



**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:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2023"/>	<input type="text" value="193303.27"/>	<input type="text" value="193303.27"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="193303.27"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="6610.57"/>	<input type="text" value="6610.57"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="199913.84"/>	<input type="text" value="199913.84"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="7125.46"/>	<input type="text" value="7125.46"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="192788.38"/>	<input type="text" value="192788.38"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="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

Write or Type Committee Name

Committee for Working Families, Sponsored by Labor Organizations

Report Covering the Period: From: 01 / 01 / 2023 To: 06 / 30 / 2023

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).....	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 Totals to Line 33, page 5) .....	5000.00	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.).....	1610.57	1610.57
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)).....▶	6610.57	6610.57
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	6610.57	6610.57

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

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 .....	7125.46	7125.46
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	7125.46	7125.46
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)) ..	7125.46	7125.46
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	7125.46	7125.46

**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) .....	5000.00	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) .....	5000.00	5000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	7125.46	7125.46
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	7125.46	7125.46

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

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

FOR LINE NUMBER: PAGE 6 OF 13  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  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.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 United Food and Commerical Workers Western States Council Independent Expenditure PAC

Mailing Address 8530 Stanton Avenue, Suite 2A

City Buena Park State CA Zip Code 90620

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 / D D / Y Y Y Y Y Y  
 04 / 18 / 2023

**Transaction ID : IA805**

Amount of Each Receipt this Period  
 5000.00

Memo Item

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

Mailing Address

City State Zip Code

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 ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City State Zip Code

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 ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	5000.00

**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 13
<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 ▼  
1608.49

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01		31		2023

**Transaction ID : IA791**

Amount of Each Receipt this Period  
80.69

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 ▼  
1608.49

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01		31		2023

**Transaction ID : IA792**

Amount of Each Receipt this Period  
172.56

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
---------------------	-------------	-------------------

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 ▼  
1608.49

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02		28		2023

**Transaction ID : IA795**

Amount of Each Receipt this Period  
74.67

Memo Item  
Interest Earned

<b>SUBTOTAL</b> of Receipts This Page (optional).....	327.92
<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 13
<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 ▼  
1608.49

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02		28		2023

**Transaction ID : IA796**

Amount of Each Receipt this Period  
160.37

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 ▼  
1608.49

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2023

**Transaction ID : IA799**

Amount of Each Receipt this Period  
88.74

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 ▼  
1608.49

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2023

**Transaction ID : IA801**

Amount of Each Receipt this Period  
195.34

Memo Item  
Interest Earned

<b>SUBTOTAL</b> of Receipts This Page (optional).....	444.45
<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 9 OF 13
<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
---------------------	-------------	-------------------

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 ▼  
1608.49

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2023

**Transaction ID : IA803**

Amount of Each Receipt this Period  
83.68

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 ▼  
1608.49

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2023

**Transaction ID : IA804**

Amount of Each Receipt this Period  
189.31

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 ▼  
1608.49

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2023

**Transaction ID : IA810**

Amount of Each Receipt this Period  
195.91

Memo Item  
interest earned

<b>SUBTOTAL</b> of Receipts This Page (optional).....	468.90
<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 10 OF 13
<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 ▼  
1608.49

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2023

**Transaction ID : IA809**

Amount of Each Receipt this Period  
90.73

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 ▼  
1608.49

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2023

**Transaction ID : IA813**

Amount of Each Receipt this Period  
86.62

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 ▼  
1608.49

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2023

**Transaction ID : IA814**

Amount of Each Receipt this Period  
189.87

Memo Item  
Interest Earned

<b>SUBTOTAL</b> of Receipts This Page (optional).....	367.22
<b>TOTAL</b> This Period (last page this line number only).....	1608.49

**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. Miller Kaplan Arase LLP**

Mailing Address 4123 Lankershim Blvd.

City  
North Hollywood

State  
CA

Zip Code  
91602

Purpose of Disbursement  
Tax Preparation 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
0	5		3	0		2	0	2	3

FEC Identification Number

C

Transaction ID : EB807

Amount of Each Disbursement this Period

1500.00

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
0	1		1	2		2	0	2	3

FEC Identification Number

C

Transaction ID : EB793

Amount of Each Disbursement this Period

436.00

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
0	2		2	1		2	0	2	3

FEC Identification Number

C

Transaction ID : EB794

Amount of Each Disbursement this Period

1326.46

Memo Item

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

3262.46

**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  
Void Check

001
Category/ Type

Candidate Name

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
03		06		2023

FEC Identification Number

C
Transaction ID : EB797
Amount of Each Disbursement this Period
- 436.00

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 M	/	D D D	/	Y Y Y Y Y
03		16		2023

FEC Identification Number

C
Transaction ID : EB798
Amount of Each Disbursement this Period
1082.00

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 M	/	D D D	/	Y Y Y Y Y
04		17		2023

FEC Identification Number

C
Transaction ID : EB802
Amount of Each Disbursement this Period
2588.00

Memo Item

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

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

3234.00

**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

MM / DD / YYYY  
05 / 17 / 2023

FEC Identification Number

C

Transaction ID : EB808

Amount of Each Disbursement this Period

232.50

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

MM / DD / YYYY  
06 / 21 / 2023

FEC Identification Number

C

Transaction ID : EB815

Amount of Each Disbursement this Period

381.50

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

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

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

614.00

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

7110.46