

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 1 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Health Care Saves Lives			FEC IDENTIFICATION NUMBER ▼ C C00888081		
Check if ☒ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on MM / DD / YYYY					
Full Name of Payee Committee for Working Families, Sponsored by Labor Organizations			Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 07 / 2026		
Mailing Address 1001 K Street, Suite 200			Amount 250.00		
City Sacramento		State CA	Zip Code 95814		Transaction ID : EDT.E.83 Date of Disbursement or Obligation MM / DD / YYYY 08 / 07 / 2026
Purpose of Expenditure Text Messages (Estimate)		Category/ Type 24E			
Name of Federal Candidate Wahab, Aisha, , ,			☒ Support ☐ Oppose		Office Sought: ☒ House District: 14 ☐ President ☐ Senate State: CA
Calendar Year-To-Date Per Election for Office Sought			3504.71 Disbursement For: ☐ Primary ☐ General ☒ Other (specify) ▶ Special General		
Full Name of Payee Scale to Win			Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 07 / 2026		
Mailing Address 13742 Harper Street			Amount 1083.85		
City Santa Ana		State CA	Zip Code 92703		Transaction ID : PDT.E.111 Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure Text Messages (Estimate)		Category/ Type 24E			
Name of Federal Candidate Wahab, Aisha, , ,			☒ Support ☐ Oppose		Office Sought: ☒ House District: 14 ☐ President ☐ Senate State: CA
Calendar Year-To-Date Per Election for Office Sought			3504.71 Disbursement For: ☐ Primary ☐ General ☒ Other (specify) ▶ Special General		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			1333.85		
(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 Lopez, Oscar, , ,			Date MM / DD / YYYY 08 / 07 / 2026		

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NAME OF COMMITTEE (In Full) Health Care Saves Lives		FEC IDENTIFICATION NUMBER ▼ C C00888081
Check if ☒ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee SEIU California State Council		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 07 / 2026
Mailing Address 1029 K Street		Amount 48.75
City Sacramento	State CA	Zip Code 95814
Purpose of Expenditure Staff Time for Text Messages (Estimate)	Category/ Type 24E	Transaction ID : EDT.E.82 Date of Disbursement or Obligation MM / DD / YYYY 08 / 07 / 2026
Name of Federal Candidate Wahab, Aisha, , ,		Office Sought: ☒ House District: 14 ☐ President ☐ Senate State: CA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☐ General 2026 ☒ Other (specify) ▶ Special General

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY
Mailing Address		Amount
City	State	Zip Code
Purpose of Expenditure	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate		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..... ▶	48.75
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	1382.60

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.

Lopez, Oscar, , ,
Signature

Date MM / DD / YYYY
08 / 07 / 2026