

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

NAME OF COMMITTEE (In Full) WelcomePAC			FEC IDENTIFICATION NUMBER ▼ C C00786830		
Check if ☒ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee BCom Solutions, LLC			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 05 / 21 / 2026		
Mailing Address 747 O St Unit 150			Amount 5000.00		
City Lincoln		State NE	Zip Code 68508-1401		
Purpose of Expenditure Text Messages - Estimate		Category/ Type	Transaction ID : 500095512 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y		
Name of Federal Candidate Bains, Jasmeet, ,			☒ Support ☐ Oppose Office Sought: ☒ House ☐ President ☐ Senate District: 22 State: CA		
Calendar Year-To-Date Per Election for Office Sought 195125.00			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		
Purpose of Expenditure		Category/ Type	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y		
Name of Federal Candidate			☐ Support ☐ Oppose Office Sought: ☐ House ☐ President ☐ Senate District: _____ State: _____		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			5000.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶			5000.00		
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 Wyatt, Naomi, , ,			Date M M / D D / Y Y Y Y Y Y 05 / 22 / 2026		