

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

NAME OF COMMITTEE (In Full) Government That Works PAC			FEC IDENTIFICATION NUMBER ▼ C C00915595		
Check if ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y M M / D D / Y Y Y Y Y Y M M / D D / Y Y Y Y Y Y					
Full Name of Payee Waterfront Strategies			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 08 / 01 / 2026 M M / D D / Y Y Y Y Y Y		
Mailing Address PO Box 771733			Amount 1294785.75		
City St. Louis		State MO	Zip Code 63177		Transaction ID : SE.4703
Purpose of Expenditure TV Ad Buy (Estimate)		Category/ Type		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y M M / D D / Y Y Y Y Y Y M M / D D / Y Y Y Y Y Y	
Name of Federal Candidate Jackson, Troy, Dale, ,			☒ Support ☐ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: ME
Calendar Year-To-Date Per Election for Office Sought			1544703.67 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 M M / D D / Y Y Y Y Y Y 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 M M / D D / Y Y Y Y Y Y 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..... ▶ 1294785.75 (b) SUBTOTAL of Unitemized Independent Expenditures ▶ (c) TOTAL Independent Expenditures..... ▶ 1294785.75					
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 Koob, Christopher, , , Date M M / D D / Y Y Y Y Y Y 08 / 03 / 2026 M M / D D / Y Y Y Y Y Y					