

# 48-HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                    |                                                             |                                  |                                                  |                                                                                                             |  |  |                  |                                       |                   |                                                  |  |  |                                  |  |                         |                    |                          |                 |            |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-------------------------------------------------------------|----------------------------------|--------------------------------------------------|-------------------------------------------------------------------------------------------------------------|--|--|------------------|---------------------------------------|-------------------|--------------------------------------------------|--|--|----------------------------------|--|-------------------------|--------------------|--------------------------|-----------------|------------|--|--|
| <b>1. NAME OF COMMITTEE IN FULL</b><br>Nathan Powell for Congress                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                    |                                                             |                                  |                                                  |                                                                                                             |  |  |                  |                                       |                   |                                                  |  |  |                                  |  |                         |                    |                          |                 |            |  |  |
| <b>ADDRESS</b> (number and street) 2624 North Division Street<br>#1115                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                    |                                                             |                                  |                                                  |                                                                                                             |  |  |                  |                                       |                   |                                                  |  |  |                                  |  |                         |                    |                          |                 |            |  |  |
| <b>CITY</b><br>Spokane                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>STATE</b><br>WA | <b>ZIP CODE</b><br>99207                                    |                                  |                                                  |                                                                                                             |  |  |                  |                                       |                   |                                                  |  |  |                                  |  |                         |                    |                          |                 |            |  |  |
| <b>2. NAME OF CANDIDATE</b><br>Powell, Nathan, , ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                    | <b>3. OFFICE SOUGHT</b> (State and District)<br>House WA 05 |                                  | <b>4. FEC IDENTIFICATION NUMBER</b><br>C00935866 |                                                                                                             |  |  |                  |                                       |                   |                                                  |  |  |                                  |  |                         |                    |                          |                 |            |  |  |
| <b>5. IS THIS AN AMENDMENT?</b> <input checked="" type="checkbox"/> NO, THIS IS A NEW FILING <input type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON ____ / ____ / ____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                    |                                                             |                                  |                                                  |                                                                                                             |  |  |                  |                                       |                   |                                                  |  |  |                                  |  |                         |                    |                          |                 |            |  |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3" style="padding: 5px;"> <b>A. FULL NAME</b><br/>           League of Labor Voters         </td> <td style="padding: 5px;">           Name of Employer         </td> <td style="padding: 5px;">           Date (month, day, year)<br/>           07/24/2026         </td> <td style="padding: 5px;">           Amount<br/>           2500.00         </td> </tr> <tr> <td colspan="3" style="padding: 5px;"> <b>MAILING ADDRESS</b><br/>           2038 Ford Pkwy<br/>           #415         </td> <td colspan="2" style="padding: 5px;"> <b>Transaction ID : F65-4697</b> </td> </tr> <tr> <td style="padding: 5px;"> <b>CITY</b><br/>           St. Paul         </td> <td style="padding: 5px;"> <b>STATE</b><br/>           DC         </td> <td style="padding: 5px;"> <b>ZIP CODE</b><br/>           55116         </td> <td style="padding: 5px;">           Occupation         </td> <td colspan="2"></td> </tr> </table> |                    |                                                             |                                  |                                                  | <b>A. FULL NAME</b><br>League of Labor Voters                                                               |  |  | Name of Employer | Date (month, day, year)<br>07/24/2026 | Amount<br>2500.00 | <b>MAILING ADDRESS</b><br>2038 Ford Pkwy<br>#415 |  |  | <b>Transaction ID : F65-4697</b> |  | <b>CITY</b><br>St. Paul | <b>STATE</b><br>DC | <b>ZIP CODE</b><br>55116 | Occupation      |            |  |  |
| <b>A. FULL NAME</b><br>League of Labor Voters                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                    |                                                             | Name of Employer                 | Date (month, day, year)<br>07/24/2026            | Amount<br>2500.00                                                                                           |  |  |                  |                                       |                   |                                                  |  |  |                                  |  |                         |                    |                          |                 |            |  |  |
| <b>MAILING ADDRESS</b><br>2038 Ford Pkwy<br>#415                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                    |                                                             | <b>Transaction ID : F65-4697</b> |                                                  |                                                                                                             |  |  |                  |                                       |                   |                                                  |  |  |                                  |  |                         |                    |                          |                 |            |  |  |
| <b>CITY</b><br>St. Paul                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>STATE</b><br>DC | <b>ZIP CODE</b><br>55116                                    | Occupation                       |                                                  |                                                                                                             |  |  |                  |                                       |                   |                                                  |  |  |                                  |  |                         |                    |                          |                 |            |  |  |
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| <b>B. FULL NAME</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                    |                                                             | Name of Employer                 | Date (month, day, year)                          | Amount                                                                                                      |  |  |                  |                                       |                   |                                                  |  |  |                                  |  |                         |                    |                          |                 |            |  |  |
| <b>MAILING ADDRESS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                    |                                                             |                                  |                                                  |                                                                                                             |  |  |                  |                                       |                   |                                                  |  |  |                                  |  |                         |                    |                          |                 |            |  |  |
| <b>CITY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>STATE</b>       | <b>ZIP CODE</b>                                             | Occupation                       |                                                  |                                                                                                             |  |  |                  |                                       |                   |                                                  |  |  |                                  |  |                         |                    |                          |                 |            |  |  |
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| <b>C. FULL NAME</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                    |                                                             | Name of Employer                 | Date (month, day, year)                          | Amount                                                                                                      |  |  |                  |                                       |                   |                                                  |  |  |                                  |  |                         |                    |                          |                 |            |  |  |
| <b>MAILING ADDRESS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                    |                                                             |                                  |                                                  |                                                                                                             |  |  |                  |                                       |                   |                                                  |  |  |                                  |  |                         |                    |                          |                 |            |  |  |
| <b>CITY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>STATE</b>       | <b>ZIP CODE</b>                                             | Occupation                       |                                                  |                                                                                                             |  |  |                  |                                       |                   |                                                  |  |  |                                  |  |                         |                    |                          |                 |            |  |  |
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| <b>D. FULL NAME</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                    |                                                             | Name of Employer                 | Date (month, day, year)                          | Amount                                                                                                      |  |  |                  |                                       |                   |                                                  |  |  |                                  |  |                         |                    |                          |                 |            |  |  |
| <b>MAILING ADDRESS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                    |                                                             |                                  |                                                  |                                                                                                             |  |  |                  |                                       |                   |                                                  |  |  |                                  |  |                         |                    |                          |                 |            |  |  |
| <b>CITY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>STATE</b>       | <b>ZIP CODE</b>                                             | Occupation                       |                                                  |                                                                                                             |  |  |                  |                                       |                   |                                                  |  |  |                                  |  |                         |                    |                          |                 |            |  |  |
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| <b>E. FULL NAME</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                    |                                                             | Name of Employer                 | Date (month, day, year)                          | Amount                                                                                                      |  |  |                  |                                       |                   |                                                  |  |  |                                  |  |                         |                    |                          |                 |            |  |  |
| <b>MAILING ADDRESS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                    |                                                             |                                  |                                                  |                                                                                                             |  |  |                  |                                       |                   |                                                  |  |  |                                  |  |                         |                    |                          |                 |            |  |  |
| <b>CITY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>STATE</b>       | <b>ZIP CODE</b>                                             | Occupation                       |                                                  |                                                                                                             |  |  |                  |                                       |                   |                                                  |  |  |                                  |  |                         |                    |                          |                 |            |  |  |
| <b>SIGNATURE (optional)</b><br>Bennett, Jason, , ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                    |                                                             |                                  | <b>DATE</b><br>07/26/2026                        | For further information,<br>contact the Federal Election Commission<br>at 800-424-9530 or visit www.fec.gov |  |  |                  |                                       |                   |                                                  |  |  |                                  |  |                         |                    |                          |                 |            |  |  |

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Any information copied from reports and statements filed under the Federal Election Campaign Act may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes other than using the name and address of any political committee to solicit contributions from such committee.

**FEC FORM 6**  
(Revised 03/2016)