

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 1 OF 2
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
		M M / D D / Y Y Y Y Y Y 07 / 09 / 2026	

Full Name of Payee The New Media Firm		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 07 / 09 / 2026	
Mailing Address 1730 Rhode Island Ave Nw Ste 213		Amount 55000.00	
City Washington	State DC	Zip Code 20036	Transaction ID : SE.4137
Purpose of Expenditure Digital Media Placement		Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 07 / 02 / 2026
Name of Federal Candidate BRAUN, JOHN, ,		☐ Support ☒ Oppose	Office Sought: ☒ House District: 03 ☐ President ☐ Senate State: WA
Calendar Year-To-Date Per Election for Office Sought		55000.00	Disbursement For: ☒ Primary ☐ General 2026 ☐ 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..... ▶	55000.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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 M M / D D / Y Y Y Y Y Y
07 / 15 / 2026

FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION

Form/Schedule: F24A

Transaction ID :

Accidently used wrong paid date

Form/Schedule:

Transaction ID: