Image# 202307219583990590				PAGE 1 / 13
	EPORT OF RI ND DISBURS Other Than An Authori	EMENTS	c	Office Use Only
1. NAME OF TYP COMMITTEE (in full)		Example: If typing, type over the lines.	12FE4M5	
	amilies, Sponsored by	Labor Organizatio	ons	
ADDRESS (number and street)	55 Capitol Mall, Suite 400			
Check if different than previously reported. (ACC)	Sacramento			95814
2. FEC IDENTIFICATION NUMB	ER ▼ CITY▲		STATE 🔺	ZIP CODE
C C00626119	3. IS TH REPC	· · · · · · · · · · · · · · · · · · ·		NDED
 4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) 	(b) Monthly Report Due On: Apr 20 (M3) Jun 20 (M	6) Sep 20	(M9) Dec 20 (M12) (Non-Election (Non-Election Year Only)
July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3)	(c) 12-Day PRE -Election Report for the:	Primary (12P) Convention (12C)	General (12 Special (12	
January 31 Year-End Report (YE) July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Election	General (30G)	Runoff (30F	State of
Termination Report (TER)	Report for the: Election on	M = M / D = D		in the State of
5. Covering Period	01 / Y Y Y Y 01 2023	through 06	M / D D / 30	2023
I certify that I have examined this R G Type or Print Name of Treasurer	eport and to the best of my Gonzalez-Fletcher, Lorena, , ,	knowledge and belief it is	true, correct and c	complete.
Signature of Treasurer	Fletcher, Lorena, , ,	[Electronically Filed]	Date 07	/ D D / Y Y Y Y 20 2023
NOTE: Submission of false, erroneous	, or incomplete information ma	y subject the person signing	g this Report to the	penalties of 52 U.S.C. § 3010
Office Use Only				FEC FORM 3X Rev. 05/2016

07/21/2023 12 : 54

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

Page 2

Write or Type Committee Name

FEC Form 3X (Rev. 05/2016)

Committee for Working Families, Sponsored by Labor Organizations

R	Report Covering the Period: From: 0		b: 06 / 0 0 / 0 0 0 / 0 0 0 0 0 0 0 0 0 0
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2023		193303.27
	(b) Cash on Hand at Beginning of Reporting Period	193303.27	
	(c) Total Receipts (from Line 19)	6610.57	6610.57
	 (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) 	199913.84	199913.84
7.	Total Disbursements (from Line 31)	7125.46	7125.46
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	192788.38	192788.38
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)	0.00	

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

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

Committee for Working Families, Sponsored by Labor Organizations

I. Receipts Contributions (other than loans) From: (a) Individuals/Persons Other	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
, ,		
(a) Individuals/Persons Other		
Than Political Committees	0.00	0.00
(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)	5000.00	5000.00
(d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry	5000.00	5000.00
Totals to Line 33, page 5)▶	5000.00	5000.00
. Transfers From Affiliated/Other	0.00	0.00
Party Committees	0.00	
. All Loans Received	0.00	0.00
	- ATA - ATA - ATA -	
Lean Denoumente Despired	0.00	0.00
Loan Repayments Received Offsets To Operating Expenditures		
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	0.00
. Refunds of Contributions Made	4	474 474 474
to Federal Candidates and Other		
Political Committees	0.00	0.00
. Other Federal Receipts		
(Dividends, Interest, etc.)	1610.57	1610.57
. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account		
(from Schedule H3)	0.00	0.00
	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(a) Tatal Transferr (add 40(a) and 40(b))	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
. Total Receipts (add Lines 11(d),		
12, 13, 14, 15, 16, 17, and 18(c))	6610.57	6610.57
. Total Federal Receipts		
(subtract Line 18(c) from Line 19)▶	6610.57	6610.57

Page 3

I

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)	of Disbursements	Page 4
II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		Calendar Tear-to-Date
(i) Federal Share	0.00	0.0
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	7125.46	7125.4
(c) Total Operating Expenditures		
(add 21(a)(i), (a)(ii), and (b))► Transfers to Affiliated/Other Party	7125.46	7125.4
Committees Contributions to	0.00	0.0
Federal Candidates/Committees and Other Political Committees	0.00	0.0
Independent Expenditures (use Schedule E)	0.00	0.0
Coordinated Party Expenditures (52 U.S.C. § 30116(d))		
(use Schedule F)	0.00	0.0
Loan Repayments Made	0.00	0.0
Loans Made	0.00	0.0
Refunds of Contributions To: (a) Individuals/Persons Other		
Than Political Committees	0.00	0.0
(b) Political Party Committees(c) Other Political Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.0
(d) Total Contribution Refunds		
(add Lines 28(a), (b), and (c))	0.00	0.00
Other Disbursements (Including Non-Federal Donations)	0.00	0.00
Federal Election Activity (52 U.S.C. § 30101 (a) Allocated Federal Election Activity	((20))	
(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
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	7125.46	7125.4
Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	7125.46	7125.46
		7123.40

DETAILED SUMMARY PAGE

of Disbursements

COLUMN A

Total This Period

FFC	Form	3X	(Rev	05/2016)
1 20	1 01111	57	(110 v.	05/2010	,

III. Net Contributions/ Operating Expenditures

33.	Total Contributions (other than loans)
	(from Line 11(d), page 3)
34.	Total Contribution Refunds
	(from Line 28(d))
35.	Net Contributions (other than loans)
	(subtract Line 34 from Line 33)
36.	Total Federal Operating Expenditures
	(add Line 21(a)(i) and Line 21(b))
37.	Offsets to Operating Expenditures
	(from Line 15, page 3)
38.	Net Operating Expenditures
	(subtract Line 37 from Line 36)

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		-7			-	4	0.00	
							5000.00	
		- 7			7		5000.00	_
							7125 46	
		,			,		7125.46	
E	_	-7	-	+	-7	-	7125.46	_
	-						7125.46	
		-					7125.46	

							5000.00
		-7			-7		3000.00
- E							0.00
		-7	1		-	1	0.00
- E							5000.00
	1	7	1	1	-		0000.00
- E	1					1	7125.46
		-7	1		-7		
- E						1	0.00
		-7			-7-		0.00
						1	7125.46

Page 5

COLUMN B Calendar Year-to-Date

Image# 202307219583990595

SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS	5	

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 6 OF

	EMIZED RECEIPTS		for each category of the Detailed Summary Page	11a 11b X 11c 12 13 14 15 16 17
	y information copied from such Reports and State for commercial purposes, other than using the na			
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) Committee for Working Families, \$	Sponso	ored by Labor Organizat	ions
Α.	Full Name of Individual (Last, First, Middle Initial) United Food and Commerical Workers Western S Mailing Address 8530 Stanton Avenue, Suite 2A City Buena Park FEC ID number of contributing			Date of Receipt 04 18 2023 Transaction ID : IA805 Amount of Each Receipt this Period 5000.00
	Name of Employer (for Individual)	Occ	upation (for Individual) Year-to-Date ▼ 5000.00	Memo Item
в.	Name of Employer (for Individual)	State C Occ	Drganization Name Zip Code cupation (for Individual) Year-to-Date ▼	Date of Receipt
C.	Name of Employer (for Individual)	State C Occ	Drganization Name Zip Code Lupation (for Individual) Year-to-Date ▼	Date of Receipt
s	UBTOTAL of Receipts This Page (optional)			5000.00
т	OTAL This Period (last page this line number only	/)	•	5000.00

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER:

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7 OF

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	NAME OF COMMITTEE (In Full)	-										
$ \rangle$	Committee for Working Families	, Sponsc	ored by La	abor Organiza	atior	าร						
<u> </u>	Full Name of Individual (Last, First, Middle Initi Bank of Labor	al) or Full O	rganization N	ame		Date o	f Re	ceipt				
	Mailing Address 756 Minnesota Avenue					M M	/	31	/ Y	y y 2023	Y	1
	City	State	Zip Code)				ion ID :				
	Kansas City	KS	66101		_	Amoun	t of	Each R	eceipt th	nis Perio	d	
	FEC ID number of contributing federal political committee.	С							1.95	80	0.69	
	Name of Employer (for Individual)	Осси	upation (for In	dividual)		М	emc	Item				
						Interest	Earr	ned				
	Receipt For:	Aggregate	Year-to-Date	•								
	Primary General Other (specify) ▼			1608.49	11.							
			4		11							
	Full Name of Individual (Last, First, Middle Initi	al) or Full O	rganization N	ame								
Β.	Bank of Labor					Date o	f Re	ceipt				
	Mailing Address 756 Minnesota Avenue	State	Zip Code	<u></u>		01 / D D / Y Y Y Y Y 2023						
	City Kansas City	KS	66101	;				on ID : Each B	IA792 leceipt th	is Porio	Ч	
	FEC ID number of contributing federal political committee.	С									2.56	
	Name of Employer (for Individual)	Осси	upation (for Ir	ndividual)		M		Item				
	Receipt For:	Aggregate Year-to-Date ▼					Lan	lou				
	Primary General	Aggregate			11							
	Other (specify) ▼	L	<u> </u>	1608.49	1							
C.	Full Name of Individual (Last, First, Middle Initi Bank of Labor	al) or Full O	rganization N	ame		Date o	f Re	ceipt				
	Mailing Address 756 Minnesota Avenue					02 28 2023]	
	City Kansas City	State KS	Zip Code 66101	9	_			ion ID :		ie Devie	al .	
	FEC ID number of contributing					Amoun	τοτ	Each R	eceipt th	iis Perio	a	_
	federal political committee.	С				Ļ.		y :	. y	74	1.67	_
	Name of Employer (for Individual)	Осси	upation (for In	dividual)		M Interest		ltem ned				
	Receipt For:	Aggregate	Year-to-Date	▼								
	Other (specify)			1608.49								
⊢	UBTOTAL of Receipts This Page (optional)			-	 . . 			y	,	327	7.92	3

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER:

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PAGE 8 OF

			Detailed Summar			11a 13		11b 14	11		12	X 17		
	y information copied from such Reports and Stat for commercial purposes, other than using the n					for the p		oose of	solici	iting c	ontribu	tions		
$\left \right\rangle$	NAME OF COMMITTEE (In Full) Committee for Working Families,													
A.	Full Name of Individual (Last, First, Middle Initial Bank of Labor) or Full O	rganization Name		Date of Receipt									
	Mailing Address 756 Minnesota Avenue							02 28 2023						
	City Kansas City	State KS	Zip Code 66101		Transaction ID : IA796									
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period						37				
	Name of Employer (for Individual)	Occupation (for Individual)					emo Earn	ltem ed						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼											
B.	Full Name of Individual (Last, First, Middle Initial Bank of Labor) or Full O	rganization Name			Date of	Re	ceipt						
	Mailing Address 756 Minnesota Avenue							03 31 2023						
	City Kansas City	State KS	Zip Code 66101			Transaction ID : IA799 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С						88.74						
	Name of Employer (for Individual)	Occ	upation (for Individua	al)	Ir	Me Iterest E		ltem ed						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	1608.49										
с.	Full Name of Individual (Last, First, Middle Initial Bank of Labor) or Full O	rganization Name			Date of	Re	ceipt						
	Mailing Address 756 Minnesota Avenue							31			2023	Y		
	City Kansas City	State KS	Zip Code 66101					on ID :			Poriod			
	FEC ID number of contributing federal political committee.	С			Amount of Each Receipt this Period									
	Name of Employer (for Individual)	Occupation (for Individual)						Memo Item Interest Earned						
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼											
s	UBTOTAL of Receipts This Page (optional)			••••••	•			,			444.	45		
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SCHEDULE A (FEC Form 3X)

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			Use separate schedule(s)	(chec	(check only one)						
			for each category of the Detailed Summary Page		11a 13	11b 14	11c	12	X 17		
			ay not be sold or used by any ddress of any political committ	person for	the pu	urpose of	soliciting	g contribu	itions		
	e for Working Famili	es, Sponsc	ored by Labor Organiz	zations							
Full Name of A. Bank of Lab	Individual (Last, First, Middle) oor	Initial) or Full O	rganization Name	Da	ate of F	Receipt					
Mailing Addres	Mailing Address 756 Minnesota Avenue						D / Y	y y 2023	Y		
City Kansas City		State KS	Zip Code 66101			ction ID : of Each F		nis Period			
FEC ID number federal politication	er of contributing al committee.	C						83.	68		
Name of Emp	loyer (for Individual)	Occupation (for Individual)			Men rest Ea	no Item Irned					
Receipt For: Primary Other (s	General pecify) ▼	Aggregate									
Full Name of B. Bank of La	Individual (Last, First, Middle bor	Initial) or Full O	rganization Name	Da	ate of F	Receipt					
Mailing Addres	Mailing Address 756 Minnesota Avenue							2023	Y		
City Kansas City		State KS	Zip Code 66101		Transaction ID : IA804 Amount of Each Receipt this Period						
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Name of Emp	loyer (for Individual)	upation (for Individual)	Memo Item								
Receipt For: Primary Other (s	General pecify) ▼	Aggregate	Year-to-Date ▼ 1608.49								
Full Name of C. Bank of La	Individual (Last, First, Middle abor	Initial) or Full O	rganization Name	Da	ate of F	Receipt					
Mailing Addres	Mailing Address 756 Minnesota Avenue						D / Y	2023	Y		
City Kansas City		State KS	Zip Code 66101			ction ID : of Each F		nis Period			
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SCHEDULE A (FEC Form 3X)

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PAGE 10 OF

ITI	EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) 11a 11b 11c 12 13 14 15 16 ¥ 17					
	y information copied from such Reports and Sta for commercial purposes, other than using the n			erson for the purpose of soliciting contributions					
$\left\rangle$	NAME OF COMMITTEE (In Full) Committee for Working Families,	Sponso	ored by Labor Organiza	itions					
A.	Full Name of Individual (Last, First, Middle Initia Bank of Labor	Date of Receipt							
	Mailing Address 756 Minnesota Avenue	05 31 Y Y Y Y 2023							
	City Kansas City	State KS	Zip Code 66101	Transaction ID : IA809 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		90.73					
	Name of Employer (for Individual)	Осси	upation (for Individual)	Memo Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1608.49						
B.	Full Name of Individual (Last, First, Middle Initia Bank of Labor	l) or Full O	organization Name	Date of Receipt					
	Mailing Address 756 Minnesota Avenue			06 30 / Y Y Y Y 2023					
	City Kansas City	State KS	Zip Code 66101	Transaction ID : IA813 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		86.62					
	Name of Employer (for Individual)	Осси	upation (for Individual)	Memo Item Interest Earned					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1608.49						
с.	Full Name of Individual (Last, First, Middle Initia Bank of Labor	l) or Full O	organization Name	Date of Receipt					
	Mailing Address 756 Minnesota Avenue			06 / D / Y Y Y Y 02023					
	City Kansas City	State KS	Zip Code 66101	Transaction ID : IA814 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		189.87					
	Name of Employer (for Individual)	Осси	upation (for Individual)	Memo Item Interest Earned					
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1608.49						
s	UBTOTAL of Receipts This Page (optional)			367.22					
т	OTAL This Period (last page this line number or	nly)	•••••	1608.49					

	HEDULE B (FEC Form 3X)	Use sena	arate schedule(s)	FOR LINE I	
	EMIZED DISBURSEMENTS	for each	category of the Summary Page	(check only 21b 28a	22 23 26 27 28b 28c 29 30b
	y information copied from such Reports and State for commercial purposes, other than using the na				
\setminus	NAME OF COMMITTEE (In Full)				
	Committee for Working Families, S	Sponsore	ed by Labor (Organizatio	ons
Α.	Full Name (Last, First, Middle Initial) Miller Kaplan Arase LLP	Date of Disbursement			
	Mailing Address 4123 Lankershim Blvd.	05 / D D / Y Y Y Y 30 2023			
	City North Hollywood	State CA	Zip Code 91602		FEC Identification Number
	Purpose of Disbursement Tax Preparation Services			001	C
	Candidate Name			Category/	Transaction ID : EB807 Amount of Each Disbursement this Period
	Senate	ement For: Primary	General	Туре	1500.00
	State: District:	Other (spe	cify) 🔻		Memo Item
B.	Full Name (Last, First, Middle Initial) Olson Remcho LLP	Date of Disbursement			
	Mailing Address 555 Capitol Mall, Suite 400				01 12 2023
	City Sacramento Purpose of Disbursement		FEC Identification Number		
	Legal and Reporting Services Candidate Name			001 Category/ Type	Transaction ID : EB793 Amount of Each Disbursement this Period
	Office Sought: House Disburse Senate President	ement For: Primary Other (spec	General	Type	436.00
	State: District:				Memo Item
C.	Full Name (Last, First, Middle Initial) Olson Remcho LLP				Date of Disbursement
	Mailing Address 555 Capitol Mall, Suite 400		02 21 2023		
	City Sacramento	State CA	Zip Code 95814		FEC Identification Number
	Purpose of Disbursement Legal and Reporting Services Candidate Name	001 Category/	C Transaction ID : EB794		
		Amount of Each Disbursement this Period			
	Office Sought: House Disburse Senate President				
	State: District:	Other (spe			Memo Item
⊢	UBTOTAL of Disbursements This Page (optional).				3262.46
	DTAL This Period (last page this line number only	()		••••••	

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SCHEDULE B (FEC Form 3X)		arate schedule(s)			NUMBER: PAGE 12 OF 13				
ITEMIZED DISBURSEMENTS	for each	category of the Summary Page	(cł	neck onl 21b 28a	y one) 22 23 26 27 28b 28c 29 30b				
Any information copied from such Reports and State or for commercial purposes, other than using the na									
NAME OF COMMITTEE (In Full) Committee for Working Families, 3	Sponsore	ed by Labor (Orga	anizati	ions				
Full Name (Last, First, Middle Initial) A. Olson Remcho LLP					Date of Disbursement				
Mailing Address 555 Capitol Mall, Suite 400									
City Sacramento Purpose of Disbursement	StateZip CodeCA95814				FEC Identification Number				
Void Check Candidate Name	Void Check 001								
Office Sought: House Disburse	ement For:	General		vpe	Amount of Each Disbursement this Period				
State: District:	Primary General Other (specify) ▼				Memo Item				
Full Name (Last, First, Middle Initial) B. Olson Remcho LLP	Date of Disbursement								
Mailing Address 555 Capitol Mall, Suite 400					03 16 Y Y Y Y Y 2023				
City Sacramento Purpose of Disbursement Legal and Reporting Services	Sacramento CA 95814 Purpose of Disbursement								
Candidate Name	Cate	01 gory/ pe	Transaction ID : EB798 Amount of Each Disbursement this Period						
Office Sought: House Disburse Senate President	ement For: Primary Other (spec	General			1082.00				
State: District:		;;			Memo Item				
Full Name (Last, First, Middle Initial) C. Olson Remcho LLP					Date of Disbursement				
Mailing Address 555 Capitol Mall, Suite 400	04 17 2023								
City Sacramento Purpose of Disbursement	State CA	Zip Code 95814			FEC Identification Number				
Legal and Reporting Services Candidate Name	C Transaction ID : EB802 Amount of Each Disbursement this Period								
Office Sought: House Disburse Senate President	Type ment For: Primary General Other (specify) ▼				2588.00				
State: District:		- 37 - 7			Memo Item				
SUBTOTAL of Disbursements This Page (optional).					3234.00				

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TEMIZED DISBURSEMENTS Use separate schedule(s) break category of the detailed Summary Page (index only one) (index only one) Ary information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions 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 (Last, First, Middle Initial) Date of Disbursement Legal and Reporting Services Date Office Sought: House Disbursement For: President Disbursement For: Primary General State Zip Code Satamento State Zip Code State Memo Item Mailing Address 555 Capitol Mall, Suite 400 Transaction ID : EB908 Anount of Each Disbursement this Period Office Sought: House Disbursement For: President Memo Item State Zip Code Satamento Got EB918 Anount of Each Disbursement this Period City State Zip Code Satamento Got Transaction ID : EB918 Anount of Each Disbursement this Period Office Sought: House Disbursement For: President Got Zif Zif Cardidate Name Code Sata State	S	CHEDULE B (FEC Form 3X)			F	OR I	INF	NUMBER: PAGE 13 OF 13						
Detailed Summary Page 20<	ITEMIZED DISBURSEMENTS					heck	only	r one)						
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions from such committee. NAME OF CONTINETE (in Full) Committee for Working Families, Sponsored by Labor Organizations Full Name (Last, First, Midde Initial) A. Olson Remcho LLP Mailing Address 555 Capitol Mail, Suite 400 City State Otice Sought House Distoursement Legal and Reporting Services Candidate Name City State State Otice Sought President Distoursement Mailing Address 555 Capitol Mail, Suite 400 City State State Distoursement Boon Remcho LLP Mailing Address 555 Capitol Mail, Suite 400 City State Otice Sought President Distoursement Legal and Reporting Services Candidate Name City State Distoursement Distoursement														
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