

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

NAME OF COMMITTEE (In Full) ALAMEDA COME TOGETHER PAC		FEC IDENTIFICATION NUMBER ▼ C C00956581
Check if ☒ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Mission Control, Inc. [MEMO ITEM] Non-Contribution Account		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 22 / 2026	
Mailing Address 162 West St Suite F		Amount 42548.60	
City Cromwell	State CT	Zip Code 06416	Transaction ID : WFT20266232215-1
Purpose of Expenditure Direct Mail Advertising (Estimate)		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate Hernandez, Melissa, , ,		☒ Support ☐ Oppose	Office Sought: ☒ House District: 14 ☐ President ☐ Senate State: CA
Calendar Year-To-Date Per Election for Office Sought		143549.50	Disbursement For: ☐ Primary ☐ General 2026 ☒ Other (specify) ▶ Special Runoff

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..... ▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	0.00

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.

Henry, Jim, , ,

Signature

Date

MM / DD / YYYY
07 / 23 / 2026