

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

NAME OF COMMITTEE (In Full) WFW ACTION FUND INC			FEC IDENTIFICATION NUMBER ▼ C C00698936	
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 515 GROUP			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 20 / 2026	
Mailing Address 605 19TH ST S			Amount 3307.23	
City ARLINGTON		State VA	Zip Code 22202	
Purpose of Expenditure NON-CONTRIBUTION ACCT: TEXT MESSAGES		Category/ Type	Transaction ID : SE24.4773 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 21 / 2026	
Name of Federal Candidate SMITH, MARK, , ,			☐ Support ☒ Oppose Office Sought: ☒ House District: 01 ☐ President ☐ Senate State: SC	
Calendar Year-To-Date Per Election for Office Sought 173963.08			Disbursement For: ☐ Primary ☐ General 2026 ☒ Other (specify) ▶ RUNOFF	
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 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..... ▶			3307.23	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶			3307.23	
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 RUTLAND, JANNA, , ,			Date M M / D D / Y Y Y Y Y Y 06 / 21 / 2026	