

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

NAME OF COMMITTEE (In Full) Serving CA			FEC IDENTIFICATION NUMBER ▼ C C00940346		
Check if ☒ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on					
Full Name of Payee SKDKnickerbocker LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 28 / 2026			
Mailing Address 285 Fulton Street 69th Floor		Amount 32080.50			
City New York	State NY	Zip Code 10007	Transaction ID : E-158 Date of Disbursement or Obligation MM / DD / YYYY 05 / 26 / 2026		
Purpose of Expenditure Digital Advertising		Category/ Type 004			
Name of Federal Candidate Campa-najjar, Ammar, , ,		☒ Support ☐ Oppose	Office Sought: ☒ House District: 48 ☐ President ☐ Senate State: CA		
Calendar Year-To-Date Per Election for Office Sought		938493.45		Disbursement For: ☒ Primary ☐ General 2026 ☐ Other (specify) ▶	
Full Name of Payee SKDKnickerbocker LLC			Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 28 / 2026		
Mailing Address 285 Fulton Street 69th Floor			Amount 51080.50		
City New York	State NY	Zip Code 10007	Transaction ID : E-159 Date of Disbursement or Obligation MM / DD / YYYY 05 / 26 / 2026		
Purpose of Expenditure Television Advertising		Category/ Type 004			
Name of Federal Candidate Campa-najjar, Ammar, , ,		☒ Support ☐ Oppose	Office Sought: ☒ House District: 48 ☐ President ☐ Senate State: CA		
Calendar Year-To-Date Per Election for Office Sought		938493.45		Disbursement For: ☒ Primary ☐ General 2026 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶ 83161.00 (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 Coston, Max, , , Date MM / DD / YYYY 05 / 29 / 2026					

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NAME OF COMMITTEE (In Full) Serving CA		FEC IDENTIFICATION NUMBER ▼ C C00940346	
Check if ☒ 24-hour report ☐ 48-hour report		☒ New report ☐ Amends report filed on	
		MM / DD / YYYY 01 / 01 / 1900	

Full Name of Payee Relish Studios		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 29 / 2026	
Mailing Address 414 Morrison Street		Amount 2153.09	
City San Diego	State CA	Zip Code 92102	Transaction ID : E-155
Purpose of Expenditure Text Messages		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 05 / 27 / 2026
Name of Federal Candidate Campa-najjar, Ammar, , ,		☒ Support ☐ Oppose	Office Sought: ☒ House District: 48 ☐ President ☐ Senate State: CA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☒ Primary ☐ General 2026 ☐ Other (specify) ▶	
		941792.71	

Full Name of Payee Relish Studios		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 29 / 2026	
Mailing Address 414 Morrison Street		Amount 646.17	
City San Diego	State CA	Zip Code 92102	Transaction ID : E-156
Purpose of Expenditure Voter Data		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 05 / 27 / 2026
Name of Federal Candidate Campa-najjar, Ammar, , ,		☒ Support ☐ Oppose	Office Sought: ☒ House District: 48 ☐ President ☐ Senate State: CA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☒ Primary ☐ General 2026 ☐ Other (specify) ▶	
		941792.71	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	2799.26
(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.

Coston, Max, , ,

Signature

Date

MM / DD / YYYY
05 / 29 / 2026

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
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FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Serving CA		FEC IDENTIFICATION NUMBER ▼ C C00940346	
Check if ☒ 24-hour report ☐ 48-hour report		☒ New report ☐ Amends report filed on	
		MM / DD / YYYY 01 / 01 / 1900	

Full Name of Payee Relish Studios		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 29 / 2026	
Mailing Address 414 Morrison Street		Amount 500.00	
City San Diego	State CA	Zip Code 92102	Transaction ID : E-157
Purpose of Expenditure Production & Design		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 05 / 27 / 2026
Name of Federal Candidate Campa-najjar, Ammar, , ,		☒ Support ☐ Oppose	Office Sought: ☒ House District: 48 ☐ President ☐ Senate State: CA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☒ Primary ☐ General 2026 ☐ Other (specify) ▶	
		941792.71	

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..... ▶	500.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	86460.26

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.

Coston, Max, , ,
Signature

Date MM / DD / YYYY
05 / 29 / 2026