

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)**

 PAGE 1 OF 1
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) LOUISIANA FREEDOM FUND			FEC IDENTIFICATION NUMBER ▼ C C00906263		
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			<input type="checkbox"/> M M / <input type="checkbox"/> D D / <input type="checkbox"/> Y Y Y Y Y		
Full Name of Payee TOTAL VIDEO PLACEMENTS			Date of Public Distribution/Dissemination <input type="checkbox"/> M M 01 / <input type="checkbox"/> D D 31 / <input type="checkbox"/> Y Y Y Y Y 2026		
Mailing Address PO BOX 86			Amount 889090.00		
City MOUNT VERNON State VA Zip Code 22121			Transaction ID : SE.01 Date of Disbursement or Obligation <input type="checkbox"/> M M 01 / <input type="checkbox"/> D D 29 / <input type="checkbox"/> Y Y Y Y Y 2026		
Purpose of Expenditure MEDIA PLACEMENT			Category/Type		
Name of Federal Candidate LETLOW, JULIA, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid gray; padding: 2px; display: inline-block; width: 100px; text-align: center;">889090.00</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ►		
Full Name of Payee ARLINGTON EDITS			Date of Public Distribution/Dissemination <input type="checkbox"/> M M 01 / <input type="checkbox"/> D D 31 / <input type="checkbox"/> Y Y Y Y Y 2026		
Mailing Address 201 NORTH UNION STREET			Amount 12776.00		
City ALEXANDRIA State VA Zip Code 22314			Transaction ID : SE.02 Date of Disbursement or Obligation <input type="checkbox"/> M M 01 / <input type="checkbox"/> D D 31 / <input type="checkbox"/> Y Y Y Y Y 2026		
Purpose of Expenditure MEDIA PRODUCTION			Category/Type		
Name of Federal Candidate LETLOW, JULIA, , ,			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid gray; padding: 2px; display: inline-block; width: 100px; text-align: center;">901866.00</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ►		
(a) SUBTOTAL of Itemized Independent Expenditures..... ► <div style="border: 1px solid gray; padding: 2px; display: inline-block; width: 100px; text-align: center;">901866.00</div>					
(b) SUBTOTAL of Unitemized Independent Expenditures ► <div style="border: 1px solid gray; padding: 2px; display: inline-block; width: 100px; text-align: center;">901866.00</div>					
(c) TOTAL Independent Expenditures..... ► <div style="border: 1px solid gray; padding: 2px; display: inline-block; width: 100px; text-align: center;">901866.00</div>					
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.					
HAMMONDS, MELISSA, , , Signature			Date <input type="checkbox"/> M M 02 / <input type="checkbox"/> D D 02 / <input type="checkbox"/> Y Y Y Y Y 2026		