

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

NAME OF COMMITTEE (In Full) SAVE AMERICA FUND			FEC IDENTIFICATION NUMBER ▼ C C00732172		
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 Mission Control			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 08 / 25 / 2026		
Mailing Address 624 Hebron Ave			Amount 43726.60		
City Glastonbury	State CT	Zip Code 06033	Transaction ID : SE.4613 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 08 / 20 / 2026		
Purpose of Expenditure Direct Mail		Category/ Type	Name of Federal Candidate NGUYEN, TRAM, , , ☒ Support ☐ Oppose		
Calendar Year-To-Date Per Election for Office Sought 178889.82			Office Sought: ☒ House District: 06 ☐ President ☐ Senate State: MA		
			Disbursement For: ☒ Primary ☐ General ☐ Other (specify) ▶		
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	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y		
Purpose of Expenditure		Category/ Type	Name of Federal Candidate		
			☐ Support ☐ Oppose		
Calendar Year-To-Date Per Election for Office Sought			Office Sought: ☐ House District: _____ ☐ President ☐ Senate State: _____		
			Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			43726.60		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶			43726.60		
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 Galvin, Edward, , ,			Date M M / D D / Y Y Y Y Y Y 08 / 26 / 2026		