

FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees)

1. (a) Name of Individual, Organization or Corporation AFSCME WORKING FAMILIES FUND			
(b) Address (number and street) 1625 L STREET NW			☐ check if different than previously reported
(c) City, State and ZIP Code WASHINGTON DC 20036			3. FEC Identification Number C C90011172
2. Occupation and Name of Employer (for Individual Filers Only)			

4. TYPE OF REPORT (check appropriate boxes):

- (a) ☐ April 15 Quarterly Report
- ☐ July 15 Quarterly Report ☐ 24-Hour Report
- ☐ October 15 Quarterly Report ☒ 48-Hour Report
- ☐ January 31 Year-End Report

b) Is this Report an amendment? ☒ No ☐ Yes, it amends the report filed on

5. COVERING PERIOD:

FROM

The diagram shows three rectangular boxes representing DNA sequences. The first box contains two 'M' characters. The second box contains two 'D' characters. The third box contains four 'Y' characters. These boxes are separated by slashes (/).

THROUGH

The diagram shows three rectangular boxes representing DNA sequences. The first box contains 'M' at the top left and 'M' at the top right, with a single 'M' at the bottom center. The second box contains 'D' at the top left and 'D' at the top right, with a single 'D' at the bottom center. The third box contains 'Y' at the top left, 'Y' at the top right, and four 'Y's along the bottom edge. The boxes are separated by slashes.

6. TOTAL CONTRIBUTIONS.....

7. TOTAL INDEPENDENT EXPENDITURES

A horizontal number line with arrows at both ends. It has 11 major tick marks, creating 10 equal intervals. The rightmost tick mark is labeled "1000000.00".

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 any political party committee or its agent.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

DATE _____

MOSBY, RODNEY, D, ,

MOSBY, RODNEY, D., ,

09/15/2026

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 52 U.S.C. § 30109.

For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov.

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2 OF 2
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

AFSCME WORKING FAMILIES FUND

Full Name (Last, First, Middle Initial) of Payee
GPS IMPACT

Mailing Address 220 W 18th St. Suite 202

City State Zip Code
Kansas City MO 64108

Date of Public Distribution/Dissemination

MM / DD / YYYY
09 / 15 / 2026

Amount

1000000.00

Transaction ID : F57.5214

Purpose of Expenditure
Video ad opposing Jon HustedCategory/
Type 004Office Sought: ☐ House State: OH
☒ Senate District: 00
☐ PresidentName of Federal Candidate Supported or Opposed by Expenditure:
HUSTED, JON, , ,Check One: ☐ Support ☒ OpposeCalendar Year-To-Date Per Election
for Office Sought 1000000.00Disbursement For: ☐ Primary ☒ General
☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

Mailing Address

City State Zip Code

Date of Public Distribution/Dissemination

MM / DD / YYYY

Amount

Purpose of Expenditure

Category/
TypeOffice Sought: ☐ House State: _____
☐ Senate District: _____
☐ President

Name of Federal Candidate Supported or Opposed by Expenditure:

Check One: ☐ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office SoughtDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

Mailing Address

City State Zip Code

Date of Public Distribution/Dissemination

MM / DD / YYYY

Amount

Purpose of Expenditure

Category/
TypeOffice Sought: ☐ House State: _____
☐ Senate District: _____
☐ President

Name of Federal Candidate Supported or Opposed by Expenditure:

Check One: ☐ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office SoughtDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶ 1000000.00

(b) SUBTOTAL of Unitemized Independent Expenditures▶

(c) TOTAL Independent Expenditures.....▶ 1000000.00
(carry total from last page forward to Line 7)