

**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

Working Families Party PAC

ADDRESS (number and street)

77 Sands Street

Check if different  
than previously  
reported. (ACC)

Brooklyn

NY

11201

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C

C00606962

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

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

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

Nov 20 (M11)  
(Non-Election  
Year Only)

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

Dec 20 (M12)  
(Non-Election  
Year Only)

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

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

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M M /

D D D /

Y 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 M /

D D D /

Y Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

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

Boland, Mike, , ,

Signature of Treasurer

Boland, Mike, , ,

Date

M M M /

D D D /

Y Y Y Y Y Y Y

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

Office  
Use  
Only**FEC FORM 3X**  
Rev. 05/2016

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

Working Families Party PAC

Report Covering the Period:

From:

MM / DD / YYYY  
05 / 01 / 2025

To:

MM / DD / YYYY  
05 / 31 / 2025

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2025		3757726.38
(b) Cash on Hand at Beginning of Reporting Period.....	2706164.65	
(c) Total Receipts (from Line 19) .....	636479.98	2937440.14
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	3342644.63	6695166.52
7. Total Disbursements (from Line 31) .....	95177.58	2734492.96
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	3247467.05	3960673.56
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	9966.50	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	1732906.96	



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](http://www.fec.gov)**

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

**Working Families Party PAC**

Report Covering the Period:

From:

M M / D D / Y Y Y Y  
05 01 2025

To:

M M / D D / Y Y Y Y  
05 31 2025**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).....

14507.88

89200.92

(ii) Unitemized .....

56857.10

333609.61

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

71364.98

422810.53

(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) .....

71364.98

422810.53

## 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

88514.61

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

565115.00

2426115.00

## 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)) .....

636479.98

2937440.14

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) .....

636479.98

2937440.14

# **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 .....	5948.54	603240.16
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	5948.54	603240.16
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	283164.35
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).....	89229.04	1848088.45
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)) ..	95177.58	2734492.96
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	95177.58	2734492.96

**DETAILED SUMMARY PAGE**  
of Disbursements

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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) .....	71364.98	422810.53
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	71364.98	422810.53
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	5948.54	603240.16
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	88514.61
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	5948.54	514725.55

**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 116

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**Working Families Party PAC**

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

**A. Abell, Jane, , ,**

Mailing Address 170 S Parkview Ave

City  
ColumbusState  
OHZip Code  
43209-1648FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
DonatosOccupation (for Individual)  
Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 05 / 2025

Transaction ID : 2524911

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

**B. Adams, Yvonne, , ,**

Mailing Address 25 Marion Rd

City  
WatertownState  
MAZip Code  
02472-4732FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 18 / 2025

Transaction ID : 2527177

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**C. Alvarez, Jose, , ,**

Mailing Address 83 Iroquois Rd

City  
YonkersState  
NYZip Code  
10710-5031FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Imagine Us, LLCOccupation (for Individual)  
OD consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 23 / 2025

Transaction ID : 2526332

Amount of Each Receipt this Period

100.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1200.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 116

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**Working Families Party PAC**

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

**A. Amin, Ayat, , ,**

Mailing Address 2017 W 52nd St

City  
ClevelandState  
OHZip Code  
44102-4436FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
ChargeNetOccupation (for Individual)  
Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 15 / 2025

Transaction ID : 2525048

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

**B. Bailey, Paul, , ,**

Mailing Address 4621 Muskdeer Dr

City  
AustinState  
TXZip Code  
78749-3770FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CiscoOccupation (for Individual)  
Software Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 08 / 2025

Transaction ID : 2527338

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

**C. Baldwin, Jessica, , ,**Mailing Address 3210 United Dr  
Apt FCity  
Cameron ParkState  
CAZip Code  
95682-9277FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
el dorado county office of educationOccupation (for Individual)  
substitute teacher

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 28 / 2025

Transaction ID : 2527938

Amount of Each Receipt this Period

50.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

350.00

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

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

FOR LINE NUMBER: PAGE 8 OF 116

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Working Families Party PAC**

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

**A. Blauvelt, Margaret, , ,**

Mailing Address 115 William Cir

City  
Cloverdale

State  
CA

Zip Code  
95425-4421

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Not Employed

Occupation (for Individual)

Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

MM / DD / YYYY  
05 / 22 / 2025

**Transaction ID : 2524812**

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**B. Blauvelt, Margaret, , ,**

Mailing Address 115 William Cir

City  
Cloverdale

State  
CA

Zip Code  
95425-4421

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Not Employed

Occupation (for Individual)

Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

MM / DD / YYYY  
05 / 26 / 2025

**Transaction ID : 2524811**

Amount of Each Receipt this Period

15.00

☐ Memo Item

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

**C. Boccadoro, Carl, , ,**

Mailing Address 13 Hampton Rd

City  
Darien

State  
CT

Zip Code  
06820-5121

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Not Employed

Occupation (for Individual)

Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

232.00

Date of Receipt

MM / DD / YYYY  
05 / 16 / 2025

**Transaction ID : 2524779**

Amount of Each Receipt this Period

40.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

155.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 116

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**Working Families Party PAC**

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

**A. Borden, Abigail, , ,**

Mailing Address 26 Forbes St

City  
ProvidenceState  
RIZip Code  
02908-2018FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Cars CommerceOccupation (for Individual)  
Sr Manager, Product Design

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 07 / 2025**Transaction ID : 2527514**

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**B. Boucher, Nicole, , ,**

Mailing Address 3022 El Monte Ave

City  
OaklandState  
CAZip Code  
94605-4108FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Self EmployedOccupation (for Individual)  
Senior Advisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 23 / 2025**Transaction ID : 2526505**

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**C. Brady, Beth, , ,**

Mailing Address 1320 Seward St

City  
EvanstonState  
ILZip Code  
60202-2129FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Evanston Skokie Dist. 65Occupation (for Individual)  
Teacher

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 02 / 2025**Transaction ID : 2527133**

Amount of Each Receipt this Period

100.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

220.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 116

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**Working Families Party PAC**

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

**A. Brisbin, David, , ,**

Mailing Address 2324 La Mesa Dr

City  
Santa MonicaState  
CAZip Code  
90402-2331FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
David BrisbinOccupation (for Individual)  
performer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 14 / 2025**Transaction ID : 2524703**

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

**B. Brown, Adrienne Maree, , ,**

Mailing Address 316 N Waters Edge Dr

City  
DurhamState  
NCZip Code  
27703-6706FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Allied Media ProjectsOccupation (for Individual)  
writer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

635.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 26 / 2025**Transaction ID : 2526506**

Amount of Each Receipt this Period

27.00

☐ Memo Item

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

**C. Brown, Adrienne Maree, , ,**

Mailing Address 316 N Waters Edge Dr

City  
DurhamState  
NCZip Code  
27703-6706FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Allied Media ProjectsOccupation (for Individual)  
writer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

735.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 28 / 2025**Transaction ID : 2525451**

Amount of Each Receipt this Period

100.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

377.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 11 OF 116

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**Working Families Party PAC**

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

**A. Brownell, Ian, , ,**

Mailing Address 15 Grove St

City  
MedfordState  
MAZip Code  
02155-1402FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 17 / 2025

Transaction ID : 2526076

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**B. Brueggen, Joseph, , ,**

Mailing Address 2651 Giardino Loop

City  
KissimmeeState  
FLZip Code  
34741-7899FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
csDISCO Inc.Occupation (for Individual)  
Product Designer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2025

Transaction ID : 2525543

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

**C. Brunner, Joseph, , ,**

Mailing Address 1316 Arnold Ave NE

City  
AtlantaState  
GAZip Code  
30324-4620FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SquareOccupation (for Individual)  
Software Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 25 / 2025

Transaction ID : 2526268

Amount of Each Receipt this Period

50.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

200.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 116

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**Working Families Party PAC**

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

**A. Caley, Colin, , ,**

Mailing Address 32128 33rd Ave SW

City  
Federal WayState  
WAZip Code  
98023-2275FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
WA Labor CouncilOccupation (for Individual)  
intern

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 06 / 2025

Transaction ID : 2527148

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**B. Capeci, Jenna, , ,**

Mailing Address 3416 85th St

City  
Jackson HeightsState  
NYZip Code  
11372-3242FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Proteus FundOccupation (for Individual)  
Nonprofit staff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

354.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 13 / 2025

Transaction ID : 2525778

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**C. Carter, Kimberley, , ,**

Mailing Address 5253 Verdura Ave

City  
LakewoodState  
CAZip Code  
90712-2227FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SelfOccupation (for Individual)  
Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 15 / 2025

Transaction ID : 2526627

Amount of Each Receipt this Period

25.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

65.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 OF 116

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**Working Families Party PAC**

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

**A. Carter, Kimberley, , ,**

Mailing Address 5253 Verdura Ave

City  
LakewoodState  
CAZip Code  
90712-2227FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SelfOccupation (for Individual)  
Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 20 / 2025

Transaction ID : 2526626

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

**B. Caton, Lisa, , ,**

Mailing Address 453 Federal City Rd

City  
PenningtonState  
NJZip Code  
08534-4210FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 27 / 2025

Transaction ID : 2524774

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**C. Chisholm, Mitchell, , ,**

Mailing Address 4732 Osage Ave

City  
PhiladelphiaState  
PAZip Code  
19143-1815FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SelfOccupation (for Individual)  
Architecture

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 18 / 2025

Transaction ID : 2528274

Amount of Each Receipt this Period

100.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

225.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 OF 116

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**Working Families Party PAC**

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

**A. Ciafardone, Joshua, , ,**Mailing Address 17 Belcher St  
# ACity  
San FranciscoState  
CAZip Code  
94114-1107FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
mParticleOccupation (for Individual)  
Technical Services Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 26 / 2025

Transaction ID : 2527248

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

**B. Cogert, Kathryn, , ,**Mailing Address 1401 Jackson St  
Apt 607City  
OaklandState  
CAZip Code  
94612-4090FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
UndisclosedOccupation (for Individual)  
Data Scientist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 02 / 2025

Transaction ID : 2528143

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**C. Cohen, Naomi, , ,**

Mailing Address PO Box 39

City  
Gap MillsState  
WVZip Code  
24941-0039FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

488.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 06 / 2025

Transaction ID : 2524678

Amount of Each Receipt this Period

150.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

220.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 OF 116

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**Working Families Party PAC**

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

**A. Cohen, Naomi, , ,**

Mailing Address PO Box 39

City  
Gap MillsState  
WVZip Code  
24941-0039FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 11 / 2025

Transaction ID : 2526054

Amount of Each Receipt this Period

22.00

☐ Memo Item

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

**B. Conant, Alison, , ,**

Mailing Address 68 Brookside Ave

City  
NewtonvilleState  
MAZip Code  
02460-1530FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 29 / 2025

Transaction ID : 2525379

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

**C. Cowan, Michael, , ,**

Mailing Address 3625 Hughes Ave

City  
Los AngelesState  
CAZip Code  
90034-3910FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not employedOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 14 / 2025

Transaction ID : 2526099

Amount of Each Receipt this Period

25.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

87.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 16 OF 116  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Working Families Party PAC**

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

**A. Cowan, Michael, , ,**

Mailing Address 3625 Hughes Ave

City  
Los AngelesState  
CAZip Code  
90034-3910FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not employedOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 27 / 2025**Transaction ID : 2526100**

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

**B. Daniel, Vanessa, , ,**

Mailing Address 3516 N Ferdinand St

City  
TacomaState  
WAZip Code  
98407-4112FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SelfOccupation (for Individual)  
Writer & consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 22 / 2025**Transaction ID : 2526979**

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

**C. Davis, Gloria, , ,**

Mailing Address 811 N 7th St

City  
HamiltonState  
ILZip Code  
62341-1008FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 05 / 2025**Transaction ID : 2527986**

Amount of Each Receipt this Period

50.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

125.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 OF 116

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**Working Families Party PAC**

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

**A. Davis, Louise, , ,**

Mailing Address 9443 Cottonwood Rd

City  
BozemanState  
MTZip Code  
59718-8966FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

830.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 21 / 2025

Transaction ID : 2526333

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**B. Deed, Kenneth, , ,**

Mailing Address 107 Payer Ln

City  
MysticState  
CTZip Code  
06355-1644FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
noneOccupation (for Individual)  
none

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.95

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 01 / 2025

Transaction ID : 2525814

Amount of Each Receipt this Period

50.19

☐ Memo Item

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

**C. Deed, Kenneth, , ,**

Mailing Address 107 Payer Ln

City  
MysticState  
CTZip Code  
06355-1644FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
noneOccupation (for Individual)  
none

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

301.14

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 31 / 2025

Transaction ID : 2525366

Amount of Each Receipt this Period

50.19

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

120.38

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 OF 116

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**Working Families Party PAC**

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

**A. Delong, Margaret Macy, , ,**

Mailing Address 54 Fisher Rd

City  
ArlingtonState  
MAZip Code  
02476-7644FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 05 / 2025

Transaction ID : 2527946

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**B. Denvir, Holland, , ,**

Mailing Address 1349 N Avenue 46

City  
Los AngelesState  
CAZip Code  
90041-3408FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SelfOccupation (for Individual)  
Self employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 22 / 2025

Transaction ID : 2527728

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

**C. Derderian, Mark, , ,**Mailing Address 429 Wright St  
Apt 12-307City  
LakewoodState  
COZip Code  
80228-1459FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 05 / 2025

Transaction ID : 2525852

Amount of Each Receipt this Period

10.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

150.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 OF 116

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**Working Families Party PAC**

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

**A. Derderian, Mark, , ,**Mailing Address 429 Wright St  
Apt 12-307City  
LakewoodState  
COZip Code  
80228-1459FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 21 / 2025

Transaction ID : 2525851

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

**B. Dew, Catherine, , ,**Mailing Address 563 Martin St  
# ACity  
OaklandState  
CAZip Code  
94609-1568FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
2Plus2 ParntersOccupation (for Individual)  
Information Architect

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

185.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 02 / 2025

Transaction ID : 2525986

Amount of Each Receipt this Period

5.00

☐ Memo Item

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

**C. Dew, Catherine, , ,**Mailing Address 563 Martin St  
# ACity  
OaklandState  
CAZip Code  
94609-1568FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
2Plus2 ParntersOccupation (for Individual)  
Information Architect

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 18 / 2025

Transaction ID : 2525985

Amount of Each Receipt this Period

40.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

95.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 OF 116

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**Working Families Party PAC**

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

**A. Di Iunno, Michelle, , ,**

Mailing Address 143 UNIT 5320

City  
DPOState  
AEZip Code  
09726-0143FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 17 / 2025

Transaction ID : 2528133

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

**B. Dodd, Anne, , ,**

Mailing Address 1151 N Quivey Hill Ln

City  
WhitehallState  
NYZip Code  
12887-3217FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
noneOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 09 / 2025

Transaction ID : 2525648

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

**C. Dubois, Susan, , ,**

Mailing Address 24 Jeanette St

City  
AlbanyState  
NYZip Code  
12209-1914FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 29 / 2025

Transaction ID : 2524702

Amount of Each Receipt this Period

50.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

140.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 OF 116

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**Working Families Party PAC**

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

**A. Dunham, Sterling, , ,**

Mailing Address 3152 OAKWOOD Trl

City  
LakewoodState  
OHZip Code  
44107FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
EllucianOccupation (for Individual)  
Partnerships

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 15 / 2025**Transaction ID : 2525029**

Amount of Each Receipt this Period

105.00

☐ Memo Item

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

**B. Dunham, Sterling, , ,**

Mailing Address 3152 OAKWOOD Trl

City  
LakewoodState  
OHZip Code  
44107FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
EllucianOccupation (for Individual)  
Partnerships

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 15 / 2025**Transaction ID : 2525030**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**C. Dunham, Sterling, , ,**

Mailing Address 3152 OAKWOOD Trl

City  
LakewoodState  
OHZip Code  
44107FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
EllucianOccupation (for Individual)  
Partnerships

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 15 / 2025**Transaction ID : 2525031**

Amount of Each Receipt this Period

25.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

160.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 OF 116

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**Working Families Party PAC**

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

**A. Dunham, Sterling, , ,**

Mailing Address 3152 OAKWOOD Trl

City  
LakewoodState  
OHZip Code  
44107FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
EllucianOccupation (for Individual)  
Partnerships

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 15 / 2025

Transaction ID : 2525032

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**B. Dunham, Sterling, , ,**

Mailing Address 3152 OAKWOOD Trl

City  
LakewoodState  
OHZip Code  
44107FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
EllucianOccupation (for Individual)  
Partnerships

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 15 / 2025

Transaction ID : 2525033

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**C. Dunham, Sterling, , ,**

Mailing Address 3152 OAKWOOD Trl

City  
LakewoodState  
OHZip Code  
44107FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
EllucianOccupation (for Individual)  
Partnerships

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 15 / 2025

Transaction ID : 2525034

Amount of Each Receipt this Period

30.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

90.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 OF 116

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**Working Families Party PAC**

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

**A. Dunham, Sterling, , ,**

Mailing Address 3152 OAKWOOD Trl

City  
LakewoodState  
OHZip Code  
44107FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
EllucianOccupation (for Individual)  
Partnerships

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 15 / 2025

Transaction ID : 2525035

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

**B. Dunham, Sterling, , ,**

Mailing Address 3152 OAKWOOD Trl

City  
LakewoodState  
OHZip Code  
44107FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
EllucianOccupation (for Individual)  
Partnerships

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 15 / 2025

Transaction ID : 2525036

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

**C. Dunham, Sterling, , ,**

Mailing Address 3152 OAKWOOD Trl

City  
LakewoodState  
OHZip Code  
44107FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
EllucianOccupation (for Individual)  
Partnerships

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 15 / 2025

Transaction ID : 2525049

Amount of Each Receipt this Period

100.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

175.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 OF 116

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**Working Families Party PAC**

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

**A. Elizabeth Graham, Lauren, , ,**

Mailing Address 359 Inman St SW

City  
AtlantaState  
GAZip Code  
30310-1212FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SquareOccupation (for Individual)  
Software engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 26 / 2025**Transaction ID : 2528350**

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**B. Epstein, Ellen, , ,**

Mailing Address 15 Grove St

City  
MedfordState  
MAZip Code  
02155-1402FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 13 / 2025**Transaction ID : 2526083**

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**C. Ethridge, Matt, , ,**

Mailing Address 1314 6th St

City  
AnacortesState  
WAZip Code  
98221-1724FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
selfOccupation (for Individual)  
farmer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 01 / 2025**Transaction ID : 2528620**

Amount of Each Receipt this Period

100.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

300.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 OF 116

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**Working Families Party PAC**

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

**A. Ethridge, Matt, , ,**

Mailing Address 1314 6th St

City  
AnacortesState  
WAZip Code  
98221-1724FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
selfOccupation (for Individual)  
farmer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 31 / 2025

Transaction ID : 2525919

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**B. Faraj, Mohammad, , ,**

Mailing Address PO Box 5251

City  
ClevelandState  
OHZip Code  
44101-0251FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Bitcoin DeptOccupation (for Individual)  
Enterprise Risk Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 15 / 2025

Transaction ID : 2525024

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

**C. Farbman, Eileen, , ,**

Mailing Address 27 W 72nd St

City  
New YorkState  
NYZip Code  
10023-3498FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 05 / 2025

Transaction ID : 2526141

Amount of Each Receipt this Period

50.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

650.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 OF 116

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**Working Families Party PAC**

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

**A. Fasulo, Joanie, , ,**Mailing Address 608 N Cleveland St  
Apt 3City  
RichmondState  
VAZip Code  
23221-1625FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Nelson MullinsOccupation (for Individual)  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

427.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 19 / 2025

Transaction ID : 2528153

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**B. Flamm, Leah, , ,**

Mailing Address 2329 Ashboro Dr

City  
Chevy ChaseState  
MDZip Code  
20815-3047FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Alliance PTOccupation (for Individual)  
Physical therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 23 / 2025

Transaction ID : 2527181

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**C. Friedman, Eleanor, , ,**Mailing Address 17 W 54th St  
Apt 6DCity  
New YorkState  
NYZip Code  
10019-5455FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
selfOccupation (for Individual)  
Designer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 28 / 2025

Transaction ID : 2524694

Amount of Each Receipt this Period

500.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

620.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 OF 116

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**Working Families Party PAC**

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

**A. Fruge, Tess, , ,**

Mailing Address 614 Santa Barbara Rd

City  
BerkeleyState  
CAZip Code  
94707-1718FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Tess FrugeOccupation (for Individual)  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 07 / 2025**Transaction ID : 2524710**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

**B. Gilburg, Alan, , ,**Mailing Address 5 Gamelin St  
Apt 225City  
HolyokeState  
MAZip Code  
01040-4086FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not employedOccupation (for Individual)  
Not employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

253.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 03 / 2025**Transaction ID : 2526399**

Amount of Each Receipt this Period

27.00

☐ Memo Item

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

**C. Gilburg, Alan, , ,**Mailing Address 5 Gamelin St  
Apt 225City  
HolyokeState  
MAZip Code  
01040-4086FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not employedOccupation (for Individual)  
Not employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 18 / 2025**Transaction ID : 2526400**

Amount of Each Receipt this Period

27.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1054.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 OF 116

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**Working Families Party PAC**

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

**A. Gorman, Tera, , ,**

Mailing Address 3902 NE 5th St

City  
RentonState  
WAZip Code  
98056-3981FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 27 / 2025

Transaction ID : 2528049

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**B. Graham, Brook, , ,**

Mailing Address 5924 Oak St

City  
Kansas CityState  
MOZip Code  
64113-2215FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BoxOccupation (for Individual)  
Product

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

495.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 09 / 2025

Transaction ID : 2527930

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**C. Groenig, Douglas, , ,**

Mailing Address 1134 Grant St

City  
Port TownsendState  
WAZip Code  
98368-2921FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

169.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 16 / 2025

Transaction ID : 2526727

Amount of Each Receipt this Period

10.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

50.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 OF 116

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**Working Families Party PAC**

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

**A. Groenig, Douglas, , ,**

Mailing Address 1134 Grant St

City  
Port TownsendState  
WAZip Code  
98368-2921FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

219.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 22 / 2025

Transaction ID : 2524743

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

**B. Gunn-Zaboli, Celia, , ,**

Mailing Address 2694 Arbor Glen Pl

City  
MariettaState  
GAZip Code  
30066-4255FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Smith & Henzy Affordable GroupOccupation (for Individual)  
Affordable Housing Developer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 11 / 2025

Transaction ID : 2527474

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

**C. Halyard, Tashira, , ,**

Mailing Address 5300 Holmes Run Pkwy

City  
AlexandriaState  
VAZip Code  
22304-2834FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Politics and FashionOccupation (for Individual)  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 14 / 2025

Transaction ID : 2527116

Amount of Each Receipt this Period

100.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

200.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 30 OF 116  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Working Families Party PAC**

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

**A. Heffernan, Kate, , ,**

Mailing Address 2481 W 7th St

City  
ClevelandState  
OHZip Code  
44113-4547FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Liberty HMOccupation (for Individual)  
Loan Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 15 / 2025

Transaction ID : 2524777

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

**B. Heise, Rachel, , ,**

Mailing Address 295 Johnston Ave

City  
Jersey CityState  
NJZip Code  
07304-4305FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Weill Cornell MedicineOccupation (for Individual)  
Biostatistician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 17 / 2025

Transaction ID : 2528220

Amount of Each Receipt this Period

75.00

☐ Memo Item

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

**C. Heise, Rachel, , ,**

Mailing Address 295 Johnston Ave

City  
Jersey CityState  
NJZip Code  
07304-4305FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Weill Cornell MedicineOccupation (for Individual)  
Biostatistician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 27 / 2025

Transaction ID : 2524817

Amount of Each Receipt this Period

25.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

600.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 31 OF 116  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Working Families Party PAC**

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

**A. Helms, Richard, , ,**

Mailing Address 807 Socata Ln

City  
MebaneState  
NCZip Code  
27302-9989FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 01 / 2025

Transaction ID : 2527949

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

**B. Helms, Richard, , ,**

Mailing Address 807 Socata Ln

City  
MebaneState  
NCZip Code  
27302-9989FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 31 / 2025

Transaction ID : 2525589

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

**C. Heth, Travis, , ,**

Mailing Address 3116 E Ravenswood Dr

City  
GilbertState  
AZZip Code  
85298-9033FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
AASOccupation (for Individual)  
BCBA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

335.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 23 / 2025

Transaction ID : 2527973

Amount of Each Receipt this Period

100.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

180.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 OF 116

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**Working Families Party PAC**

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

**A. Hodes, Peter, , ,**

Mailing Address 5969 W 74th St

City  
Los AngelesState  
CAZip Code  
90045-1601FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 02 / 2025

Transaction ID : 2526451

Amount of Each Receipt this Period

54.00

☐ Memo Item

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

**B. Hodes, Peter, , ,**

Mailing Address 5969 W 74th St

City  
Los AngelesState  
CAZip Code  
90045-1601FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 11 / 2025

Transaction ID : 2526452

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

**C. Hughes, Athena, , ,**Mailing Address 3633 N Humboldt Blvd  
Apt 6City  
MilwaukeeState  
WIZip Code  
53212-1743FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Centre for Public ImpactOccupation (for Individual)  
Nonprofit

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

188.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 17 / 2025

Transaction ID : 2525948

Amount of Each Receipt this Period

10.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

74.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 OF 116

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**Working Families Party PAC**

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

**A. Hughes, Athena, , ,**Mailing Address 3633 N Humboldt Blvd  
Apt 6City  
MilwaukeeState  
WIZip Code  
53212-1743FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Centre for Public ImpactOccupation (for Individual)  
Nonprofit

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 23 / 2025

Transaction ID : 2525949

Amount of Each Receipt this Period

27.00

☐ Memo Item

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

**B. Hughes, Athena, , ,**Mailing Address 3633 N Humboldt Blvd  
Apt 6City  
MilwaukeeState  
WIZip Code  
53212-1743FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Centre for Public ImpactOccupation (for Individual)  
Nonprofit

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 27 / 2025

Transaction ID : 2525950

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

**C. Hunter, Sarah, , ,**

Mailing Address 8103 Chester St

City  
Takoma ParkState  
MDZip Code  
20912-7339FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Housing Justice CollectiveOccupation (for Individual)  
Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 07 / 2025

Transaction ID : 2526384

Amount of Each Receipt this Period

50.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

87.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 OF 116

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**Working Families Party PAC**

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

**A. Irwin, John, , ,**

Mailing Address 1908 Kynwyd Rd

City  
WilmingtonState  
DEZip Code  
19810-3842FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

238.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 05 / 2025

Transaction ID : 2526327

Amount of Each Receipt this Period

27.00

☐ Memo Item

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

**B. Jackson, Karen, , ,**Mailing Address 302 Tuttle Rd  
Apt 11GCity  
WoodburyState  
CTZip Code  
06798-3627FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SelfOccupation (for Individual)  
Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 17 / 2025

Transaction ID : 2527533

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**C. Johnson, Andrea, , ,**

Mailing Address 1604 Trawler Ln

City  
AnnapolisState  
MDZip Code  
21409-3718FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 17 / 2025

Transaction ID : 2527714

Amount of Each Receipt this Period

50.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

177.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 OF 116

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**Working Families Party PAC**

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

**A. Jones, Bonnie, , ,**

Mailing Address 311 Queen St

City  
PhiladelphiaState  
PAZip Code  
19147-3220FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self-employed

Occupation (for Individual)

Foundation advisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 11 / 2025

Transaction ID : 2528213

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**B. Jones, Sally, , ,**

Mailing Address 110 Hamilton Ave

City  
Staten IslandState  
NYZip Code  
10301-1609FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Not Employed

Occupation (for Individual)

retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

189.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 05 / 2025

Transaction ID : 2525643

Amount of Each Receipt this Period

27.00

☐ Memo Item

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

**C. Jones, Sally, , ,**

Mailing Address 110 Hamilton Ave

City  
Staten IslandState  
NYZip Code  
10301-1609FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Not Employed

Occupation (for Individual)

retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 20 / 2025

Transaction ID : 2525644

Amount of Each Receipt this Period

27.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

154.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 OF 116

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**Working Families Party PAC**

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

**A. Jong, Iris, , ,**

Mailing Address 123 Address

City  
EmeryvilleState  
CAZip Code  
94608FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Rivet SchoolOccupation (for Individual)  
Director of Program

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 01 / 2025

Transaction ID : 2528123

Amount of Each Receipt this Period

150.00

☐ Memo Item

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

**B. Jong, Iris, , ,**

Mailing Address 123 Address

City  
EmeryvilleState  
CAZip Code  
94608FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Rivet SchoolOccupation (for Individual)  
Director of Program

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 31 / 2025

Transaction ID : 2525888

Amount of Each Receipt this Period

150.00

☐ Memo Item

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

**C. Joye, James, , ,**

Mailing Address 1224 41st St

City  
SacramentoState  
CAZip Code  
95819-3623FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 01 / 2025

Transaction ID : 2526780

Amount of Each Receipt this Period

50.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

350.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 OF 116

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**Working Families Party PAC**

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

**A. Joye, James, , ,**

Mailing Address 1224 41st St

City  
SacramentoState  
CAZip Code  
95819-3623FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 31 / 2025

Transaction ID : 2525483

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

**B. Kaiserman, Brad, , ,**

Mailing Address 6627 Willoughby Ave

City  
Los AngelesState  
CAZip Code  
90038-2507FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Law Office of Brad K. KaisermanOccupation (for Individual)  
Lawyer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 28 / 2025

Transaction ID : 2526390

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**C. Kaplan-Nelson, Sierra, , ,**Mailing Address 25 Homestead St  
Apt 2City  
San FranciscoState  
CAZip Code  
94114-3517FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Empower organizing projectOccupation (for Individual)  
University Student

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 22 / 2025

Transaction ID : 2527111

Amount of Each Receipt this Period

40.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

190.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 OF 116

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**Working Families Party PAC**

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

**A. Kaplan-Nelson, Sierra, , ,**Mailing Address 25 Homestead St  
Apt 2City  
San FranciscoState  
CAZip Code  
94114-3517FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Empower organizing projectOccupation (for Individual)  
University Student

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 24 / 2025

Transaction ID : 2527112

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

**B. Lass, Fred, , ,**

Mailing Address 4010 Barner Ave

City  
OaklandState  
CAZip Code  
94602-3415FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not employedOccupation (for Individual)  
Not employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 26 / 2025

Transaction ID : 2527934

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

**C. Laurison, Daniel, , ,**

Mailing Address 42 University Mews

City  
PhiladelphiaState  
PAZip Code  
19104-4756FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Swarthmore CollegeOccupation (for Individual)  
Professor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

233.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 28 / 2025

Transaction ID : 2525400

Amount of Each Receipt this Period

25.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

125.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 OF 116

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**Working Families Party PAC**

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

**A. Laurison, Daniel, , ,**

Mailing Address 42 University Mews

City  
PhiladelphiaState  
PAZip Code  
19104-4756FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Swarthmore CollegeOccupation (for Individual)  
Professor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 30 / 2025

Transaction ID : 2525401

Amount of Each Receipt this Period

27.00

☐ Memo Item

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

**B. Lee, Teri, , ,**

Mailing Address 4010 Barner Ave

City  
OaklandState  
CAZip Code  
94602-3415FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 26 / 2025

Transaction ID : 2527052

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

**C. Lesko, Wendy, , ,**Mailing Address 1851 Columbia Rd NW  
Apt 401City  
WashingtonState  
DCZip Code  
20009-5103FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION uSAOccupation (for Individual)  
Writer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 19 / 2025

Transaction ID : 2525864

Amount of Each Receipt this Period

50.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

127.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 OF 116

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**Working Families Party PAC**

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

**A. Liu, Mini, , ,**Mailing Address 135 Eastern Pkwy  
Apt 13ICity  
BrooklynState  
NYZip Code  
11238-6034FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 08 / 2025

Transaction ID : 2525691

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**B. Lord, Zakiya, , ,**

Mailing Address 5717 4th St NW

City  
WashingtonState  
DCZip Code  
20011-2128FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MvpOccupation (for Individual)  
Donor advisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 13 / 2025

Transaction ID : 2526192

Amount of Each Receipt this Period

47.00

☐ Memo Item

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

**C. Lubeck, Susan, , ,**

Mailing Address 14 Alida Ct

City  
OaklandState  
CAZip Code  
94602-2505FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Jews United for JusticeOccupation (for Individual)  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 12 / 2025

Transaction ID : 2525976

Amount of Each Receipt this Period

40.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

187.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 41 OF 116  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Working Families Party PAC**

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

**A. Lubeck, Susan, , ,**

Mailing Address 14 Alida Ct

City  
OaklandState  
CAZip Code  
94602-2505FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Jews United for JusticeOccupation (for Individual)  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2025**Transaction ID : 2525381**

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

**B. Lyman, Kennie, , ,**

Mailing Address 13 Rockwell St

City  
CambridgeState  
MAZip Code  
02139-4430FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

281.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 30 / 2025**Transaction ID : 2525528**

Amount of Each Receipt this Period

27.00

☐ Memo Item

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

**C. Mann, Marion, , ,**

Mailing Address 266 Beechwood Dr

City  
Bryn MawrState  
PAZip Code  
19010-1203FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
noneOccupation (for Individual)  
not employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 01 / 2025**Transaction ID : 2528098**

Amount of Each Receipt this Period

40.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

77.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 42 OF 116  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Working Families Party PAC**

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

**A. Mann, Marion, , ,**

Mailing Address 266 Beechwood Dr

City  
Bryn MawrState  
PAZip Code  
19010-1203FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
noneOccupation (for Individual)  
not employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 31 / 2025**Transaction ID : 2525594**

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

**B. Marr, Chris, , ,**

Mailing Address 5745 Yearling St

City  
LakewoodState  
CAZip Code  
90713-1853FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not employedOccupation (for Individual)  
Not employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

214.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 26 / 2025**Transaction ID : 2524816**

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

**C. Mcallister, Ryan, , ,**

Mailing Address 251 Manor Cir

City  
Takoma ParkState  
MDZip Code  
20912-4555FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Capital Home CareOccupation (for Individual)  
Caregiver

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 04 / 2025**Transaction ID : 2527959**

Amount of Each Receipt this Period

50.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

115.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 OF 116

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**Working Families Party PAC**

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

**A. McCall, Leslie, , ,**Mailing Address 450 Clinton St  
Apt 3ECity  
BrooklynState  
NYZip Code  
11231-3414FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

City University of New York

Occupation (for Individual)

Professor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 20 / 2025

Transaction ID : 2526326

Amount of Each Receipt this Period

65.00

☐ Memo Item

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

**B. McCord, Justin, , ,**

Mailing Address 7140 Bohuslav Rd

City

La Grange

State

TX

Zip Code

78945-5830

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Hunter Pharmacy Services

Occupation (for Individual)

Pharmacist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 15 / 2025

Transaction ID : 2527963

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**C. McKinley Jr, Al, , ,**

Mailing Address 112 Ariola Ave

City

Pensacola

State

FL

Zip Code

32503-3624

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Not Employed

Occupation (for Individual)

Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 07 / 2025

Transaction ID : 2527525

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

265.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 44 OF 116  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Working Families Party PAC**

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

**A. McKinley, Micky, , ,**

Mailing Address 31 Moser St

City  
NorthamptonState  
MAZip Code  
01060-3645FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not employedOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 16 / 2025

Transaction ID : 2526072

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**B. McKinley, Micky, , ,**

Mailing Address 31 Moser St

City  
NorthamptonState  
MAZip Code  
01060-3645FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not employedOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 26 / 2025

Transaction ID : 2526073

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**C. Mehta, Pooja, , ,**

Mailing Address 2 Loring St

Unit C

City  
SomervilleState  
MAZip Code  
02143-2864FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Cityblock HealthOccupation (for Individual)  
Physician executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 23 / 2025

Transaction ID : 2526227

Amount of Each Receipt this Period

100.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

300.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 OF 116

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**Working Families Party PAC**

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

**A. Menta, Ed, , ,**

Mailing Address 8850 N 12th St

City  
KalamazooState  
MIZip Code  
49009-9087FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Kalamazoo CollegeOccupation (for Individual)  
College Professor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 22 / 2025**Transaction ID : 2526597**

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

**B. Mercado, Cecilia, , ,**

Mailing Address 17 Greystone Ct

City  
BurlingtonState  
MAZip Code  
01803-3823FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RaytheonOccupation (for Individual)  
Software Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 13 / 2025**Transaction ID : 2526360**

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**C. Mitterman, Laura, , ,**Mailing Address 315 W 23rd St  
Apt 3CCity  
New YorkState  
NYZip Code  
10011-2248FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
VraOccupation (for Individual)  
Vet

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 02 / 2025**Transaction ID : 2527422**

Amount of Each Receipt this Period

100.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

250.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 46 OF 116

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**Working Families Party PAC**

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

**A. Moran, Emily, , ,**

Mailing Address 3651 Avocet Ct

City  
MercedState  
CAZip Code  
95340-8413FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
UCOccupation (for Individual)  
Professor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 02 / 2025

Transaction ID : 2524671

Amount of Each Receipt this Period

150.00

☐ Memo Item

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

**B. Mullen, Daniel, , ,**

Mailing Address 1754 Perch St

City  
San PedroState  
CAZip Code  
90732-4218FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
DOTOccupation (for Individual)  
Air Traffic Controller

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

422.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 14 / 2025

Transaction ID : 2526759

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**C. Mulowayi, Yves, , ,**

Mailing Address 1301 S Quivas St

City  
DenverState  
COZip Code  
80223-3425FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
FootbridgeOccupation (for Individual)  
Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 30 / 2025

Transaction ID : 2525523

Amount of Each Receipt this Period

50.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

300.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 47 OF 116  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Working Families Party PAC**

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

**A. Murphy, Mary Suzanne, , ,**

Mailing Address 1883 Via Ferrari

City  
LafayetteState  
CAZip Code  
94549-1915FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 15 / 2025

Transaction ID : 2526817

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

**B. Neuspiel, Juliana, , ,**Mailing Address 307 7th St  
Apt 3RCity  
BrooklynState  
NYZip Code  
11215-3278FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 08 / 2025

Transaction ID : 2527562

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**C. Nielsen, Madelyn, , ,**

Mailing Address 1529 W Hollywood Ave

City  
ChicagoState  
ILZip Code  
60660-4988FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CompanyOccupation (for Individual)  
QA Analyst

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 06 / 2025

Transaction ID : 2527365

Amount of Each Receipt this Period

50.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

200.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 48 OF 116

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**Working Families Party PAC**

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

**A. Omara, Collin, , ,**

Mailing Address 2 Dunleary Dr

City  
BearState  
DEZip Code  
19701-6355FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
National Wildlife FederationOccupation (for Individual)  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 09 / 2025

Transaction ID : 2526974

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**B. Oxsen, Kathy, , ,**

Mailing Address 2638 Farnsworth Dr

City

Livermore

State

CA

Zip Code

94551-1730

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 03 / 2025

Transaction ID : 2528345

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

**C. Pasini, Maya, , ,**

Mailing Address 2470 Nottingham Rd

City

Ann Arbor

State

MI

Zip Code

48104-5003

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Media companyOccupation (for Individual)  
Audio engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 07 / 2025

Transaction ID : 2527509

Amount of Each Receipt this Period

40.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

180.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 49 OF 116

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**Working Families Party PAC**

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

**A. Pasquantonio, Susannah, , ,**

Mailing Address 10 Tompkins Pl

City  
BrooklynState  
NYZip Code  
11231-4404FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NYS Assembly, Jo Anne SimonOccupation (for Individual)  
Chief of Staff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 15 / 2025

Transaction ID : 2526297

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**B. Phillips, Susan, , ,**

Mailing Address 2753 Pheasant Run

City  
Cottage GroveState  
WIZip Code  
53527-9782FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

348.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 18 / 2025

Transaction ID : 2525632

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

**C. Phillips, Susan, , ,**

Mailing Address 2753 Pheasant Run

City  
Cottage GroveState  
WIZip Code  
53527-9782FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 22 / 2025

Transaction ID : 2524645

Amount of Each Receipt this Period

17.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

127.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 50 OF 116  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Working Families Party PAC**

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

**A. Phillips, Susan, , ,**

Mailing Address 2753 Pheasant Run

City  
Cottage GroveState  
WIZip Code  
53527-9782FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

373.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 26 / 2025

Transaction ID : 2524646

Amount of Each Receipt this Period

8.50

☐ Memo Item

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

**B. Phillips, Susan, , ,**

Mailing Address 2753 Pheasant Run

City  
Cottage GroveState  
WIZip Code  
53527-9782FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

383.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 28 / 2025

Transaction ID : 2525340

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

**C. Phillips, Susan, , ,**

Mailing Address 2753 Pheasant Run

City  
Cottage GroveState  
WIZip Code  
53527-9782FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

398.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2025

Transaction ID : 2524647

Amount of Each Receipt this Period

15.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

33.50

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 51 OF 116

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**Working Families Party PAC**

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

**A. Pommerenk, Ava, , ,**

Mailing Address 1978 Cedar Ave

City  
Long BeachState  
CAZip Code  
90806-5389FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SelfOccupation (for Individual)  
Life coach

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 16 / 2025

Transaction ID : 2528257

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**B. Powell, Steven, , ,**

Mailing Address 3828 Oakland Bay Dr

City  
West SacramentoState  
CAZip Code  
95691-5937FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
selfOccupation (for Individual)  
IT Consultant/Web Designer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 22 / 2025

Transaction ID : 2526330

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

**C. Quilici, Janet, , ,**

Mailing Address 36910 Montecito Dr

City  
FremontState  
CAZip Code  
94536-2621FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 21 / 2025

Transaction ID : 2525865

Amount of Each Receipt this Period

50.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

200.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 52 OF 116

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**Working Families Party PAC**

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

**A. Rabinowitz, Jesse, , ,**Mailing Address 1260 21st St NW  
Apt 708City  
WashingtonState  
DCZip Code  
20036-7316FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
National Homelessness Law CenterOccupation (for Individual)  
Comms director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1620.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 09 / 2025**Transaction ID : 2526210**

Amount of Each Receipt this Period

180.00

☐ Memo Item

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

**B. Rabinowitz, Jesse, , ,**Mailing Address 1260 21st St NW  
Apt 708City  
WashingtonState  
DCZip Code  
20036-7316FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
National Homelessness Law CenterOccupation (for Individual)  
Comms director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 11 / 2025**Transaction ID : 2526209**

Amount of Each Receipt this Period

180.00

☐ Memo Item

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

**C. Rainey, Caleb, , ,**Mailing Address 1703 Logan Ave  
Apt BCity  
San DiegoState  
CAZip Code  
92113-1040FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Arts OrgOccupation (for Individual)  
Fundraiser

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 17 / 2025**Transaction ID : 2527062**

Amount of Each Receipt this Period

75.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

435.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 53 OF 116

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**Working Families Party PAC**

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

**A. Reuss, R Eric, , ,**

Mailing Address 40 Hamlet St

City  
ArlingtonState  
MAZip Code  
02474-3226FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
self-employedOccupation (for Individual)  
Game designer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 25 / 2025

Transaction ID : 2528726

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**B. Rianda, Mike, , ,**Mailing Address 1800 N Normandie Ave  
Apt 316City  
Los AngelesState  
CAZip Code  
90027-3979FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
DirectorOccupation (for Individual)  
Netflix

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 30 / 2025

Transaction ID : 2525474

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

**C. Ribe, Susan, , ,**

Mailing Address 12820 Matey Rd

City  
Silver SpringState  
MDZip Code  
20906-4051FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
USACOccupation (for Individual)  
Data Analyst

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 15 / 2025

Transaction ID : 2526017

Amount of Each Receipt this Period

25.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

175.00

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

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 54 OF 116  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Working Families Party PAC**

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

**A. Roman, Linda, , ,**

Mailing Address 734 Walker Ave

City  
OaklandState  
CAZip Code  
94610-2734FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

404.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 26 / 2025**Transaction ID : 2526106**

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

**B. Royce, Sarah, , ,**

Mailing Address 100 Hazel Ln

City  
PiedmontState  
CAZip Code  
94611-4033FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
noneOccupation (for Individual)  
retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 01 / 2025**Transaction ID : 2526592**

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**C. Royce, Sarah, , ,**

Mailing Address 100 Hazel Ln

City  
PiedmontState  
CAZip Code  
94611-4033FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
noneOccupation (for Individual)  
retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 31 / 2025**Transaction ID : 2525460**

Amount of Each Receipt this Period

100.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

210.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 55 OF 116

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**Working Families Party PAC**

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

**A. Sandler, Julie, , ,**

Mailing Address 5624 Kennett Pike

City  
WilmingtonState  
DEZip Code  
19807-1712FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

Not employed

Occupation (for Individual)

Not employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 11 / 2025**Transaction ID : 2526265**

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**B. Schaetti, Barbara, , ,**

Mailing Address 7180 Maxwellton Rd

City  
ClintonState  
WAZip Code  
98236-8813FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

Not Employed

Occupation (for Individual)

Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 07 / 2025**Transaction ID : 2527469**

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**C. Schexnider, Alvin, , ,**

Mailing Address 1026 N Lombard Ave

City  
Oak ParkState  
ILZip Code  
60302-1435FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

Capital One

Occupation (for Individual)

Designer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 28 / 2025**Transaction ID : 2525521**

Amount of Each Receipt this Period

100.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

300.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 56 OF 116  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Working Families Party PAC**

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

**A. Schimke, Cedar, , ,**

Mailing Address 2180 Big Bay Rd

City  
La PointeState  
WIZip Code  
54850-4531FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Cedar SchimkeOccupation (for Individual)  
Student

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 04 / 2025**Transaction ID : 2528642**

Amount of Each Receipt this Period

295.00

☐ Memo Item

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

**B. Schmidt, Merrill, , ,**Mailing Address 272 Smith St  
Apt 1City  
CranstonState  
RIZip Code  
02905-4146FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Development DirectorOccupation (for Individual)  
Development Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

195.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 23 / 2025**Transaction ID : 2524749**

Amount of Each Receipt this Period

35.00

☐ Memo Item

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

**C. Schmidt, Merrill, , ,**Mailing Address 272 Smith St  
Apt 1City  
CranstonState  
RIZip Code  
02905-4146FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Development DirectorOccupation (for Individual)  
Development Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 28 / 2025**Transaction ID : 2525489**

Amount of Each Receipt this Period

10.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

340.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 57 OF 116

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**Working Families Party PAC**

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

**A. Schmidt, Merrill, , ,**Mailing Address 272 Smith St  
Apt 1City  
CranstonState  
RIZip Code  
02905-4146FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Development DirectorOccupation (for Individual)  
Development Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 30 / 2025

Transaction ID : 2525488

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

**B. Schneider, Laura, , ,**

Mailing Address 11111 Tuttlehill Rd

City  
MilanState  
MIZip Code  
48160-9142FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 26 / 2025

Transaction ID : 2527976

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

**C. Shapiro, Michael J, , ,**

Mailing Address 1231 Fairview Ct

City  
OjaiState  
CAZip Code  
93023-9503FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
selfOccupation (for Individual)  
Writer - producer tv & film

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 18 / 2025

Transaction ID : 2526688

Amount of Each Receipt this Period

100.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

160.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 58 OF 116

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**Working Families Party PAC**

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

**A. Shepperd, Leah, , ,**

Mailing Address 1836 Sepviva St

City  
PhiladelphiaState  
PAZip Code  
19125-2433FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not employedOccupation (for Individual)  
Not employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 10 / 2025

Transaction ID : 2525625

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

**B. Shepperd, Leah, , ,**

Mailing Address 1836 Sepviva St

City  
PhiladelphiaState  
PAZip Code  
19125-2433FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not employedOccupation (for Individual)  
Not employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 26 / 2025

Transaction ID : 2525626

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

**C. Singer, Zemeira, , ,**

Mailing Address 1311 El Centro Ave

City  
OaklandState  
CAZip Code  
94602-1817FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SelfOccupation (for Individual)  
Psychotherapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

254.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 26 / 2025

Transaction ID : 2525787

Amount of Each Receipt this Period

40.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

115.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 59 OF 116  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Working Families Party PAC

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

**A. Smith, Ted, , ,**

Mailing Address 465 S 15th St

City  
San JoseState  
CAZip Code  
95112-2240FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
selfOccupation (for Individual)  
environmental consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 23 / 2025

Transaction ID : 2525837

Amount of Each Receipt this Period

27.00

☐ Memo Item

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

**B. Smullin, Alix, , ,**

Mailing Address 22 Woodbine Ave

City  
SwampscottState  
MAZip Code  
01907-2658FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 20 / 2025

Transaction ID : 2528287

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**C. Sobel, Marilyn, , ,**

Mailing Address 1174 Partridge Dr

City  
MercedState  
CAZip Code  
95340-9379FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Pinelands CommissionOccupation (for Individual)  
Scientist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

208.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 23 / 2025

Transaction ID : 2526407

Amount of Each Receipt this Period

10.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

137.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 60 OF 116

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**Working Families Party PAC**

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

**A. Sobel, Marilyn, , ,**

Mailing Address 1174 Partridge Dr

City  
MercedState  
CAZip Code  
95340-9379FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Pinelands CommissionOccupation (for Individual)  
Scientist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 26 / 2025

Transaction ID : 2526408

Amount of Each Receipt this Period

27.00

☐ Memo Item

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

**B. Soto, Michelle, , ,**

Mailing Address 949 Mercer Rd

City  
ButlerState  
PAZip Code  
16001-1150FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SelfOccupation (for Individual)  
Farmer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 20 / 2025

Transaction ID : 2526582

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**C. Soulos, Irene, , ,**

Mailing Address 16 Alden St

City  
GreenfieldState  
MAZip Code  
01301-1621FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Valley Medical GroupOccupation (for Individual)  
Physician Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 26 / 2025

Transaction ID : 2527627

Amount of Each Receipt this Period

100.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

227.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 61 OF 116  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Working Families Party PAC**

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

**A. Spence, Shannon, , ,**

Mailing Address 2310 Washington Blvd

City  
ArlingtonState  
VAZip Code  
22201-1114FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

PWWater

Occupation (for Individual)

Utility Construction Program Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 17 / 2025

Transaction ID : 2527539

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

**B. Stranahan, Molly, , ,**

Mailing Address 7451 N Whisper Canyon Pl

City  
TucsonState  
AZZip Code  
85718-7808FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

self

Occupation (for Individual)

happiness facilitator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 07 / 2025

Transaction ID : 2527268

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**C. Sullivan, Megan, , ,**

Mailing Address 1791 Uinta St

City  
DenverState  
COZip Code  
80220-2119FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

The Loudr Agency

Occupation (for Individual)

Graphic designer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 15 / 2025

Transaction ID : 2526544

Amount of Each Receipt this Period

10.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

160.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 62 OF 116  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Working Families Party PAC**

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

**A. Tonkovich, Amanda, , ,**

Mailing Address 2525 N Derbigny St

City  
New OrleansState  
LAZip Code  
70117-7722FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New Orleans Family Justice CenterOccupation (for Individual)  
Social work

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

181.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 01 / 2025**Transaction ID : 2527807**

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**B. Tonkovich, Amanda, , ,**

Mailing Address 2525 N Derbigny St

City  
New OrleansState  
LAZip Code  
70117-7722FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New Orleans Family Justice CenterOccupation (for Individual)  
Social work

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 26 / 2025**Transaction ID : 2527808**

Amount of Each Receipt this Period

27.00

☐ Memo Item

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

**C. Tonkovich, Amanda, , ,**

Mailing Address 2525 N Derbigny St

City  
New OrleansState  
LAZip Code  
70117-7722FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New Orleans Family Justice CenterOccupation (for Individual)  
Social work

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

228.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 31 / 2025**Transaction ID : 2525578**

Amount of Each Receipt this Period

20.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

67.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 63 OF 116

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**Working Families Party PAC**

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

**A. True, Jessica, , ,**

Mailing Address 3139 Rodney Ln

City  
CaledoniaState  
WIZip Code  
53406-1630FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
OracleOccupation (for Individual)  
IT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 06 / 2025

Transaction ID : 2526483

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

**B. Trumbull, Elizabeth, , ,**

Mailing Address 1450 Arcadia Pl

City  
Palo AltoState  
CAZip Code  
94303-2811FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Apple Inc.Occupation (for Individual)  
Program Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 30 / 2025

Transaction ID : 2525482

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

**C. Tsai, Stephanie, , ,**

Mailing Address 419 Burk St

City  
OaklandState  
CAZip Code  
94610-3519FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
self employedOccupation (for Individual)  
consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1625.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 17 / 2025

Transaction ID : 2525960

Amount of Each Receipt this Period

25.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

575.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 64 OF 116  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Working Families Party PAC**

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

**A. Tygart, Aaron, , ,**

Mailing Address 6405 SE Tibbetts St

City  
PortlandState  
ORZip Code  
97206-1915FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Cisco Systems, Inc.Occupation (for Individual)  
Software Developer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 21 / 2025

Transaction ID : 2526647

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**B. Von Rathonyi, Maria, , ,**

Mailing Address 22 Lynnwood Dr

City  
BrockportState  
NYZip Code  
14420-1424FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
FIFCO USAOccupation (for Individual)  
PD Project Lead

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

227.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 28 / 2025

Transaction ID : 2524838

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

**C. Weber, Devra, , ,**

Mailing Address 3625 Hughes Ave

City  
Los AngelesState  
CAZip Code  
90034-3910FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

267.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 23 / 2025

Transaction ID : 2526011

Amount of Each Receipt this Period

25.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

175.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 65 OF 116

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**Working Families Party PAC**

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

**A. Webster, Jennifer, , ,**

Mailing Address 1367 Dalton Dr

City  
EugeneState  
ORZip Code  
97404-2808FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
LCPHOccupation (for Individual)  
Epidemiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

302.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 15 / 2025

Transaction ID : 2528260

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

**B. Weinstock, Jonathan, , ,**

Mailing Address 2208 7th St

City  
BerkeleyState  
CAZip Code  
94710-2305FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
EdgewoodOccupation (for Individual)  
Program Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

229.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 17 / 2025

Transaction ID : 2525869

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

**C. Wofsy, Judith, , ,**

Mailing Address 821 Ramona Ave

City  
AlbanyState  
CAZip Code  
94706-1819FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 06 / 2025

Transaction ID : 2525856

Amount of Each Receipt this Period

50.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

85.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 66 OF 116  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Working Families Party PAC**

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

**A.** Wood, Marcie, , ,

Mailing Address 309 S 51st St

City  
PhiladelphiaState  
PAZip Code  
19143-1605FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SelfOccupation (for Individual)  
Marriage and Family Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 25 / 2025

Transaction ID : 2526545

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**B.**

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

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

**C.**

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

20.00

14507.88

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 67 OF 116  
(check only one)

<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)

**Working Families Party PAC**

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

**A. Agarwala, Lamya, , ,**Mailing Address 341 Eastern Pkwy  
Apt 7DCity  
BrooklynState  
NYZip Code  
11216-4861FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
CAIR-NYOccupation (for Individual)  
Lawyer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

19100.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 16 / 2025**Transaction ID : 2524582**

Amount of Each Receipt this Period

19100.00

☐ Memo Item

Contribution to non-contribution account

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

**B. American Federation of Teachers, Local 212 COPE**

Mailing Address 739 W Juneau Ave

City  
MilwaukeeState  
WIZip Code  
53233FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2025**Transaction ID : 2530327**

Amount of Each Receipt this Period

25000.00

☐ Memo Item

Contribution to non-contribution account

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

**C. API PA Votes**

Mailing Address PO Box 22611

City  
PhiladelphiaState  
PAZip Code  
19110-2611FEC ID number of contributing  
federal political committee.**C** C00761064

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 15 / 2025**Transaction ID : 2530329**

Amount of Each Receipt this Period

25000.00

☐ Memo Item

Contribution to non-contribution account

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

69100.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 68 OF 116  
(check only one)

<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)

**Working Families Party PAC**

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

**A. Bucci, Erika, , ,**

Mailing Address 78 Willow Ave

City  
LarchmontState  
NYZip Code  
10538-3520FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
Clifford ChanceOccupation (for Individual)  
Lawyer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 23 / 2025**Transaction ID : 2524597**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Contribution to non-contribution account

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

**B. Dentons, Cohen & Grisby PC Political Action Committee**

Mailing Address 625 Liberty Ave

City  
PittsburghState  
PAZip Code  
15222-3120FEC ID number of contributing  
federal political committee.**C** C00195362

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 08 / 2025**Transaction ID : 2530330**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Contribution to non-contribution account

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

**C. Freelander, Jonah, , ,**

Mailing Address 91 3Rd Place Gdn

City  
BrooklynState  
NYZip Code  
11231FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
Self EmployedOccupation (for Individual)  
Self Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

4775.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 19 / 2025**Transaction ID : 2524590**

Amount of Each Receipt this Period

4775.00

☐ Memo Item

Contribution to non-contribution account

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

10775.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 69 OF 116  
(check only one)

<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)

**Working Families Party PAC**

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

**A. Leibowitz, Dania, , ,**Mailing Address 625 Caton Ave  
Apt 5HCity  
BrooklynState  
NYZip Code  
11218-2643FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
n/aOccupation (for Individual)  
n/a

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 20 / 2025

Transaction ID : 2524581

Amount of Each Receipt this Period

25000.00

☐ Memo Item

Contribution to non-contribution account

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

**B. Leibowitz, Dania, , ,**Mailing Address 625 Caton Ave  
Apt 5HCity  
BrooklynState  
NYZip Code  
11218-2643FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
n/aOccupation (for Individual)  
n/a

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

38650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 21 / 2025

Transaction ID : 2524585

Amount of Each Receipt this Period

13650.00

☐ Memo Item

Contribution to non-contribution account

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

**C. Lembke, Zachary, , ,**Mailing Address 15 7th Ave  
Apt 1City  
BrooklynState  
NYZip Code  
11217-3449FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
ZC Consulting LLCOccupation (for Individual)  
Consultant, Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

19100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 21 / 2025

Transaction ID : 2524584

Amount of Each Receipt this Period

19100.00

☐ Memo Item

Contribution to non-contribution account

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

57750.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 70 OF 116  
(check only one)

<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)

**Working Families Party PAC**

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

**A. MOVEMENT VOTER PAC**

Mailing Address PO Box 1719

City  
NorthamptonState  
MAZip Code  
01061-1719FEC ID number of contributing  
federal political committee.**C** C00728360

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

207000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 07 / 2025**Transaction ID : 2530332**

Amount of Each Receipt this Period

25000.00

☐ Memo Item

Contribution to non-contribution account

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

**B. Nixon, Cynthia, , ,**

Mailing Address 218 E 32nd St

City  
New YorkState  
NYZip Code  
10016-6367FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

Occupation (for Individual)

Self Employed

Actor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 05 / 2025**Transaction ID : 2524586**

Amount of Each Receipt this Period

10000.00

☐ Memo Item

Contribution to non-contribution account

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

**C. Ochs, Thomas, , ,**Mailing Address 475 Sterling Pl  
Apt 3ICity  
BrooklynState  
NYZip Code  
11238-4668FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

Occupation (for Individual)

Not Employed

Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 29 / 2025**Transaction ID : 2524626**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Contribution to non-contribution account

**SUBTOTAL** of Receipts This Page (optional)..... ►

35250.00

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

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 71 OF 116  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input checked="" type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	

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NAME OF COMMITTEE (In Full)

**Working Families Party PAC**

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

**A. Oppenheim, Robert, L, ,**

Mailing Address 807 Saint James St

City  
PittsburghState  
PAZip Code  
15232-2112FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Self Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 15 / 2025**Transaction ID : 2530345**

Amount of Each Receipt this Period

10000.00

☐ Memo Item

Contribution to non-contribution account

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

**B. Organize PA**

Mailing Address 1414 Brighton Rd

City  
PittsburghState  
PAZip Code  
15212-4478FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 02 / 2025**Transaction ID : 2530334**

Amount of Each Receipt this Period

50000.00

☐ Memo Item

Contribution to non-contribution account

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

**C. Ovca, Kelsi, , ,**Mailing Address 151 Second Ave  
# NACity  
PelhamState  
NYZip Code  
10803-1419FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

Self

Occupation (for Individual)

Psychologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

4775.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 22 / 2025**Transaction ID : 2524591**

Amount of Each Receipt this Period

4775.00

☐ Memo Item

Contribution to non-contribution account

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

64775.00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 72 OF 116

(check only one)

<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)

Working Families Party PAC

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

**A. PA United**

Mailing Address 841 California Ave

City  
AlleghenyState  
PAZip Code  
15212-3808FEC 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 ▼

135000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		09		2025

Transaction ID : 2530335

Amount of Each Receipt this Period

35000.00

☐ Memo Item

Contribution to non-contribution account

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

**B. PA United**

Mailing Address 841 California Ave

City  
AlleghenyState  
PAZip Code  
15212-3808FEC 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 ▼

150000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		19		2025

Transaction ID : 2530336

Amount of Each Receipt this Period

15000.00

☐ Memo Item

Contribution to non-contribution account

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

**C. People's Economy Action Collective**

Mailing Address 545 E Town St

City  
ColumbusState  
OHZip Code  
43215-4801FEC 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 ▼

3000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		20		2025

Transaction ID : 2530337

Amount of Each Receipt this Period

3000.00

☐ Memo Item

Contribution to non-contribution account

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

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

53000.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 73 OF 116  
(check only one)

<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)

**Working Families Party PAC**

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

**A. Pritzker, Regan, , ,**Mailing Address 1 Letterman Dr  
Ste C4-420City  
San FranciscoState  
CAZip Code  
94129-1494FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
Tao CapitalOccupation (for Individual)  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

75000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 14 / 2025**Transaction ID : 2524580**

Amount of Each Receipt this Period

75000.00

☐ Memo Item

Contribution to non-contribution account

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

**B. Rebernik, Delaney, , ,**

Mailing Address 651 Prospect Pl

City  
BrooklynState  
NYZip Code  
11216-6172FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
Self EmployedOccupation (for Individual)  
Editor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

19100.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 21 / 2025**Transaction ID : 2524583**

Amount of Each Receipt this Period

19100.00

☐ Memo Item

Contribution to non-contribution account

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

**C. Rosen, Michael, , ,**

Mailing Address 3467 N Murray Ave

City  
MilwaukeeState  
WIZip Code  
53211-2818FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2025**Transaction ID : 2524592**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Contribution to non-contribution account

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

94350.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 74 OF 116  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input checked="" type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	

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NAME OF COMMITTEE (In Full)

**Working Families Party PAC**

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

**A. Sarandon, Susan, , ,**

Mailing Address 1861 Santa Barbara Dr

City  
LancasterState  
PAZip Code  
17601-4144FEC ID number of contributing  
federal political committee.

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Actress

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		15		2025

**Transaction ID : 2524588**

Amount of Each Receipt this Period

☐ Memo Item

Contribution to non-contribution account

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

**B. SEIU Caregivers**Mailing Address 1500 N 2nd St  
Ste 12City  
HarrisburgState  
PAZip Code  
17102-2528FEC ID number of contributing  
federal political committee.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		19		2025

**Transaction ID : 2530339**

Amount of Each Receipt this Period

☐ Memo Item

Contribution to non-contribution account

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

**C. Slifka, David, , ,**

Mailing Address 1 Laurelwood Ct

City  
RyeState  
NYZip Code  
10580-1985FEC ID number of contributing  
federal political committee.

Name of Employer (for Individual)

Self

Occupation (for Individual)

Investments

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		21		2025

**Transaction ID : 2524596**

Amount of Each Receipt this Period

☐ Memo Item

Contribution to non-contribution account

**SUBTOTAL** of Receipts This Page (optional)..... ►**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 PageFOR LINE NUMBER: PAGE 75 OF 116  
(check only one)

<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)

**Working Families Party PAC**

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

**A. Solidarity Victory PAC**

Mailing Address 1414 Brighton Rd

City  
PittsburghState  
PAZip Code  
15212-4478FEC ID number of contributing  
federal political committee.**C**

C00873877

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

60000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 02 / 2025**Transaction ID : 2530340**

Amount of Each Receipt this Period

60000.00

☐ Memo Item

Contribution to non-contribution account

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

**B. Solidarity Victory PAC**

Mailing Address 1414 Brighton Rd

City  
PittsburghState  
PAZip Code  
15212-4478FEC ID number of contributing  
federal political committee.**C**

C00873877

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

75000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 20 / 2025**Transaction ID : 2530341**

Amount of Each Receipt this Period

15000.00

☐ Memo Item

Contribution to non-contribution account

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

**C. Spector, Morgan, , ,**

Mailing Address 200 Park Ave S

City  
New YorkState  
NYZip Code  
10003-1503FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
Morgueinspector, IncOccupation (for Individual)  
Actor

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  
05 / 23 / 2025**Transaction ID : 2524589**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Contribution to non-contribution account

**SUBTOTAL** of Receipts This Page (optional)..... ►

80000.00

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

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 76 OF 116  
(check only one)

<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)

**Working Families Party PAC**

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

**A. Spirit of 1776**Mailing Address 3031 A Walton Rd  
Ste 201City  
Plymouth MeetingState  
PAZip Code  
19462-2369FEC ID number of contributing  
federal political committee.**C** C00654608

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 09 / 2025**Transaction ID : 2530342**

Amount of Each Receipt this Period

20000.00

☐ Memo Item

Contribution to non-contribution account

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

**B. Straight Ahead Organization**

Mailing Address 213 Smithfield St

City  
PittsburghState  
PAZip Code  
15222-2224FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 20 / 2025**Transaction ID : 2530343**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Contribution to non-contribution account

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

**C. Straus, Jay, , ,**

Mailing Address 101 Jefferson Ave

City  
BrooklynState  
NYZip Code  
11216-1996FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
Summit Building ManagementOccupation (for Individual)  
Site Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

5730.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 19 / 2025**Transaction ID : 2524587**

Amount of Each Receipt this Period

5730.00

☐ Memo Item

Contribution to non-contribution account

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

30730.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 77 OF 116  
(check only one)

<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)

**Working Families Party PAC**

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

**A. USW Works**

Mailing Address 60 Blvd Of The Allies

City  
PittsburghState  
PAZip Code  
15222-1228FEC ID number of contributing  
federal political committee.

C

C00556274

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  
05 / 08 / 2025

Transaction ID : 2530331

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Contribution to non-contribution account

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

**B. Zelle, Julie, B. ,**

Mailing Address 28 Park Ln

City  
MinneapolisState  
MNZip Code  
55416-4340FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
UnemployedOccupation (for Individual)  
Unemployed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 29 / 2025

Transaction ID : 2530328

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Contribution to non-contribution account

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

**C.**

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

Amount of Each Receipt this Period

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

10000.00

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

562730.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 78 OF 116

<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)

**Working Families Party PAC**

Full Name (Last, First, Middle Initial)

**A. ActBlue**

Mailing Address 366 Summer St

City  
SomervilleState  
MAZip Code  
02144-3132

Purpose of Disbursement

Online Contribution Processor Fees

Candidate Name

Category/  
Type

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
0	5			3	0			2	0	2	5		

FEC Identification Number

**C****Transaction ID : 500000726**

Amount of Each Disbursement this Period

2680.20

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. ActBlue**

Mailing Address 366 Summer St

City  
SomervilleState  
MAZip Code  
02144-3132

Purpose of Disbursement

Online contribution processor fee

Candidate Name

Category/  
Type

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
0	5			3	0			2	0	2	5		

FEC Identification Number

**C****Transaction ID : 500000727**

Amount of Each Disbursement this Period

79.69

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Amalgamated Bank**

Mailing Address 275 7th Ave

City  
New YorkState  
NYZip Code  
10001-6708

Purpose of Disbursement

Bank fee

Candidate Name

Category/  
Type

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
0	5			2	9			2	0	2	5		

FEC Identification Number

**C****Transaction ID : 500000711**

Amount of Each Disbursement this Period

14.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

2773.89

<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

# Working Families Party PAC

FEC Schedule B (Form 3X) Rev. 05/2016

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 80 OF 116

<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)

**Working Families Party PAC**

Full Name (Last, First, Middle Initial)

**A. Amalgamated Bank**

Mailing Address 275 7th Ave

City  
New YorkState  
NYZip Code  
10001-6708

Purpose of Disbursement

Bank fee

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
0	5			2	9			2	0	2	5		

FEC Identification Number

**C****Transaction ID : 500000715**

Amount of Each Disbursement this Period

489.29

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Love, Maxwell, , ,**Mailing Address 77 Sands St  
FI 6City  
BrooklynState  
NYZip Code  
11201-1431

Purpose of Disbursement

Travel &amp; meals expense reimbursement

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
0	5			1	2			2	0	2	5		

FEC Identification Number

**C****Transaction ID : 500000721**

Amount of Each Disbursement this Period

1075.87

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Mulhern, Connor, , ,**Mailing Address 77 Sands St  
FI 6City  
BrooklynState  
NYZip Code  
11201-1431

Purpose of Disbursement

Travel &amp; supplies expense reimbursement

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
0	5			1	2			2	0	2	5		

FEC Identification Number

**C****Transaction ID : 500000719**

Amount of Each Disbursement this Period

209.15

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1774.31



**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 81 OF 116

<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)

**Working Families Party PAC**

Full Name (Last, First, Middle Initial)

**A. Rosen, Corinne, , ,**Mailing Address 77 Sands St  
Fl 6City  
BrooklynState  
NYZip Code  
11201-1431

Purpose of Disbursement

Meals expense reimbursement

Candidate Name

Category/  
Type

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
0	5			2	3			2	0	2	5		

FEC Identification Number

**C****Transaction ID : 500000720**

Amount of Each Disbursement this Period

961.21

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Shopify**Mailing Address 33 New Montgomery St  
Ste 750City  
San FranciscoState  
CAZip Code  
94105-4537

Purpose of Disbursement

Online store fees

Candidate Name

Category/  
Type

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
0	5			3	0			2	0	2	5		

FEC Identification Number

**C****Transaction ID : 500000725**

Amount of Each Disbursement this Period

61.17

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

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).....▶

1022.38

5948.54

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 82 OF 116

<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Working Families Party PAC**

Full Name (Last, First, Middle Initial)

**A. LC Media**

Mailing Address 1604 Fawn Ln

City  
Huntingdon ValleyState  
PAZip Code  
19006-7918

Purpose of Disbursement

Tv &amp; digital ads for nonfederal election

Candidate Name

Category/  
Type

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
0	5			1	5			2	0	2	5		

FEC Identification Number

**C****Transaction ID : 500000716**

Amount of Each Disbursement this Period

65000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. New Jersey Working Families Alliance PAC**

Mailing Address PO Box 505

City  
Monmouth JunctionState  
NJZip Code  
08852-0505

Purpose of Disbursement

Contribution

Candidate Name

Category/  
Type

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
0	5			2	9			2	0	2	5		

FEC Identification Number

**C****Transaction ID : 500000724**

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Outlier Strategies LLC**

Mailing Address 75 Wall St

City  
New YorkState  
NYZip Code  
10005-4100

Purpose of Disbursement

Fundraising consulting services for nonfederal election

Candidate Name

Category/  
Type

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
0	5			1	9			2	0	2	5		

FEC Identification Number

**C****Transaction ID : 500000717**

Amount of Each Disbursement this Period

12000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

82000.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 83 OF 116

<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Working Families Party PAC**

Full Name (Last, First, Middle Initial)

**A. Red Horse Strategies**

Mailing Address 55 Washington St

City  
BrooklynState  
NYZip Code  
11201-1036

Purpose of Disbursement

Printing for nonfederal election

Candidate Name

Category/  
Type

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	/	Y	Y	Y	Y	Y	Y
0	5			2	8			2	0	2	5	

FEC Identification Number

**C****Transaction ID : 500000723**

Amount of Each Disbursement this Period

5650.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Wells Print & Digital Services**

Mailing Address PO Box 1744

City  
MadisonState  
WIZip Code  
53701-1744

Purpose of Disbursement

Printing for nonfederal election

Candidate Name

Category/  
Type

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	/	Y	Y	Y	Y	Y	Y
0	5			1	3			2	0	2	5	

FEC Identification Number

**C****Transaction ID : 500000718**

Amount of Each Disbursement this Period

179.04

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Wozny Consulting**

Mailing Address 2811 W Mckinley Blvd

City  
MilwaukeeState  
WIZip Code  
53208-2928

Purpose of Disbursement

Social media consulting services for nonfederal election

Candidate Name

Category/  
Type

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	/	Y	Y	Y	Y	Y	Y
0	5			2	2			2	0	2	5	

FEC Identification Number

**C****Transaction ID : 500000722**

Amount of Each Disbursement this Period

1400.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

7229.04

89229.04

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 84 OF 116

FOR LINE NUMBER:  
(check only one)☒ 9  
☐ 10

NAME OF COMMITTEE (In Full)

**Working Families Party PAC**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**AARON REGUNBERG FOR CONGRESS**

Nature of Debt (Purpose):

Personnel - Fee for Service

Mailing Address 50 Duncan Ave

City  
ProvidenceState  
RIZip Code  
02906-1815

Outstanding Balance Beginning This Period

8466.50

Transaction ID : 1250000040

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

8466.50

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**People for Joann Bryn Smith**

Nature of Debt (Purpose):

Refund of Contribution

Mailing Address PO Box 4156

City  
WyomingState  
PAZip Code  
18644-0156

Outstanding Balance Beginning This Period

1500.00

Transaction ID : 1250000055

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1500.00

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)..... ►

9966.50

2) **TOTALS** This Period (last page this line number only)..... ►

9966.50

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

9966.50

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 85 OF 116

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

Working Families Party PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Base Builder

Nature of Debt (Purpose):

Canvassing for Mandela Barnes

Mailing Address 77 Sands St

City  
BrooklynState  
NYZip Code  
11201-1431

Outstanding Balance Beginning This Period

92181.11

Transaction ID : 1250000045

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

92181.11

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Base Builder

Nature of Debt (Purpose):

Canvassing for Mandela Barnes

Mailing Address 77 Sands St

City  
BrooklynState  
NYZip Code  
11201-1431

Outstanding Balance Beginning This Period

207560.00

Transaction ID : 1250000163

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

207560.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Base Builder

Nature of Debt (Purpose):

Phone Bank

Mailing Address 77 Sands St

City  
BrooklynState  
NYZip Code  
11201-1431

Outstanding Balance Beginning This Period

1658.83

Transaction ID : 1250000164

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1658.83

1) **SUBTOTALS** This Period This Page (optional)..... ►

301399.94

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

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 86 OF 116

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**Working Families Party PAC**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Base Builder**

Nature of Debt (Purpose):

Phone Bank for John Fetterman

Mailing Address 77 Sands St

City  
BrooklynState  
NYZip Code  
11201-1431

Outstanding Balance Beginning This Period

66280.00

Transaction ID : 1250000165

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

66280.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Base Builder**

Nature of Debt (Purpose):

Canvassing for John Fetterman

Mailing Address 77 Sands St

City  
BrooklynState  
NYZip Code  
11201-1431

Outstanding Balance Beginning This Period

4000.00

Transaction ID : 1250000049

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

4000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Base Builder**

Nature of Debt (Purpose):

Canvassing for John Fetterman

Mailing Address 77 Sands St

City  
BrooklynState  
NYZip Code  
11201-1431

Outstanding Balance Beginning This Period

2000.00

Transaction ID : 1250000166

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2000.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

72280.00

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

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

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(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

Working Families Party PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Base Builder

Nature of Debt (Purpose):

Canvassing for John Fetterman

Mailing Address 77 Sands St

City  
BrooklynState  
NYZip Code  
11201-1431

Outstanding Balance Beginning This Period

124350.00

Transaction ID : 1250000167

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

124350.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Base Builder

Nature of Debt (Purpose):

Phone Bank

Mailing Address 77 Sands St

City  
BrooklynState  
NYZip Code  
11201-1431

Outstanding Balance Beginning This Period

11000.00

Transaction ID : 1250000042

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

11000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Base Builder

Nature of Debt (Purpose):

In person canvassing

Mailing Address 77 Sands St

City  
BrooklynState  
NYZip Code  
11201-1431

Outstanding Balance Beginning This Period

36000.00

Transaction ID : 1250000043

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

36000.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

171350.00

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

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

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NAME OF COMMITTEE (In Full)

Working Families Party PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Base Builder

Nature of Debt (Purpose):

In person canvassing

Mailing Address 77 Sands St

City  
BrooklynState  
NYZip Code  
11201-1431

Outstanding Balance Beginning This Period

11000.00

Transaction ID : 1250000044

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

11000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Base Builder

Nature of Debt (Purpose):

In person canvassing for Cori Bush

Mailing Address 77 Sands St

City  
BrooklynState  
NYZip Code  
11201-1431

Outstanding Balance Beginning This Period

20000.00

Transaction ID : 1250000169

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

20000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Base Builder

Nature of Debt (Purpose):

Phone calls for Mondaire Jones 24 hour report  
1790196

Mailing Address 77 Sands St

City  
BrooklynState  
NYZip Code  
11201-1431

Outstanding Balance Beginning This Period

4000.00

Transaction ID : 1250000168

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

4000.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

35000.00

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



**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

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NAME OF COMMITTEE (In Full)

**Working Families Party PAC**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Berlin Rosen**

Nature of Debt (Purpose):

Ads

Mailing Address 15 Maiden Ln  
Ste 1600City  
New YorkState  
NYZip Code  
10038-5111

Outstanding Balance Beginning This Period

7500.00

Transaction ID : 1250000056

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

7500.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Break Something**

Nature of Debt (Purpose):

Digital Ads for Harris #1820447

Mailing Address 1802 Vernon St NW

City  
WashingtonState  
DCZip Code  
20009-1217

Outstanding Balance Beginning This Period

81249.51

Transaction ID : 1250000057

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

81249.51

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Break Something**

Nature of Debt (Purpose):

Graphic Design for Harris 1832340

Mailing Address 1802 Vernon St NW

City  
WashingtonState  
DCZip Code  
20009-1217

Outstanding Balance Beginning This Period

1000.00

Transaction ID : 1250000058

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1000.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

89749.51

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

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

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NAME OF COMMITTEE (In Full)

**Working Families Party PAC**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**CCM&Co**

Nature of Debt (Purpose):

Printed Literature for Mandela Bernes

Mailing Address 1022 Boulevard  
# 329City  
West HartfordState  
CTZip Code  
06119-1801

Outstanding Balance Beginning This Period

6040.00

Transaction ID : 1250000059

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

6040.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Chojnacki, Sonja, , ,**

Nature of Debt (Purpose):

Consulting for postcard program harris  
1841890

Mailing Address 3112 N Weil St

City  
MilwaukeeState  
WIZip Code  
53212-2231

Outstanding Balance Beginning This Period

9000.00

Transaction ID : 1250000162

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

9000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Colonial Quality Printing**

Nature of Debt (Purpose):

Printed Literature for Harris #1818742

Mailing Address 2997 S Howell Ave

City  
MilwaukeeState  
WIZip Code  
53207-2083

Outstanding Balance Beginning This Period

3439.32

Transaction ID : 1250000060

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3439.32

1) **SUBTOTALS** This Period This Page (optional)..... ►

18479.32

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

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

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☒ 10

NAME OF COMMITTEE (In Full)

Working Families Party PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Community Labor Administrative Services

Nature of Debt (Purpose):

Texting

Mailing Address 77 Sands St

City  
BrooklynState  
NYZip Code  
11201-1431

Outstanding Balance Beginning This Period

410.12

Transaction ID : 1250000061

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

410.12

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Community Labor Administrative Services

Nature of Debt (Purpose):

Texting

Mailing Address 77 Sands St

City  
BrooklynState  
NYZip Code  
11201-1431

Outstanding Balance Beginning This Period

31015.82

Transaction ID : 1250000062

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

31015.82

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Community Labor Administrative Services

Nature of Debt (Purpose):

Texting

Mailing Address 77 Sands St

City  
BrooklynState  
NYZip Code  
11201-1431

Outstanding Balance Beginning This Period

14924.00

Transaction ID : 1250000063

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

14924.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

46349.94

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

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

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☒ 10

NAME OF COMMITTEE (In Full)

Working Families Party PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Community Labor Administrative Services

Nature of Debt (Purpose):

Texting

Mailing Address 77 Sands St

City  
BrooklynState  
NYZip Code  
11201-1431

Outstanding Balance Beginning This Period

0.20

Transaction ID : 1250000064

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

0.20

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Community Labor Administrative Services

Nature of Debt (Purpose):

Texting

Mailing Address 77 Sands St

City  
BrooklynState  
NYZip Code  
11201-1431

Outstanding Balance Beginning This Period

48174.91

Transaction ID : 1250000065

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

48174.91

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Community Labor Administrative Services

Nature of Debt (Purpose):

Texting

Mailing Address 77 Sands St

City  
BrooklynState  
NYZip Code  
11201-1431

Outstanding Balance Beginning This Period

20000.00

Transaction ID : 1250000066

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

20000.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

68175.11

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

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

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☒ 10

NAME OF COMMITTEE (In Full)

**Working Families Party PAC**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Community Labor Administrative Services**

Nature of Debt (Purpose):

Texting

Mailing Address 77 Sands St

City  
BrooklynState  
NYZip Code  
11201-1431

Outstanding Balance Beginning This Period

20000.00

Transaction ID : 1250000067

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

20000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Community Labor Administrative Services**

Nature of Debt (Purpose):

Personnel from Schedule B Line 21(b)

Mailing Address 77 Sands St

City  
BrooklynState  
NYZip Code  
11201-1431

Outstanding Balance Beginning This Period

3268.65

Transaction ID : 1250000068

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3268.65

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Community Labor Administrative Services**

Nature of Debt (Purpose):

Personnel from Schedule B Line 21(b)

Mailing Address 77 Sands St

City  
BrooklynState  
NYZip Code  
11201-1431

Outstanding Balance Beginning This Period

8466.50

Transaction ID : 1250000069

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

8466.50

1) **SUBTOTALS** This Period This Page (optional)..... ►

31735.15

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

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

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☒ 10

NAME OF COMMITTEE (In Full)

Working Families Party PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Community Labor Administrative Services

Nature of Debt (Purpose):

Texting for Bowman reported on 4/11/24

Mailing Address 77 Sands St

City  
BrooklynState  
NYZip Code  
11201-1431

Outstanding Balance Beginning This Period

3995.00

Transaction ID : 1250000070

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3995.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Community Labor Administrative Services

Nature of Debt (Purpose):

Texting for Jayapal reported on 5/14/24 -  
WFT20244161220-1

Mailing Address 77 Sands St

City  
BrooklynState  
NYZip Code  
11201-1431

Outstanding Balance Beginning This Period

974.51

Transaction ID : 1250000074

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

974.51

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Community Labor Administrative Services

Nature of Debt (Purpose):

Texting for Morales reported on 5/14/24 -  
WFT20244161238-1

Mailing Address 77 Sands St

City  
BrooklynState  
NYZip Code  
11201-1431

Outstanding Balance Beginning This Period

974.51

Transaction ID : 1250000075

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

974.51

1) **SUBTOTALS** This Period This Page (optional)..... ►

5944.02

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

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

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FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**Working Families Party PAC**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Community Labor Administrative Services**

Nature of Debt (Purpose):

Texting for John Mannion 24 hour report  
1791925

Mailing Address 77 Sands St

City  
BrooklynState  
NYZip Code  
11201-1431

Outstanding Balance Beginning This Period

1129.67

Transaction ID : 1250000079

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1129.67

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Community Labor Administrative Services**

Nature of Debt (Purpose):

phone calls for Cori Bush ID 1808103

Mailing Address 77 Sands St

City  
BrooklynState  
NYZip Code  
11201-1431

Outstanding Balance Beginning This Period

2000.00

Transaction ID : 1250000089

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Community Labor Administrative Services**

Nature of Debt (Purpose):

Phone bank for Altman #1820447

Mailing Address 77 Sands St

City  
BrooklynState  
NYZip Code  
11201-1431

Outstanding Balance Beginning This Period

4712.10

Transaction ID : 1250000094

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

4712.10

1) **SUBTOTALS** This Period This Page (optional)..... ►

7841.77

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

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

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☒ 10

NAME OF COMMITTEE (In Full)

Working Families Party PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Community Labor Administrative Services

Nature of Debt (Purpose):

Facebook Ads for Harris #1821473

Mailing Address 77 Sands St

City  
BrooklynState  
NYZip Code  
11201-1431

Outstanding Balance Beginning This Period

4800.00

Transaction ID : 1250000095

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

4800.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Community Labor Administrative Services

Nature of Debt (Purpose):

Texting filed as Scale to Win for Rudy Salas  
1833684

Mailing Address 77 Sands St

City  
BrooklynState  
NYZip Code  
11201-1431

Outstanding Balance Beginning This Period

1000.00

Transaction ID : 1250000097

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Community Labor Administrative Services

Nature of Debt (Purpose):

Texting for Harris 183797

Mailing Address 77 Sands St

City  
BrooklynState  
NYZip Code  
11201-1431

Outstanding Balance Beginning This Period

44000.00

Transaction ID : 1250000098

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

44000.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

49800.00

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



**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

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NAME OF COMMITTEE (In Full)

Working Families Party PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Community Labor Administrative Services

Nature of Debt (Purpose):

Texting for Colin Allred 1845400

Mailing Address 77 Sands St

City  
BrooklynState  
NYZip Code  
11201-1431

Outstanding Balance Beginning This Period

500.00

Transaction ID : 1250000100

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

500.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Community Labor Administrative Services

Nature of Debt (Purpose):

Texting for Harris 187927, 1847530, 1845966,  
1846647, 1845966, 1845510, 1843702,  
1843367

Mailing Address 77 Sands St

City  
BrooklynState  
NYZip Code  
11201-1431

Outstanding Balance Beginning This Period

171389.40

Transaction ID : 1250000101

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

171389.40

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Community Labor Administrative Services

Nature of Debt (Purpose):

Texting for Gabe Vasquez 1844015

Mailing Address 77 Sands St

City  
BrooklynState  
NYZip Code  
11201-1431

Outstanding Balance Beginning This Period

20000.00

Transaction ID : 1250000103

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

20000.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

191889.40

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

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

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NAME OF COMMITTEE (In Full)

Working Families Party PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Community Labor Administrative Services

Nature of Debt (Purpose):

Texting for Colin Allred 1845400

Mailing Address 77 Sands St

City  
BrooklynState  
NYZip Code  
11201-1431

Outstanding Balance Beginning This Period

2000.00

Transaction ID : 1250000105

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Community Labor Administrative Services

Nature of Debt (Purpose):

Texting for Adam Gray 1846647

Mailing Address 77 Sands St

City  
BrooklynState  
NYZip Code  
11201-1431

Outstanding Balance Beginning This Period

1000.00

Transaction ID : 1250000106

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Community Labor Administrative Services

Nature of Debt (Purpose):

Texting for Colin Allred 1846647

Mailing Address 77 Sands St

City  
BrooklynState  
NYZip Code  
11201-1431

Outstanding Balance Beginning This Period

2000.00

Transaction ID : 1250000107

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2000.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

5000.00

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

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

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☒ 10

NAME OF COMMITTEE (In Full)

**Working Families Party PAC**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Community Labor Administrative Services**

Nature of Debt (Purpose):

Texting for Rudy Salas 1846647

Mailing Address 77 Sands St

City  
BrooklynState  
NYZip Code  
11201-1431

Outstanding Balance Beginning This Period

2600.00

**Transaction ID : 1250000108**

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2600.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Community Labor Administrative Services**

Nature of Debt (Purpose):

Texting for Colin Allred 184730

Mailing Address 77 Sands St

City  
BrooklynState  
NYZip Code  
11201-1431

Outstanding Balance Beginning This Period

2000.00

**Transaction ID : 1250000109**

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Community Labor Administrative Services**

Nature of Debt (Purpose):

Texting for Adam Gray 184730

Mailing Address 77 Sands St

City  
BrooklynState  
NYZip Code  
11201-1431

Outstanding Balance Beginning This Period

1000.00

**Transaction ID : 1250000110**

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1000.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

5600.00

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

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 100 OF 116

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

Working Families Party PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Community Labor Administrative Services

Nature of Debt (Purpose):

Texting for Sherrod Brown 1847927

Mailing Address 77 Sands St

City  
BrooklynState  
NYZip Code  
11201-1431

Outstanding Balance Beginning This Period

10000.00

Transaction ID : 1250000111

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

10000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Community Labor Administrative Services

Nature of Debt (Purpose):

Texting for Colin Allred 1847927

Mailing Address 77 Sands St

City  
BrooklynState  
NYZip Code  
11201-1431

Outstanding Balance Beginning This Period

9000.00

Transaction ID : 1250000113

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

9000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Community Labor Administrative Services

Nature of Debt (Purpose):

Travel, Lodging, Meals, Supplies

Mailing Address 77 Sands St

City  
BrooklynState  
NYZip Code  
11201-1431

Outstanding Balance Beginning This Period

133711.93

Transaction ID : 1250000114

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

133711.93

1) **SUBTOTALS** This Period This Page (optional)..... ►

152711.93

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

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

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☒ 10

NAME OF COMMITTEE (In Full)

**Working Families Party PAC**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Consolidated Press**

Nature of Debt (Purpose):

Direct Mail for Harris #1818742

Mailing Address 3900 Greensboro St

City  
CharlotteState  
NCZip Code  
28206-2036

Outstanding Balance Beginning This Period

816.67

Transaction ID : 1250000115

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

816.67

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Facebook**

Nature of Debt (Purpose):

Digital Ads for Jessica Cisneros

Mailing Address 1 Hacker Way

City  
Menlo ParkState  
CAZip Code  
94025-1456

Outstanding Balance Beginning This Period

10000.00

Transaction ID : 1250000116

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

10000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Facebook**

Nature of Debt (Purpose):

Digital Ads for Andy Levin

Mailing Address 1 Hacker Way

City  
Menlo ParkState  
CAZip Code  
94025-1456

Outstanding Balance Beginning This Period

7000.00

Transaction ID : 1250000117

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

7000.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

17816.67

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

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
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numbered line)

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NAME OF COMMITTEE (In Full)

Working Families Party PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Facebook

Nature of Debt (Purpose):

Digital Ads for Rashida Tlaib

Mailing Address 1 Hacker Way

City  
Menlo ParkState  
CAZip Code  
94025-1456

Outstanding Balance Beginning This Period

3000.00

Transaction ID : 1250000118

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Facebook

Nature of Debt (Purpose):

Digital Ads for Melanie Stansbury

Mailing Address 1 Hacker Way

City  
Menlo ParkState  
CAZip Code  
94025-1456

Outstanding Balance Beginning This Period

1700.00

Transaction ID : 1250000119

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1700.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Facebook

Nature of Debt (Purpose):

Digital Ads for Gabriel Vasquez

Mailing Address 1 Hacker Way

City  
Menlo ParkState  
CAZip Code  
94025-1456

Outstanding Balance Beginning This Period

1700.00

Transaction ID : 1250000120

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1700.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

6400.00

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

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
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numbered line)

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NAME OF COMMITTEE (In Full)

**Working Families Party PAC**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Facebook**

Nature of Debt (Purpose):

Digital Ads for Teresa Leger Fernandez

Mailing Address 1 Hacker Way

City  
Menlo ParkState  
CAZip Code  
94025-1456

Outstanding Balance Beginning This Period

900.00

Transaction ID : 1250000121

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

900.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Fedex Office Print and Ship Center**

Nature of Debt (Purpose):

Printing for Kamala Harris ID 1814317

Mailing Address 5658 Washington Ave

City  
Mount PleasantState  
WIZip Code  
53406-4096

Outstanding Balance Beginning This Period

74.76

Transaction ID : 1250000124

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

74.76

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Fedex Office Print and Ship Center**

Nature of Debt (Purpose):

Printing for Kamala Harris ID 1819155

Mailing Address 5658 Washington Ave

City  
Mount PleasantState  
WIZip Code  
53406-4096

Outstanding Balance Beginning This Period

179.55

Transaction ID : 1250000125

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

179.55

1) **SUBTOTALS** This Period This Page (optional)..... ►

1154.31

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

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

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(check only one)
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☒ 10

NAME OF COMMITTEE (In Full)

Working Families Party PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

FedEx

Nature of Debt (Purpose):

Printing for Harris 1843367

Mailing Address 942 Shady Grove Rd S

City  
MemphisState  
TNZip Code  
38120-4117

Outstanding Balance Beginning This Period

136.55

Transaction ID : 1250000122

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

136.55

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

FedEx

Nature of Debt (Purpose):

Printing for Harris 1845400

Mailing Address 942 Shady Grove Rd S

City  
MemphisState  
TNZip Code  
38120-4117

Outstanding Balance Beginning This Period

448.56

Transaction ID : 1250000123

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

448.56

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

First Impression, Inc

Nature of Debt (Purpose):

Printed Literature for Harris #1818572

Mailing Address 3401 Girard Blvd NE

City  
AlbuquerqueState  
NMZip Code  
87107-1928

Outstanding Balance Beginning This Period

418.50

Transaction ID : 1250000126

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

418.50

1) **SUBTOTALS** This Period This Page (optional)..... ►

1003.61

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



**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
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(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**Working Families Party PAC**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**First Impression, Inc**

Nature of Debt (Purpose):

Shirts and bags for Kamala Harris #1818792

Mailing Address 3401 Girard Blvd NE

City  
AlbuquerqueState  
NMZip Code  
87107-1928

Outstanding Balance Beginning This Period

1252.50

Transaction ID : 1250000127

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1252.50

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Great Impressions LLC**

Nature of Debt (Purpose):

Posters for Harris #1819527

Mailing Address 5330 W Burleigh St

City  
MilwaukeeState  
WIZip Code  
53210-1622

Outstanding Balance Beginning This Period

1551.06

Transaction ID : 1250000128

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1551.06

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Pelican Print**

Nature of Debt (Purpose):

mail

Mailing Address 3930 Flagstone Ct

City  
FlorissantState  
MOZip Code  
63033-4026

Outstanding Balance Beginning This Period

584.43

Transaction ID : 1250000129

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

584.43

1) **SUBTOTALS** This Period This Page (optional)..... ►

3387.99

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

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
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(check only one)
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☒ 10

NAME OF COMMITTEE (In Full)

**Working Families Party PAC**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Pelican Print**

Nature of Debt (Purpose):

mail

Mailing Address 3930 Flagstone Ct

City  
FlorissantState  
MOZip Code  
63033-4026

Outstanding Balance Beginning This Period

584.43

Transaction ID : 1250000130

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

584.43

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Person to Persons Solutions**

Nature of Debt (Purpose):

Printed literature for Harris #1814317 reported  
as Red Horse

Mailing Address 55 Washington St

City  
BrooklynState  
NYZip Code  
11201-1036

Outstanding Balance Beginning This Period

2153.12

Transaction ID : 1250000131

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2153.12

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Reach Technologies**

Nature of Debt (Purpose):

Direct Mail #1820107

Mailing Address 8810 35th Ave

City  
Jackson HeightsState  
NYZip Code  
11372-5759

Outstanding Balance Beginning This Period

15000.00

Transaction ID : 1250000132

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

15000.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

17737.55

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

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
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numbered line)

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(check only one)
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☒ 10

NAME OF COMMITTEE (In Full)

Working Families Party PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Richstock Productions

Nature of Debt (Purpose):

Digital Ads for Harris #1823264

Mailing Address 1220 11th Ave

City  
NeptuneState  
NJZip Code  
07753-5116

Outstanding Balance Beginning This Period

60.00

Transaction ID : 1250000133

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

60.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Robocall.org

Nature of Debt (Purpose):

Robocall for Jessica Cisneros

Mailing Address 4601 Fairfax Dr

City  
ArlingtonState  
VAZip Code  
22203-1527

Outstanding Balance Beginning This Period

41.27

Transaction ID : 1250000134

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

41.27

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Scale to Win

Nature of Debt (Purpose):

Texting

Mailing Address 13742 Harper St

City  
Santa AnaState  
CAZip Code  
92703-1419

Outstanding Balance Beginning This Period

1200.00

Transaction ID : 1250000135

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1200.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

1301.27

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

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
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numbered line)

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FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

Working Families Party PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Scale to Win

Nature of Debt (Purpose):

Phone calls for Harris #1821473

Mailing Address 13742 Harper St

City

Santa Ana

State

CA

Zip Code

92703-1419

Outstanding Balance Beginning This Period

38224.86

Transaction ID : 1250000136

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

38224.86

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Scale to Win

Nature of Debt (Purpose):

Texting for Harris #1821473

Mailing Address 13742 Harper St

City

Santa Ana

State

CA

Zip Code

92703-1419

Outstanding Balance Beginning This Period

1500.00

Transaction ID : 1250000137

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1500.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Scale to Win

Nature of Debt (Purpose):

Texting for Harris #1823642

Mailing Address 13742 Harper St

City

Santa Ana

State

CA

Zip Code

92703-1419

Outstanding Balance Beginning This Period

4400.00

Transaction ID : 1250000138

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

4400.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

44124.86

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

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
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☒ 10

NAME OF COMMITTEE (In Full)

**Working Families Party PAC**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Scale to Win**

Nature of Debt (Purpose):

Texting for Salas 1823978

Mailing Address 13742 Harper St

City

Santa Ana

State

CA

Zip Code

92703-1419

Outstanding Balance Beginning This Period

500.00

Transaction ID : 1250000139

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

500.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Scale to Win**

Nature of Debt (Purpose):

Texting for Harris #1823978

Mailing Address 13742 Harper St

City

Santa Ana

State

CA

Zip Code

92703-1419

Outstanding Balance Beginning This Period

1000.00

Transaction ID : 1250000140

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Scale to Win**

Nature of Debt (Purpose):

Texting for Harris #1829064

Mailing Address 13742 Harper St

City

Santa Ana

State

CA

Zip Code

92703-1419

Outstanding Balance Beginning This Period

5000.00

Transaction ID : 1250000141

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

5000.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

6500.00

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

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
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☒ 10

NAME OF COMMITTEE (In Full)

**Working Families Party PAC**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Scale to Win**

Nature of Debt (Purpose):

Texting for Harris #1830948

Mailing Address 13742 Harper St

City

Santa Ana

State

CA

Zip Code

92703-1419

Outstanding Balance Beginning This Period

2000.00

Transaction ID : 1250000142

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Scale to Win**

Nature of Debt (Purpose):

Phone Bank for Harris #1830268

Mailing Address 13742 Harper St

City

Santa Ana

State

CA

Zip Code

92703-1419

Outstanding Balance Beginning This Period

201.59

Transaction ID : 1250000143

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

201.59

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Scale to Win**

Nature of Debt (Purpose):

Texting for Harris 1832340, 1833684, 183656,  
1834846, 1836056, 1834846

Mailing Address 13742 Harper St

City

Santa Ana

State

CA

Zip Code

92703-1419

Outstanding Balance Beginning This Period

30157.70

Transaction ID : 1250000144

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

30157.70

1) **SUBTOTALS** This Period This Page (optional)..... ►

32359.29

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

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
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☒ 10

NAME OF COMMITTEE (In Full)

**Working Families Party PAC**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Seed the Vote**

Nature of Debt (Purpose):

Warnock

Mailing Address 1212 Broadway

City  
OaklandState  
CAZip Code  
94612-1805

Outstanding Balance Beginning This Period

3000.00

Transaction ID : 1250000145

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Shirts.co**

Nature of Debt (Purpose):

Shirts and totebags for Harris 1818792

Mailing Address 4524 S Saint Peters Pkwy

City  
Saint PetersState  
MOZip Code  
63304-7342

Outstanding Balance Beginning This Period

1583.40

Transaction ID : 1250000146

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1583.40

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Skyridge Strategies**

Nature of Debt (Purpose):

Digital Ads for Harris #1822108

Mailing Address 2791 Oak Aly

City  
EugeneState  
ORZip Code  
97405-3692

Outstanding Balance Beginning This Period

5500.00

Transaction ID : 1250000147

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

5500.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

10083.40

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

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
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☒ 10

NAME OF COMMITTEE (In Full)

**Working Families Party PAC**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Skyridge Strategies**

Nature of Debt (Purpose):

Digital ads for Harris 1847927

Mailing Address 2791 Oak Aly

City  
EugeneState  
ORZip Code  
97405-3692

Outstanding Balance Beginning This Period

10000.00

Transaction ID : 1250000148

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

10000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**The Baseline Agency**

Nature of Debt (Purpose):

Mail for Jessica Cisneros

Mailing Address 1835 7th St NW

City  
WashingtonState  
DCZip Code  
20001-3107

Outstanding Balance Beginning This Period

39963.76

Transaction ID : 1250000149

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

39963.76

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**The Original Print Shop**

Nature of Debt (Purpose):

Direct Mail for Harris 1832340

Mailing Address 270 S Telegraph Rd

City  
PontiacState  
MIZip Code  
48341-1979

Outstanding Balance Beginning This Period

40520.00

Transaction ID : 1250000150

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

40520.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

90483.76

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



**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 113 OF 116

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**Working Families Party PAC**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Turn it Blue**

Nature of Debt (Purpose):

digital ads

Mailing Address 780 Utica Ave

City  
BoulderState  
COZip Code  
80304-0755

Outstanding Balance Beginning This Period

10000.00

Transaction ID : 1250000151

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

10000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Turn it Blue**

Nature of Debt (Purpose):

Digital Ads opposing Maxine Dexter ID  
WFT20244201520-1

Mailing Address 780 Utica Ave

City  
BoulderState  
COZip Code  
80304-0755

Outstanding Balance Beginning This Period

1500.00

Transaction ID : 1250000152

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1500.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Union Print Shop**

Nature of Debt (Purpose):

Printed Literature for Harris 1819527

Mailing Address 49 S Sycamore

City  
MesaState  
AZZip Code  
85202-1151

Outstanding Balance Beginning This Period

1200.00

Transaction ID : 1250000153

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1200.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

12700.00

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

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
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numbered line)

PAGE 114 OF 116

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**Working Families Party PAC**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Union Print Shop**

Nature of Debt (Purpose):

Printed Literature for Harris 1845400

Mailing Address 49 S Sycamore

City  
MesaState  
AZZip Code  
85202-1151

Outstanding Balance Beginning This Period

17500.00

Transaction ID : 1250000154

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

17500.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Weber Printing**

Nature of Debt (Purpose):

printing

Mailing Address 3048 N 34th St

City  
MilwaukeeState  
WIZip Code  
53210-1919

Outstanding Balance Beginning This Period

240.00

Transaction ID : 1250000155

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

240.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Wells Print & Digital Services**

Nature of Debt (Purpose):

Printed Literature for Harris 1841890

Mailing Address PO Box 1744

City  
MadisonState  
WIZip Code  
53701-1744

Outstanding Balance Beginning This Period

760.93

Transaction ID : 1250000156

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

760.93

1) **SUBTOTALS** This Period This Page (optional)..... ►

18500.93

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

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
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PAGE 115 OF 116

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**Working Families Party PAC**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**With The Ranks**

Nature of Debt (Purpose):

Texting for Harris 1814959

Mailing Address 206 N Ferguson Ave

City  
CookevilleState  
TNZip Code  
38501-2865

Outstanding Balance Beginning This Period

44797.61

Transaction ID : 1250000157

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

44797.61

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**With The Ranks**

Nature of Debt (Purpose):

Texting for Harris 1814959

Mailing Address 206 N Ferguson Ave

City  
CookevilleState  
TNZip Code  
38501-2865

Outstanding Balance Beginning This Period

2963.41

Transaction ID : 1250000158

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2963.41

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**With The Ranks**

Nature of Debt (Purpose):

Texting for Harris 1815420

Mailing Address 206 N Ferguson Ave

City  
CookevilleState  
TNZip Code  
38501-2865

Outstanding Balance Beginning This Period

20228.07

Transaction ID : 1250000159

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

20228.07

1) **SUBTOTALS** This Period This Page (optional)..... ►

67989.09

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

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
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PAGE 116 OF 116

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**Working Families Party PAC**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**With The Ranks**

Nature of Debt (Purpose):

Texting for Harris 1815420

Mailing Address 206 N Ferguson Ave

City  
CookevilleState  
TNZip Code  
38501-2865

Outstanding Balance Beginning This Period

22058.14

Transaction ID : 1250000160

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

22058.14

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**With The Ranks**

Nature of Debt (Purpose):

Texting for Harris 1834846

Mailing Address 206 N Ferguson Ave

City  
CookevilleState  
TNZip Code  
38501-2865

Outstanding Balance Beginning This Period

126000.00

Transaction ID : 1250000161

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

126000.00

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)..... ►

148058.14

2) **TOTALS** This Period (last page this line number only)..... ►

1732906.96

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

1732906.96