

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 1 OF 4
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) FREEDOM CAUCUS FUND			FEC IDENTIFICATION NUMBER ▼ C C00552851		
Check if ☐ 24-hour report ☒ 48-hour report ☐ New report ☒ Amends report filed on			MM / DD / YYYY 08 / 05 / 2026		
Full Name of Payee FREEDOM CAUCUS FUND			Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 04 / 2026		
Mailing Address PO BOX 96006			Amount 371.50		
City WASHINGTON		State DC	Zip Code 20090-6006	Transaction ID : E3627F5EDA1164F83B34	
Purpose of Expenditure IE- OGLES - DONATION PROCESSING		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 08 / 04 / 2026		
Name of Federal Candidate OGLES, ANDY, , , IV		☒ Support ☐ Oppose	Office Sought: ☒ House District: 05 ☐ President ☐ Senate State: TN		
Calendar Year-To-Date Per Election for Office Sought		716542.41		Disbursement For: ☒ Primary ☐ General 2026 ☐ Other (specify) ▶	
Full Name of Payee TMONE, LLC DBA MASS MARKETS			Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 05 / 2026		
Mailing Address 2937 SIERRA CT SW			Amount 1022.96		
City IOWA CITY		State IA	Zip Code 52240-8503	Transaction ID : ECEA70840441C477FBB8	
Purpose of Expenditure IE- OGLES- ROBOCALLS		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 08 / 31 / 2026		
Name of Federal Candidate OGLES, ANDY, , , IV		☒ Support ☐ Oppose	Office Sought: ☒ House District: 05 ☐ President ☐ Senate State: TN		
Calendar Year-To-Date Per Election for Office Sought		788528.97		Disbursement For: ☒ Primary ☐ General 2026 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			1394.46		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
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 BROWN, MEGAN, , ,			Date MM / DD / YYYY 09 / 11 / 2026		

FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION

Form/Schedule: F24A

Transaction ID :

The originally filed report FEC-2004272 included an estimated invoice amount, this amended report reflects the actual paid invoice amount.

Form/Schedule:

Transaction ID:

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FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) FREEDOM CAUCUS FUND		FEC IDENTIFICATION NUMBER ▼ C C00552851	
Check if ☐ 24-hour report ☒ 48-hour report		☐ New report	☒ Amends report filed on
		M M / D D / Y Y Y Y Y Y 08 / 05 / 2026	

Full Name of Payee TMONE, LLC DBA MASS MARKETS		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 08 / 05 / 2026	
Mailing Address 2937 SIERRA CT SW		Amount 483.05	
City IOWA CITY	State IA	Zip Code 52240-8503	Transaction ID : ED98167C53EF946B5AD7
Purpose of Expenditure IE- OGLES- ROBOCALLS		Category/ Type	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 08 / 31 / 2026
Name of Federal Candidate OGLES, ANDY, , , IV		☒ Support ☐ Oppose	Office Sought: ☒ House District: 05 ☐ President ☐ Senate State: TN
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☒ Primary ☐ General 2026 ☐ Other (specify) ▶	

Full Name of Payee PBK COMMUNICATIONS, LLC		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 08 / 05 / 2026	
Mailing Address 2456 KIRK LN NW		Amount 69480.55	
City KENNESAW	State GA	Zip Code 30152-6237	Transaction ID : E6F1115F1BF0345D0A8E
Purpose of Expenditure IE- OGLES- MEDIA BUY		Category/ Type	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 08 / 05 / 2026
Name of Federal Candidate OGLES, ANDY, , , IV		☒ Support ☐ Oppose	Office Sought: ☒ House District: 05 ☐ President ☐ Senate State: TN
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☒ Primary ☐ General 2026 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	69963.60
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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.

BROWN, MEGAN, , ,

Signature

Date

M M / D D / Y Y Y Y Y Y
09 / 11 / 2026

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 4 OF 4
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NAME OF COMMITTEE (In Full) FREEDOM CAUCUS FUND		FEC IDENTIFICATION NUMBER ▼ C C00552851	
Check if ☐ 24-hour report ☒ 48-hour report		☐ New report	☒ Amends report filed on
		M M / D D / Y Y Y Y Y Y 08 / 05 / 2026	

Full Name of Payee CAMPAIGN SIDEKICK		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 08 / 05 / 2026	
Mailing Address 1550 OLD ANNETTA RD		Amount 1000.00	
City ALEDO	State TX	Zip Code 76008-3855	Transaction ID : E6E9743F5B1E24350A44
Purpose of Expenditure IE- OGLES- ROBOCALL SOFTWARE		Category/ Type	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 08 / 05 / 2026
Name of Federal Candidate OGLES, ANDY, , , IV		☒ Support ☐ Oppose	Office Sought: ☒ House District: 05 ☐ President ☐ Senate State: TN
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 / D D / Y Y Y Y Y Y	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y
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.....▶	1000.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....▶	72358.06

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.

BROWN, MEGAN, , ,

Signature

Date

M M / D D / Y Y Y Y Y Y
09 / 11 / 2026