

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 ☒ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on			MM / DD / YYYY		
Full Name of Payee TOTAL VIDEO PLACEMENTS		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 08 / 2026			
Mailing Address PO BOX 86		Amount 550000.00			
City MOUNT VERNON	State VA	Zip Code 22121	Transaction ID : SE.01		
Purpose of Expenditure MEDIA PLACEMENT		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 05 / 06 / 2026		
Name of Federal Candidate LETLow, JULIA, , ,		☐ Support ☒ Oppose	Office Sought: ☐ House District: _____ ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		10816740.52	Disbursement For: ☒ Primary ☐ General ☐ Other (specify) ▶		
Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY			
Mailing Address		Amount			
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY		
Purpose of Expenditure		Category/ Type			
Name of Federal Candidate		☐ Support ☐ Oppose	Office Sought: ☐ House 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.....		550000.00			
(b) SUBTOTAL of Unitemized Independent Expenditures					
(c) TOTAL Independent Expenditures.....		550000.00			
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 MM / DD / YYYY 05 / 09 / 2026			