

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 the California Labor Federation, AFL-CIO

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 OR AMENDED (N) (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), Dec 20 (M12), Jan 31 (YE)

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

Election on [MM/DD/YYYY] in the State of []

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

Election on [MM/DD/YYYY] in the State of []

5. Covering Period 01/01/2020 through 03/31/2020

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 04/15/2020

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 10 columns for Office Use Only

**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="2020"/>		181904.80
(b) Cash on Hand at Beginning of Reporting Period.....	181904.80	
(c) Total Receipts (from Line 19)	338.93	338.93
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	182243.73	182243.73
7. Total Disbursements (from Line 31).....	10620.60	10620.60
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	171623.13	171623.13
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

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).....	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	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	0.00	0.00
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.).....	338.93	338.93
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))	338.93	338.93
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	338.93	338.93

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	10620.60	10620.60
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	10620.60	10620.60
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)) ..	10620.60	10620.60
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	10620.60	10620.60

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)	0.00	0.00
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	0.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	10620.60	10620.60
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	10620.60	10620.60

**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 12
<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 the California Labor Federation, AFL-CIO

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 ▼ **338.47**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01		31		2020

Transaction ID : INCA627

Amount of Each Receipt this Period

114.92

 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 ▼ **338.47**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01		31		2020

Transaction ID : INCA629

Amount of Each Receipt this Period

36.96

 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 ▼ **338.47**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		19		2020

Transaction ID : INCA634

Amount of Each Receipt this Period

33.52

 Memo Item
 Interest Earned

SUBTOTAL of Receipts This Page (optional).....▶	185.40
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 7 OF 12
<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 the California Labor Federation, AFL-CIO

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 ▼ **338.47**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2020

Transaction ID : INCA635

Amount of Each Receipt this Period

103.47

 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 ▼ **338.47**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2020

Transaction ID : INCA639

Amount of Each Receipt this Period

37.81

 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 ▼ **338.47**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2020

Transaction ID : INCA640

Amount of Each Receipt this Period

11.79

 Memo Item
 Interest Earned

SUBTOTAL of Receipts This Page (optional).....▶	153.07
TOTAL This Period (last page this line number only).....▶	338.47

**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. Bank of Labor

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		31		2020

Mailing Address 756 Minnesota Avenue

FEC Identification Number

C [REDACTED]

City Kansas City State KS Zip Code 66101

Purpose of Disbursement
Bank Fee

001
Category/
Type

Transaction ID : EXPB628

Amount of Each Disbursement this Period

[REDACTED] 35.00

Candidate Name

Memo Item

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Full Name (Last, First, Middle Initial)

B. Bank of Labor

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		31		2020

Mailing Address 756 Minnesota Avenue

FEC Identification Number

C [REDACTED]

City Kansas City State KS Zip Code 66101

Purpose of Disbursement
Bank Fee

001
Category/
Type

Transaction ID : EXPB630

Amount of Each Disbursement this Period

[REDACTED] 35.00

Candidate Name

Memo Item

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Full Name (Last, First, Middle Initial)

C. Bank of Labor

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		19		2020

Mailing Address 756 Minnesota Avenue

FEC Identification Number

C [REDACTED]

City Kansas City State KS Zip Code 66101

Purpose of Disbursement
Bank Fee

001
Category/
Type

Transaction ID : EXPB636

Amount of Each Disbursement this Period

[REDACTED] 35.00

Candidate Name

Memo Item

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

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

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

[REDACTED] 105.00

[REDACTED]

**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. Bank of Labor

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		29		2020

Mailing Address 756 Minnesota Avenue

FEC Identification Number

C [REDACTED]

City Kansas City State KS Zip Code 66101

Transaction ID : EXPB633

Purpose of Disbursement Bank Fee

001
Category/Type

Amount of Each Disbursement this Period

Candidate Name

[REDACTED] 35.00

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Memo Item

Full Name (Last, First, Middle Initial)

B. Bank of Labor

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		31		2020

Mailing Address 756 Minnesota Avenue

FEC Identification Number

C [REDACTED]

City Kansas City State KS Zip Code 66101

Transaction ID : EXPB641

Purpose of Disbursement Bank Fee

001
Category/Type

Amount of Each Disbursement this Period

Candidate Name

[REDACTED] 35.00

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Memo Item

Full Name (Last, First, Middle Initial)

C. Bank of Labor

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		31		2020

Mailing Address 756 Minnesota Avenue

FEC Identification Number

C [REDACTED]

City Kansas City State KS Zip Code 66101

Transaction ID : EXPB638

Purpose of Disbursement Bank Fee

001
Category/Type

Amount of Each Disbursement this Period

Candidate Name

[REDACTED] 35.00

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Memo Item

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

[REDACTED] 105.00

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

[REDACTED]

**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. EMC Research, Inc.

Mailing Address 88 East Broad Street, Suite 2025

City Columbus State OH Zip Code 43215

Purpose of Disbursement Research

001
 002
 003
 004
 005
 006
 007
 008
 009
 010
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
01 / 07 / 2020

FEC Identification Number

C

Transaction ID : EXPB618

Amount of Each Disbursement this Period

7000.00

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 & Reporting Services

001
 002
 003
 004
 005
 006
 007
 008
 009
 010
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
01 / 16 / 2020

FEC Identification Number

C

Transaction ID : EXPB626

Amount of Each Disbursement this Period

736.00

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
 002
 003
 004
 005
 006
 007
 008
 009
 010
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
02 / 18 / 2020

FEC Identification Number

C

Transaction ID : EXPB631

Amount of Each Disbursement this Period

2306.50

Memo Item

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

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

10042.50

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 Remcho LLP

Mailing Address 555 Capitol Mall, Suite 400

City Sacramento State CA Zip Code 95814

Purpose of Disbursement
Legal & Reporting Services

C
001
Category/ Type

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	16	/	2020

FEC Identification Number

C

Transaction ID : EXPB632

Amount of Each Disbursement this Period

368.10

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

C
Category/ Type

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:		

Date of Disbursement

M M M	/	D 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

C
Category/ Type

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:		

Date of Disbursement

M M M	/	D 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)..... ▶

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

368.10
10620.60

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 12 OF 12
	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 EMC Research, Inc.			Nature of Debt (Purpose): Research
Mailing Address 88 East Broad Street, Suite 2025			
City Columbus	State OH	Zip Code 43215	

Outstanding Balance Beginning This Period 7000.00		Transaction ID : PAYD617	
Amount Incurred This Period 0.00	Payment This Period 7000.00	Outstanding Balance at Close of This Period 0.00	

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			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	

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			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	

1) SUBTOTALS This Period This Page (optional)..... ▶	0.00
2) TOTALS This Period (last page this line number only)..... ▶	0.00
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) ▶	