

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

Committee for Working Families, sponsored by the California Labor Federation, AFL-CIO

ADDRESS (number and street)

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

(b) Monthly Report Due On:

- Feb 20 (M2)
- Mar 20 (M3)
- Apr 20 (M4)
- May 20 (M5)
- Jun 20 (M6)
- Jul 20 (M7)
- Aug 20 (M8)
- Sep 20 (M9)
- Oct 20 (M10)
- Nov 20 (M11) (Non-Election Year Only)
- Dec 20 (M12) (Non-Election Year Only)
- Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

- Primary (12P)
- General (12G)
- Runoff (12R)
- Convention (12C)
- Special (12S)

Election on / / in the State of

(d) 30-Day POST-Election Report for the:

- General (30G)
- Runoff (30R)
- Special (30S)

Election on / / in the State of

5. Covering Period / / through / /

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Pulaski, Art, , ,

Type or Print Name of Treasurer _____

Signature of Treasurer Pulaski, Art, , , [Electronically Filed] Date / /

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

Committee for Working Families, sponsored by the California Labor Federation, AFL-CIO

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>		330324.96
(b) Cash on Hand at Beginning of Reporting Period.....	371288.87	
(c) Total Receipts (from Line 19)	206294.75	251266.41
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	577583.62	581591.37
7. Total Disbursements (from Line 31).....	12160.40	16168.15
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	565423.22	565423.22
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	24711.88	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

Committee for Working Families, sponsored by the California Labor Federation, AFL-CIO

Report Covering the Period: From: / / To: / /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	117500.00	125300.00
(ii) Unitemized	400.00	500.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	117900.00	125800.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	88394.75	125394.75
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	206294.75	251194.75
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	71.66
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	206294.75	251266.41
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	206294.75	251266.41

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	4765.65	8773.40
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	4765.65	8773.40
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	7394.75	7394.75
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	12160.40	16168.15
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	12160.40	16168.15

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	206294.75	251194.75
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	206294.75	251194.75
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	4765.65	8773.40
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	4765.65	8773.40

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 18
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements 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.

NAME OF COMMITTEE (In Full)
Committee for Working Families, sponsored by the California Labor Federation, AFL-CIO

A. Cotchett, Joseph, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 840 Malcolm Road
 City Burlingame State CA Zip Code 94010
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Law Offices of Cotchett, Pitre et al. Occupation (for Individual) Attorney
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 100000.00

Date of Receipt 10 / 17 / 2016
Transaction ID : INCA93
 Amount of Each Receipt this Period 100000.00
 Memo Item

B. International Brotherhood of Electrical Workers Local No. 47
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 600 North Diamond Bard Blvd.
 City Diamond Bar State CA Zip Code 91765
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 20000.00

Date of Receipt 10 / 13 / 2016
Transaction ID : INCA80
 Amount of Each Receipt this Period 15000.00
 Memo Item

C. Sprinkler Fitters Local No. 483
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2525 Barrington Court
 City Hayward State CA Zip Code 94545
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 10 / 17 / 2016
Transaction ID : INCA95
 Amount of Each Receipt this Period 2500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	117500.00
TOTAL This Period (last page this line number only).....	117500.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 18
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee for Working Families, sponsored by the California Labor Federation, AFL-CIO

A. Amalgamated Transit Union Local 265 Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 1590 La Pradera Drive

City Campbell	State CA	Zip Code 95008
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		05		2016

Transaction ID : INCA77

Amount of Each Receipt this Period
500.00

Memo Item

B. California Federation of Teachers COPE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 2550 North Hollywood Way, Suite 40

City Burbank	State CA	Zip Code 91505
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
25000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		13		2016

Transaction ID : INCA79

Amount of Each Receipt this Period
25000.00

Memo Item

C. IATSE Local 600 Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 7755 West Sunset Blvd.

City Los Angeles	State CA	Zip Code 90046
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
50000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		17		2016

Transaction ID : INCA81

Amount of Each Receipt this Period
50000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	75500.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 18
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee for Working Families, sponsored by the California Labor Federation, AFL-CIO

A. Service Employees International Union Local 221 Independent Expenditure PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 555 Capitol Mall, Suite 1425

City Sacramento	State CA	Zip Code 95814
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	12	/	2016

Transaction ID : INCA99

Amount of Each Receipt this Period
5000.00

Memo Item

B. Theatrical Stage Employees Local 16 IATSE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 240 Second Street, First Floor

City San Francisco	State CA	Zip Code 94105
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2016

Transaction ID : INCA96

Amount of Each Receipt this Period
500.00

Memo Item

C. United Food and Commercial Workers 8 Golden State Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 2200 Professional Drive

City Roseville	State CA	Zip Code 95661
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
7394.75

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2016

Transaction ID : INCA100

Amount of Each Receipt this Period
7394.75

Memo Item

SUBTOTAL of Receipts This Page (optional).....	12894.75
TOTAL This Period (last page this line number only).....	88394.75

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11C

Transaction ID : INCA100

In-kind: Staff Time & Expenses for Canvassing 10/17/16-10/19

Form/Schedule:

Transaction ID:

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Committee for Working Families, sponsored by the California Labor Federation, AFL-CIO

Full Name (Last, First, Middle Initial)

A. Olson, Hagel & Fishburn LLP

Mailing Address 555 Capitol Mall, Suite 1425

City Sacramento State CA Zip Code 95814

Purpose of Disbursement
Legal & Reporting Services

001

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 14 / 2016

FEC Identification Number

C

Transaction ID : EXPB98

Amount of Each Disbursement this Period

4765.65

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify)

Date of Disbursement

M M / D D / Y Y Y Y Y Y

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

4765.65

TOTAL This Period (last page this line number only)..... ▶

4765.65

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 11 OF 18
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
Committee for Working Families, sponsored by the California Labor Federation, AFL-CIO

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor California Labor Federation, AFL-CIO			Nature of Debt (Purpose): Lodging and Travel Expenses for Canvassing. 9/23/16-9/30/16
Mailing Address 600 Grand Avenue, Suite 410			
City Oakland	State CA	Zip Code 94565	

Outstanding Balance Beginning This Period <input type="text" value="1863.93"/>	Transaction ID : PAYD55	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1863.93"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor California Labor Federation, AFL-CIO			Nature of Debt (Purpose): Lodging and Travel Expenses for Canvassing. 9/23/16-9/30/16
Mailing Address 600 Grand Avenue, Suite 410			
City Oakland	State CA	Zip Code 94565	

Outstanding Balance Beginning This Period <input type="text" value="1863.93"/>	Transaction ID : PAYD56	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1863.93"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor California Labor Federation, AFL-CIO			Nature of Debt (Purpose): Lodging and Travel Expenses for Canvassing. 9/23/16-9/30/16
Mailing Address 600 Grand Avenue, Suite 410			
City Oakland	State CA	Zip Code 94565	

Outstanding Balance Beginning This Period <input type="text" value="931.97"/>	Transaction ID : PAYD57	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="931.97"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="4659.83"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 12 OF 18
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
Committee for Working Families, sponsored by the California Labor Federation, AFL-CIO

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor California Labor Federation, AFL-CIO			Nature of Debt (Purpose): Lodging and Travel Expenses for Canvassing. 9/23/16-9/30/16
Mailing Address 600 Grand Avenue, Suite 410			
City Oakland	State CA	Zip Code 94565	

Outstanding Balance Beginning This Period 931.97	Transaction ID : PAYD59	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 931.97

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor California Labor Federation, AFL-CIO			Nature of Debt (Purpose): Non-Federal Independent Expenditures
Mailing Address 600 Grand Avenue, Suite 410			
City Oakland	State CA	Zip Code 94565	

Outstanding Balance Beginning This Period 1863.92	Transaction ID : PAYD60	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1863.92

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor California Labor Federation, AFL-CIO			Nature of Debt (Purpose): Lodging and Travel Expenses for Canvassing. 10/1/16-10/19/16
Mailing Address 600 Grand Avenue, Suite 410			
City Oakland	State CA	Zip Code 94565	

Outstanding Balance Beginning This Period 0.00	Transaction ID : PAYD82	
Amount Incurred This Period 4314.04	Payment This Period 0.00	Outstanding Balance at Close of This Period 4314.04

1) SUBTOTALS This Period This Page (optional)..... ▶	7109.93
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 13 OF 18
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
Committee for Working Families, sponsored by the California Labor Federation, AFL-CIO

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor California Labor Federation, AFL-CIO			Nature of Debt (Purpose): Lodging and Travel Expenses for Canvassing. 10/1/16-10/19/16
Mailing Address 600 Grand Avenue, Suite 410			
City Oakland	State CA	Zip Code 94565	

Outstanding Balance Beginning This Period 0.00	Transaction ID : PAYD83	
Amount Incurred This Period 4314.04	Payment This Period 0.00	Outstanding Balance at Close of This Period 4314.04

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor California Labor Federation, AFL-CIO			Nature of Debt (Purpose): Lodging and Travel Expenses for Canvassing. 10/1/16-10/19/16
Mailing Address 600 Grand Avenue, Suite 410			
City Oakland	State CA	Zip Code 94565	

Outstanding Balance Beginning This Period 0.00	Transaction ID : PAYD84	
Amount Incurred This Period 2157.02	Payment This Period 0.00	Outstanding Balance at Close of This Period 2157.02

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor California Labor Federation, AFL-CIO			Nature of Debt (Purpose): Lodging and Travel Expenses for Canvassing. 10/1/16-10/19/16
Mailing Address 600 Grand Avenue, Suite 410			
City Oakland	State CA	Zip Code 94565	

Outstanding Balance Beginning This Period 0.00	Transaction ID : PAYD85	
Amount Incurred This Period 2157.02	Payment This Period 0.00	Outstanding Balance at Close of This Period 2157.02

1) SUBTOTALS This Period This Page (optional)..... ▶	8628.08
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 14 OF 18
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
Committee for Working Families, sponsored by the California Labor Federation, AFL-CIO

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor California Labor Federation, AFL-CIO			Nature of Debt (Purpose): Non-Federal Independent Expenditures
Mailing Address 600 Grand Avenue, Suite 410			
City Oakland	State CA	Zip Code 94565	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	Transaction ID : PAYD97		
Amount Incurred This Period <input type="text" value="4314.04"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="4314.04"/>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period <input type="text"/>	Transaction ID : PAYD97		
Amount Incurred This Period <input type="text"/>	Payment This Period <input type="text"/>	Outstanding Balance at Close of This Period <input type="text"/>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period <input type="text"/>	Transaction ID : PAYD97		
Amount Incurred This Period <input type="text"/>	Payment This Period <input type="text"/>	Outstanding Balance at Close of This Period <input type="text"/>	

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="4314.04"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text" value="24711.88"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text" value="0.00"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="24711.88"/>

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) Committee for Working Families, sponsored by the California Labor Federation, AFL-CIO	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00626119 </div>
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Check if 24-hour report 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input checked="" type="checkbox"/> Memo Item California Labor Federation, AFL-CIO			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 01 / 2016
Mailing Address 600 Grand Avenue, Suite 410			
City Oakland	State CA	Zip Code 94565	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">4314.04</div>
Purpose of Expenditure Staff Time and Expenses for Canvassing. 10/1/16-10/19/16		Category/Type 24A	Transaction ID : PDTE14 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 01 / 2016
Name of Federal Candidate: Trump, Donald, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">16053.32</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <input checked="" type="checkbox"/> Memo Item California Labor Federation, AFL-CIO			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 01 / 2016
Mailing Address 600 Grand Avenue, Suite 410			
City Oakland	State CA	Zip Code 94565	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">4314.04</div>
Purpose of Expenditure Staff Time and Expenses for Canvassing. 10/1/16-10/19/16		Category/Type 24E	Transaction ID : PDTE16 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 01 / 2016
Name of Federal Candidate: Clinton, Hillary, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">16053.32</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

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.

Pulaski, Art, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
10 / 27 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Committee for Working Families, sponsored by the California Labor Federation, AFL-CIO
FEC IDENTIFICATION NUMBER
C C00626119

Check if 24-hour report 48-hour report
New report Amends report filed on 10/01/2016

Full Name of Payee: California Labor Federation, AFL-CIO
Mailing Address: 600 Grand Avenue, Suite 410
City: Oakland, State: CA, Zip Code: 94565
Purpose of Expenditure: Staff Time and Expenses for Canvassing. 10/1/16-10/19/16
Category/Type: 24A
Name of Federal Candidate: Heck, Joe, , , Support: [], Oppose: [x]
Office Sought: [] President, [x] Senate, State: NV
Disbursement For: [] Primary, [x] General 2016
Amount: 2157.02
Transaction ID: PDTE13
Date of Disbursement or Obligation: 10/01/2016
Calendar Year-To-Date Per Election for Office Sought: 9875.35

Full Name of Payee: California Labor Federation, AFL-CIO
Mailing Address: 600 Grand Avenue, Suite 410
City: Oakland, State: CA, Zip Code: 94565
Purpose of Expenditure: Staff Time and Expenses for Canvassing. 10/1/16-10/19/16
Category/Type: 24E
Name of Federal Candidate: Masto, Catherine Cortez, , , Support: [x], Oppose: []
Office Sought: [] President, [x] Senate, State: NV
Disbursement For: [] Primary, [x] General 2016
Amount: 2157.02
Transaction ID: PDTE15
Date of Disbursement or Obligation: 10/01/2016
Calendar Year-To-Date Per Election for Office Sought: 9875.35

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) 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.

Pulaski, Art, , ,
Signature

[Electronically Filed]

Date 10/27/2016

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) Committee for Working Families, sponsored by the California Labor Federation, AFL-CIO	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00626119 </div>
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Check if 24-hour report 48-hour report ▶ New report Amends report filed on MM / DD / YYYY

Full Name of Payee <input type="checkbox"/> Memo Item United Food and Commercial Workers 8 Golden State Political Action Committee	Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 01 / 2016						
Mailing Address 2200 Professional Drive	Amount 1848.69 Transaction ID : EDTEALC1 Date of Disbursement or Obligation MM / DD / YYYY 10 / 01 / 2016						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; border-bottom: 1px solid black;">City</td> <td style="width:33%; border-bottom: 1px solid black;">State</td> <td style="width:33%; border-bottom: 1px solid black;">Zip Code</td> </tr> <tr> <td>Roseville</td> <td>CA</td> <td>95661</td> </tr> </table>		City	State	Zip Code	Roseville	CA	95661
City		State	Zip Code				
Roseville	CA	95661					
Purpose of Expenditure Staff Time and Expenses for Canvassing. 10/1/16-10/19/16							
Name of Federal Candidate: Clinton, Hillary, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: _____						
Calendar Year-To-Date Per Election for Office Sought 16053.32	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____						

Full Name of Payee <input type="checkbox"/> Memo Item United Food and Commercial Workers 8 Golden State Political Action Committee	Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 01 / 2016						
Mailing Address 2200 Professional Drive	Amount 1848.68 Transaction ID : EDTEALC4 Date of Disbursement or Obligation MM / DD / YYYY 10 / 01 / 2016						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; border-bottom: 1px solid black;">City</td> <td style="width:33%; border-bottom: 1px solid black;">State</td> <td style="width:33%; border-bottom: 1px solid black;">Zip Code</td> </tr> <tr> <td>Roseville</td> <td>CA</td> <td>95661</td> </tr> </table>		City	State	Zip Code	Roseville	CA	95661
City		State	Zip Code				
Roseville	CA	95661					
Purpose of Expenditure Staff Time and Expenses for Canvassing. 10/1/16-10/19/16							
Name of Federal Candidate: Masto, Catherine Cortez, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ State: NV						
Calendar Year-To-Date Per Election for Office Sought 9875.35	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ G2016						

(a) SUBTOTAL of Itemized Independent Expenditures ▶	3697.37
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	
(a) 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.

Pulaski, Art, , ,

[Electronically Filed]

Date

MM / DD / YYYY
10 / 27 / 2016

Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) Committee for Working Families, sponsored by the California Labor Federation, AFL-CIO	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00626119 </div>
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Check if 24-hour report 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item United Food and Commercial Workers 8 Golden State Political Action Committee	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 01 / 2016 </div>
Mailing Address 2200 Professional Drive	Amount <div style="border: 1px solid black; padding: 2px;"> 1848.69 </div>
City State Zip Code Roseville CA 95661	Transaction ID : EDTEALC17 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 01 / 2016 </div>
Purpose of Expenditure Staff Time and Expenses for Canvassing. 10/1/16-10/19/16	Category/Type 24A
Name of Federal Candidate: <input type="checkbox"/> Support Heck, Joe, , , <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NV</u>
Calendar Year-To-Date Per Election for Office Sought 9875.35	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <input type="checkbox"/> Memo Item United Food and Commercial Workers 8 Golden State Political Action Committee	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 01 / 2016 </div>
Mailing Address 2200 Professional Drive	Amount <div style="border: 1px solid black; padding: 2px;"> 1848.69 </div>
City State Zip Code Roseville CA 95661	Transaction ID : EDTEALC18 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 01 / 2016 </div>
Purpose of Expenditure Staff Time and Expenses for Canvassing. 10/1/16-10/19/16	Category/Type 24A
Name of Federal Candidate: <input checked="" type="checkbox"/> Support Trump, Donald, , , <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 16053.32	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px;"> 3697.38 </div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px;"> </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px;"> 7394.75 </div>

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.

Pulaski, Art, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
 10 / 27 / 2016

Signature