

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			M M M / D D D / Y Y Y Y Y Y		
Full Name of Payee TOTAL VIDEO PLACEMENTS			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 01 / 31 / 2026		
Mailing Address PO BOX 86			Amount 889090.00		
City MOUNT VERNON		State VA	Zip Code 22121	Transaction ID : SE.01	
Purpose of Expenditure MEDIA PLACEMENT		Category/ Type		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 01 / 29 / 2026	
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			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2026 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee ARLINGTON EDITS			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 01 / 31 / 2026		
Mailing Address 201 NORTH UNION STREET			Amount 12776.00		
City ALEXANDRIA		State VA	Zip Code 22314	Transaction ID : SE.02	
Purpose of Expenditure MEDIA PRODUCTION		Category/ Type		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 01 / 31 / 2026	
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			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2026 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			901866.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶			901866.00		
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.					
Signature HAMMONDS, MELISSA, , ,			Date M M M / D D D / Y Y Y Y Y Y 02 / 02 / 2026		