

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			MM / DD / YYYY	
Full Name of Payee CANVASS AMERICA, LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 19 / 2026		
Mailing Address PO BOX 33609		Amount 100000.00		
City WASHINGTON	State DC	Zip Code 20033	Transaction ID : SE24.4809	
Purpose of Expenditure NON-CONTRIBUTION ACCT: PHONE CALLS		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 08 / 19 / 2026	
Name of Federal Candidate GRAHAM, DARLINE, , ,		☒ Support ☐ Oppose	Office Sought: ☐ House District: _____ ☐ President ☒ Senate State: SC	
Calendar Year-To-Date Per Election for Office Sought		100000.00	Disbursement For: ☐ Primary ☐ General 2026 ☒ Other (specify) ▶ 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.....		100000.00		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures.....		100000.00		
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 RUTLAND, JANNA, , ,		Date MM / DD / YYYY 08 / 20 / 2026		