

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

NAME OF COMMITTEE (In Full) Conservative Leaders of America			FEC IDENTIFICATION NUMBER ▼ C C00850487		
Check if ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y M M M / D D D / Y Y Y Y Y Y M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee BullsEye Public Affairs, LLC			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 04 / 14 / 2026 M M M / D D D / Y Y Y Y Y Y		
Mailing Address 200 N. Congress Street Ste 300			Amount 35000.00		
City Jackson State MS Zip Code 39211		Transaction ID : SE.4243 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 04 / 14 / 2026 M M M / D D D / Y Y Y Y Y Y			
Purpose of Expenditure Direct Mail		Category/Type 004			
Name of Federal Candidate Cordell, Misti, , ,			☒ Support ☐ Oppose Office Sought: ☒ House ☐ Senate District: 05 ☐ 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 M M M / D D D / Y Y Y Y Y Y M M M / D D D / Y Y Y Y Y Y M M M / D D D / Y Y Y Y Y Y		
Mailing Address			Amount 		
City State Zip Code		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y M M M / D D D / Y Y Y Y Y Y M M M / D D D / Y Y Y Y Y Y			
Purpose of Expenditure		Category/Type			
Name of Federal Candidate			☐ Support ☐ Oppose Office Sought: ☐ House ☐ Senate District: _____ ☐ President State: _____		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶ 35000.00 (b) SUBTOTAL of Unitemized Independent Expenditures ▶ (c) TOTAL Independent Expenditures..... ▶ 35000.00					
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 McMullen, Nathan, , , Date M M M / D D D / Y Y Y Y Y Y 05 / 05 / 2026 M M M / D D D / Y Y Y Y Y Y					