

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. 12FE4M5

Committee for Working Families, Sponsored by Labor Organizations

ADDRESS (number and street) 555 Capitol Mall, Suite 400

Check if different than previously reported. (ACC) Sacramento CA 95814

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

C C00626119 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (b) Monthly Report Due On: Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)

(a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) X January 31 Year-End Report (YE)

(c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) Convention (12C) Special (12S)

Election on M M / D D / Y Y Y Y Y Y in the State of

(d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S)

Election on M M / D D / Y Y Y Y Y Y in the State of

5. Covering Period 07 / 01 / 2023 through 12 / 31 / 2023

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

Type or Print Name of Treasurer Gonzalez-Fletcher, Lorena, , ,

Signature of Treasurer Gonzalez-Fletcher, Lorena, , , Date 01 / 19 / 2024

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

Table with 7 columns and 1 row for Office Use Only.

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

Committee for Working Families, Sponsored by Labor Organizations

Report Covering the Period: From: 07 / 01 / 2023 To: 12 / 31 / 2023

Table with 2 columns: COLUMN A This Period, COLUMN B Calendar Year-to-Date. Rows include: 6. (a) Cash on Hand January 1, 2023 (193303.27); (b) Cash on Hand at Beginning of Reporting Period (192788.38); (c) Total Receipts (from Line 19) (1690.19 / 8300.76); (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) (194478.57 / 201604.03); 7. Total Disbursements (from Line 31) (2201.00 / 9326.46); 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) (192277.57 / 192277.57); 9. Debts and Obligations Owed TO the Committee (0.00); 10. Debts and Obligations Owed BY the Committee (0.00).

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**Committee for Working Families, Sponsored by Labor Organizations**

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

<b>I. Receipts</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0.00	0.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	5000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	0.00	5000.00
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.).....	1690.19	3300.76
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)).....▶	1690.19	8300.76
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	1690.19	8300.76

**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 .....	2201.00	9326.46
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	2201.00	9326.46
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) .....	0.00	0.00
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)) ..	2201.00	9326.46
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2201.00	9326.46

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	0.00	5000.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	0.00	5000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	2201.00	9326.46
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	2201.00	9326.46

**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 11
<input 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 checked="" 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 Labor Organizations**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name		Date of Receipt
<b>A. Bank of Labor</b>		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2023"/>
Mailing Address 756 Minnesota Avenue		<b>Transaction ID : IA817</b>
City Kansas City	State KS	Zip Code 66101
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period
<input type="text" value="C"/>		<input type="text" value="88.59"/>
Name of Employer (for Individual)	Occupation (for Individual)	<input type="checkbox"/> Memo Item
Receipt For:	Aggregate Year-to-Date ▼	Interest Earned
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="3296.64"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name		Date of Receipt
<b>B. Bank of Labor</b>		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2023"/>
Mailing Address 756 Minnesota Avenue		<b>Transaction ID : IA818</b>
City Kansas City	State KS	Zip Code 66101
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period
<input type="text" value="C"/>		<input type="text" value="196.48"/>
Name of Employer (for Individual)	Occupation (for Individual)	<input type="checkbox"/> Memo Item
Receipt For:	Aggregate Year-to-Date ▼	Interest Earned
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="3296.64"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name		Date of Receipt
<b>C. Bank of Labor</b>		<input type="text" value="08"/> / <input type="text" value="31"/> / <input type="text" value="2023"/>
Mailing Address 756 Minnesota Avenue		<b>Transaction ID : IA820</b>
City Kansas City	State KS	Zip Code 66101
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period
<input type="text" value="C"/>		<input type="text" value="87.90"/>
Name of Employer (for Individual)	Occupation (for Individual)	<input type="checkbox"/> Memo Item
Receipt For:	Aggregate Year-to-Date ▼	Interest Earned
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<input type="text" value="3296.64"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<input type="text" value="372.97"/>
<b>TOTAL</b> This Period (last page this line number only).....	<input type="text"/>

# 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 11
<input 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 checked="" 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 Labor Organizations**

**A. Bank of Labor**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 756 Minnesota Avenue

City Kansas City	State KS	Zip Code 66101
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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 ▼  
3296.64

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2023

**Transaction ID : IA821**

Amount of Each Receipt this Period  
196.77

Memo Item  
Interest Earned

**B. Bank of Labor**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 756 Minnesota Avenue

City Kansas City	State KS	Zip Code 66101
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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 ▼  
3296.64

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		29		2023

**Transaction ID : IA824**

Amount of Each Receipt this Period  
84.25

Memo Item  
Interest Earned

**C. Bank of Labor**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 756 Minnesota Avenue

City Kansas City	State KS	Zip Code 66101
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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 ▼  
3296.64

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		29		2023

**Transaction ID : IA825**

Amount of Each Receipt this Period  
190.71

Memo Item  
Interest Earned

<b>SUBTOTAL</b> of Receipts This Page (optional).....	471.73
<b>TOTAL</b> 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 11
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee for Working Families, Sponsored by Labor Organizations**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name		Date of Receipt
<b>A. Bank of Labor</b>		<input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2023"/>
Mailing Address 756 Minnesota Avenue		<b>Transaction ID : IA827</b>
City Kansas City	State KS	Zip Code 66101
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period
<input type="text" value="C"/>		<input type="text" value="197.31"/>
Name of Employer (for Individual)	Occupation (for Individual)	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	Interest Earned
	<input type="text" value="3296.64"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name		Date of Receipt
<b>B. Bank of Labor</b>		<input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2023"/>
Mailing Address 756 Minnesota Avenue		<b>Transaction ID : IA829</b>
City Kansas City	State KS	Zip Code 66101
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period
<input type="text" value="C"/>		<input type="text" value="86.83"/>
Name of Employer (for Individual)	Occupation (for Individual)	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	Interest Earned
	<input type="text" value="3296.64"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name		Date of Receipt
<b>C. Bank of Labor</b>		<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2023"/>
Mailing Address 756 Minnesota Avenue		<b>Transaction ID : IA836</b>
City Kansas City	State KS	Zip Code 66101
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period
<input type="text" value="C"/>		<input type="text" value="83.77"/>
Name of Employer (for Individual)	Occupation (for Individual)	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼	Interest Earned
	<input type="text" value="3296.64"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="367.91"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>



**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 9 OF 11
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Committee for Working Families, Sponsored by Labor Organizations**

**A. Bank of Labor**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 756 Minnesota Avenue

City Kansas City	State KS	Zip Code 66101
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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 ▼  
3296.64

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11		30		2023

**Transaction ID : IA835**

Amount of Each Receipt this Period  
191.27

Memo Item

Interest Earned

**B. Bank of Labor**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 756 Minnesota Avenue

City Kansas City	State KS	Zip Code 66101
---------------------	-------------	-------------------

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 ▼  
3296.64

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2023

**Transaction ID : IA838**

Amount of Each Receipt this Period  
86.34

Memo Item

Interest Earned

**C. Bank of Labor**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 756 Minnesota Avenue

City Kansas City	State KS	Zip Code 66101
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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 ▼  
3296.64

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2023

**Transaction ID : IA839**

Amount of Each Receipt this Period  
197.93

Memo Item

Interest Earned

<b>SUBTOTAL</b> of Receipts This Page (optional).....	475.54
<b>TOTAL</b> This Period (last page this line number only).....	1688.15

**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 Labor Organizations**

Full Name (Last, First, Middle Initial)

**A. Olson Remcho LLP**

Mailing Address 555 Capitol Mall, Suite 400

City  
Sacramento

State  
CA

Zip Code  
95814

Purpose of Disbursement  
Legal and Reporting Services

001

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			1	9			2	0	2	3		

FEC Identification Number

C

Transaction ID : EB816

Amount of Each Disbursement this Period

387.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Olson Remcho LLP**

Mailing Address 555 Capitol Mall, Suite 400

City  
Sacramento

State  
CA

Zip Code  
95814

Purpose of Disbursement  
Legal and Reporting Services

001

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			1	7			2	0	2	3		

FEC Identification Number

C

Transaction ID : EB819

Amount of Each Disbursement this Period

841.50

Memo Item

Full Name (Last, First, Middle Initial)

**C. Olson Remcho LLP**

Mailing Address 555 Capitol Mall, Suite 400

City  
Sacramento

State  
CA

Zip Code  
95814

Purpose of Disbursement  
Legal and Reporting Services

001

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	9			2	0	2	3		

FEC Identification Number

C

Transaction ID : EB826

Amount of Each Disbursement this Period

213.00

Memo Item

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

1441.50

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

# 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 Labor Organizations**

Full Name (Last, First, Middle Initial)

### A. Olson Remcho LLP

Mailing Address 555 Capitol Mall, Suite 400

City  
Sacramento

State  
CA

Zip Code  
95814

Purpose of Disbursement  
Legal and Reporting Services

001

Category/  
Type

Candidate Name

Office Sought:  
 House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			20			2023			

FEC Identification Number

C [REDACTED]

Transaction ID : EB832

Amount of Each Disbursement this Period

[REDACTED] 293.00

Memo Item

Full Name (Last, First, Middle Initial)

### B. Olson Remcho LLP

Mailing Address 555 Capitol Mall, Suite 400

City  
Sacramento

State  
CA

Zip Code  
95814

Purpose of Disbursement  
Legal and Reporting Services

001

Category/  
Type

Candidate Name

Office Sought:  
 House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			15			2023			

FEC Identification Number

C [REDACTED]

Transaction ID : EB833

Amount of Each Disbursement this Period

[REDACTED] 210.50

Memo Item

Full Name (Last, First, Middle Initial)

### C. Olson Remcho LLP

Mailing Address 555 Capitol Mall, Suite 400

City  
Sacramento

State  
CA

Zip Code  
95814

Purpose of Disbursement  
Legal and Reporting Services

001

Category/  
Type

Candidate Name

Office Sought:  
 House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			15			2023			

FEC Identification Number

C [REDACTED]

Transaction ID : EB837

Amount of Each Disbursement this Period

[REDACTED] 181.00

Memo Item

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

[REDACTED] 684.50

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

[REDACTED] 2126.00