSON, MELODIE, , ,

Signature

Date

MM / DD / YYYY
05 / 15 / 2026