

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

NAME OF COMMITTEE (In Full) Together for Working People		FEC IDENTIFICATION NUMBER ▼ C C00926675	
Check if ☒ 24-hour report ☐ 48-hour report		☒ New report ☐ Amends report filed on	

Full Name of Payee Switchboard		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 24 / 2026	
Mailing Address 2300 Clarendon Blvd		Amount 609.03	
City Arlington	State VA	Zip Code 22201	Transaction ID : SE.4237
Purpose of Expenditure texting	Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 07 / 24 / 2026	
Name of Federal Candidate POWELL, NATE, , ,		☒ Support ☐ Oppose	Office Sought: ☒ House District: 05 ☐ President ☐ Senate State: WA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☒ Primary ☐ General 2026 ☐ Other (specify) ▶	

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..... ▶	609.03
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	609.03

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.

Green, Jef, , ,
Signature

Date MM / DD / YYYY
07 / 24 / 2026