

**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>Committee for Working Families, Sponsored by Labor Organizations</b>                                                                                                                                                                                                                                                                                                                                                                         |             |                                                                                                                                                                                                                                                                                                    | <b>FEC IDENTIFICATION NUMBER ▼</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00626119</div>                                                                                                                                                                                                  |  |  |
| 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 <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> |             |                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                            |  |  |
| Full Name of Payee<br>LG Campaigns                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |                                                                                                                                                                                                                                                                                                    | Date of Public Distribution/Dissemination<br><div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div><br>05 / 26 / 2026 |  |  |
| Mailing Address 5201 Gilgunn Way                                                                                                                                                                                                                                                                                                                                                                                                                                               |             |                                                                                                                                                                                                                                                                                                    | Amount<br><div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 59578.57                                                                                                                                                                                                                                |  |  |
| City<br>Sacramento                                                                                                                                                                                                                                                                                                                                                                                                                                                             | State<br>CA | Zip Code<br>95822                                                                                                                                                                                                                                                                                  | <b>Transaction ID : PDT.E.60</b>                                                                                                                                                                                                                                                                                                           |  |  |
| Purpose of Expenditure<br>Mailer (estimate)                                                                                                                                                                                                                                                                                                                                                                                                                                    |             | Category/<br>Type 24E                                                                                                                                                                                                                                                                              | Date of Disbursement or Obligation<br><div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div>                          |  |  |
| Name of Federal Candidate<br>Wahab, Aisha, , ,                                                                                                                                                                                                                                                                                                                                                                                                                                 |             | <input checked="" type="checkbox"/> Support<br><input type="checkbox"/> Oppose                                                                                                                                                                                                                     | Office Sought: <input checked="" type="checkbox"/> House    District: 14<br><input type="checkbox"/> President <input type="checkbox"/> Senate    State: CA                                                                                                                                                                                |  |  |
| Calendar Year-To-Date<br>Per Election for Office Sought                                                                                                                                                                                                                                                                                                                                                                                                                        |             | <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 487137.43                                                                                                                                                                                                 | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▶                                                                                                                                                                                               |  |  |
| Full Name of Payee                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |                                                                                                                                                                                                                                                                                                    | Date of Public Distribution/Dissemination<br><div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div>                   |  |  |
| Mailing Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |                                                                                                                                                                                                                                                                                                    | Amount<br><div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div>                                                                                                                                                                                                                                         |  |  |
| City                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | State       | Zip Code                                                                                                                                                                                                                                                                                           | Date of Disbursement or Obligation<br><div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div>                          |  |  |
| 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                                                                                                                                                                                                                                                                                                                                                                                                                        |             | <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div>                                                                                                                                                                                                           | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▶                                                                                                                                                                                                          |  |  |
| (a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶                                                                                                                                                                                                                                                                                                                                                                                                                |             |                                                                                                                                                                                                                                                                                                    | <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 59578.57                                                                                                                                                                                                                                          |  |  |
| (b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶                                                                                                                                                                                                                                                                                                                                                                                                             |             |                                                                                                                                                                                                                                                                                                    | <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div>                                                                                                                                                                                                                                                   |  |  |
| (c) <b>TOTAL</b> Independent Expenditures..... ▶                                                                                                                                                                                                                                                                                                                                                                                                                               |             |                                                                                                                                                                                                                                                                                                    | <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 59578.57                                                                                                                                                                                                                                          |  |  |
| 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>Gonzalez Fletcher, Lorena, , ,                                                                                                                                                                                                                                                                                                                                                                                                                                |             | Date <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div><br>05 / 27 / 2026 |                                                                                                                                                                                                                                                                                                                                            |  |  |