

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

NAME OF COMMITTEE (In Full) Working Families Party PAC			FEC IDENTIFICATION NUMBER ▼ C C00606962		
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 Middle Seat			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 24 / 2026		
Mailing Address PO Box 21600			Amount 82000.00		
City Washington		State DC	Zip Code 20009-9600		Transaction ID : 500003192
Purpose of Expenditure TV Ads		Category/ Type		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 23 / 2026	
Name of Federal Candidate Gonzales, Julie, , ,			☒ Support ☐ Oppose		Office Sought: ☐ House District: _____ ☐ President ☒ Senate State: <u>CO</u>
Calendar Year-To-Date Per Election for Office Sought 208588.27			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		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..... ▶			82000.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶			82000.00		
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 Boland, Mike, , ,			Date M M / D D / Y Y Y Y Y Y 06 / 25 / 2026		