

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 1 OF 3
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) API PA Votes			FEC IDENTIFICATION NUMBER ▼ C C00761064		
Check if ☒ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on			MM / DD / YYYY		
Full Name of Payee Staples			Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 08 / 2026		
Mailing Address 500 Staples Dr			Amount 410.40		
City Framingham		State MA	Zip Code 01702-4478		Transaction ID : 500093420
Purpose of Expenditure Printing		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate Rabb, Christopher, M., ,		☒ Support ☐ Oppose	Office Sought: ☒ House District: 03 ☐ President ☐ Senate State: PA		
Calendar Year-To-Date Per Election for Office Sought		14544.20	Disbursement For: ☒ Primary ☐ General 2026 ☐ Other (specify) ▶		
Full Name of Payee Working Families Party National PAC			Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 08 / 2026		
Mailing Address 77 Sands St FI 6			Amount 2662.29		
City Brooklyn		State NY	Zip Code 11201-1431		Transaction ID : 500093421
Purpose of Expenditure In-Kind Printing		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 05 / 08 / 2026		
Name of Federal Candidate Rabb, Christopher, M., ,		☒ Support ☐ Oppose	Office Sought: ☒ House District: 03 ☐ President ☐ Senate State: PA		
Calendar Year-To-Date Per Election for Office Sought		14544.20	Disbursement For: ☒ Primary ☐ General 2026 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			3072.69		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
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 Seshadri, Mohan, , ,			Date MM / DD / YYYY 05 / 09 / 2026		

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Check if ☒ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on		MM / DD / YYYY	

Full Name of Payee Base Builder		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 08 / 2026	
Mailing Address 3126 Oakland Ave		Amount 1300.00	
City Minneapolis	State MN	Zip Code 55407-1523	Transaction ID : 500093417
Purpose of Expenditure Phonebanking (Estimate)	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY	
Name of Federal Candidate Rabb, Christopher, M., ,		☒ Support ☐ Oppose	Office Sought: ☒ House District: 03 ☐ President ☐ Senate State: PA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☒ Primary ☐ General 2026 ☐ Other (specify) ▶	

Full Name of Payee Base Builder		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 08 / 2026	
Mailing Address 3126 Oakland Ave		Amount 1500.00	
City Minneapolis	State MN	Zip Code 55407-1523	Transaction ID : 500093418
Purpose of Expenditure Canvassing (Estimate)	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY	
Name of Federal Candidate Rabb, Christopher, M., ,		☒ Support ☐ Oppose	Office Sought: ☒ House District: 03 ☐ President ☐ Senate State: PA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☒ Primary ☐ General 2026 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	2800.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Seshadri, Mohan, , ,

Signature

Date

MM / DD / YYYY
05 / 09 / 2026

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Full Name of Payee Scale to Win		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 08 / 2026	
Mailing Address 13742 Harper St		Amount 1000.00	
City Santa Ana	State CA	Zip Code 92703-1419	Transaction ID : 500093419
Purpose of Expenditure Phone Calls (Estimate)	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY	
Name of Federal Candidate Rabb, Christopher, M., ,		☒ Support ☐ Oppose	Office Sought: ☒ House District: 03 ☐ President ☐ Senate State: PA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☒ Primary ☐ General 2026 ☐ Other (specify) ▶	

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..... ▶	1000.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	6872.69

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Seshadri, Mohan, , ,
Signature

Date 05 / 09 / 2026