

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

|                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                |                                                                                                                                                             |                                                                                                                                                   |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|--|
| NAME OF COMMITTEE (In Full)<br><b>Upset the Setup</b>                                                                                                                                                                                                                                                                                                       |  |                                                                                | FEC IDENTIFICATION NUMBER ▼<br><b>C</b> C00772244                                                                                                           |                                                                                                                                                   |  |
| Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on                                                                                                                                                          |  |                                                                                | MM / DD / YYYY                                                                                                                                              |                                                                                                                                                   |  |
| Full Name of Payee<br>AMS Communications LLC                                                                                                                                                                                                                                                                                                                |  |                                                                                | Date of Public Distribution/Dissemination<br>MM / DD / YYYY<br>05 / 19 / 2026                                                                               |                                                                                                                                                   |  |
| Mailing Address 24 Mandana Cir                                                                                                                                                                                                                                                                                                                              |  |                                                                                | Amount<br>27300.00                                                                                                                                          |                                                                                                                                                   |  |
| City<br>Oakland                                                                                                                                                                                                                                                                                                                                             |  | State<br>CA                                                                    | Zip Code<br>94610-2433                                                                                                                                      | Transaction ID : 500093712                                                                                                                        |  |
| Purpose of Expenditure<br>Direct Mail Production & Postage                                                                                                                                                                                                                                                                                                  |  | Category/<br>Type                                                              | Date of Disbursement or Obligation<br>MM / DD / YYYY<br>05 / 18 / 2026                                                                                      |                                                                                                                                                   |  |
| Name of Federal Candidate<br>Riker, Brandon, , ,                                                                                                                                                                                                                                                                                                            |  | <input checked="" type="checkbox"/> Support<br><input type="checkbox"/> Oppose | Office Sought: <input checked="" type="checkbox"/> House    District: 48<br><input type="checkbox"/> President <input type="checkbox"/> Senate    State: CA |                                                                                                                                                   |  |
| Calendar Year-To-Date<br>Per Election for Office Sought                                                                                                                                                                                                                                                                                                     |  | 141374.84                                                                      |                                                                                                                                                             | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2026 <input type="checkbox"/> Other (specify) ▶ |  |
| Full Name of Payee                                                                                                                                                                                                                                                                                                                                          |  |                                                                                | Date of Public Distribution/Dissemination<br>MM / DD / YYYY                                                                                                 |                                                                                                                                                   |  |
| Mailing Address                                                                                                                                                                                                                                                                                                                                             |  |                                                                                | Amount                                                                                                                                                      |                                                                                                                                                   |  |
| City                                                                                                                                                                                                                                                                                                                                                        |  | State                                                                          | Zip Code                                                                                                                                                    | Date of Disbursement or Obligation<br>MM / DD / YYYY                                                                                              |  |
| Purpose of Expenditure                                                                                                                                                                                                                                                                                                                                      |  | Category/<br>Type                                                              |                                                                                                                                                             |                                                                                                                                                   |  |
| Name of Federal Candidate                                                                                                                                                                                                                                                                                                                                   |  | <input type="checkbox"/> Support<br><input type="checkbox"/> Oppose            | Office Sought: <input type="checkbox"/> House    District: _____<br><input type="checkbox"/> President <input type="checkbox"/> Senate    State: _____      |                                                                                                                                                   |  |
| Calendar Year-To-Date<br>Per Election for Office Sought                                                                                                                                                                                                                                                                                                     |  |                                                                                |                                                                                                                                                             | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▶                 |  |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶                                                                                                                                                                                                                                                                                                    |  |                                                                                | 27300.00                                                                                                                                                    |                                                                                                                                                   |  |
| (b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶                                                                                                                                                                                                                                                                                                 |  |                                                                                |                                                                                                                                                             |                                                                                                                                                   |  |
| (c) TOTAL Independent Expenditures..... ▶                                                                                                                                                                                                                                                                                                                   |  |                                                                                | 27300.00                                                                                                                                                    |                                                                                                                                                   |  |
| 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<br><br>Khodabandeh, Mehran, , ,                                                                                                                                                                                                                                                                                                                   |  |                                                                                | Date<br>MM / DD / YYYY<br>05 / 19 / 2026                                                                                                                    |                                                                                                                                                   |  |