

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

NAME OF COMMITTEE (In Full) LEAD LEFT PAC			FEC IDENTIFICATION NUMBER ▼ C C00948208		
Check if ☒ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on			MM / DD / YYYY		
Full Name of Payee PIRUZI LLC			Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 20 / 2026		
Mailing Address 6901A N 9TH AVE 590			Amount 21333.50		
City PENSACOLA		State FL	Zip Code 32504	Transaction ID : SE24.32119	
Purpose of Expenditure PRINTING / POSTAGE		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 05 / 14 / 2026		
Name of Federal Candidate GALINDO, MAUREEN, , ,		☒ Support ☐ Oppose	Office Sought: ☒ House District: 35 ☐ President ☐ Senate State: TX		
Calendar Year-To-Date Per Election for Office Sought		971380.00		Disbursement For: ☐ Primary ☐ General 2026 ☒ Other (specify) ▶ RUNOFF	
Full Name of Payee PIRUZI LLC			Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 20 / 2026		
Mailing Address 6901A N 9TH AVE 590			Amount 21333.50		
City PENSACOLA		State FL	Zip Code 32504	Transaction ID : SE24.32120	
Purpose of Expenditure PRINTING / POSTAGE		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 05 / 14 / 2026		
Name of Federal Candidate GARCIA, JOHNNY, , ,		☐ Support ☒ Oppose	Office Sought: ☒ House District: 35 ☐ President ☐ Senate State: TX		
Calendar Year-To-Date Per Election for Office Sought		971380.00		Disbursement For: ☐ Primary ☐ General 2026 ☒ Other (specify) ▶ RUNOFF	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			42667.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶			42667.00		
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 CANNON, TAMMIE, , ,			Date MM / DD / YYYY 05 / 21 / 2026		