

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 Committee for Working Families, sponsored by the California Labor Federation, AFL-CIO

ADDRESS (number and street) 555 Capitol Mall, Suite 1425 Sacramento CA 95814 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C C00626119 3. IS THIS REPORT NEW (N) OR AMENDED (A) [X] NEW (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 / D D / Y Y Y Y Y Y in the State of (d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on 11 / 08 / 2016 in the State of CA

5. Covering Period 10 / 20 / 2016 through 11 / 28 / 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Pulaski, Art, , , Type or Print Name of Treasurer

Signature of Treasurer Pulaski, Art, , , [Electronically Filed] Date 12 / 08 / 2016

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

**Committee for Working Families, sponsored by the California Labor Federation, AFL-CIO**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>	<input type="text" value="330324.96"/>	<input type="text" value="330324.96"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="565423.22"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="247702.56"/>	<input type="text" value="491574.22"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="813125.78"/>	<input type="text" value="821899.18"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="450270.41"/>	<input type="text" value="459043.81"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="362855.37"/>	<input type="text" value="362855.37"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="62887.68"/>	

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

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**Committee for Working Families, sponsored by the California Labor Federation, AFL-CIO**

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	15500.00	140800.00
(ii) Unitemized .....	200.00	700.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	15700.00	141500.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	232000.00	350000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	247700.00	491500.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	2.56	74.22
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)).....▶	247702.56	491574.22
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	247702.56	491574.22

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	21688.41	30461.81
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	21688.41	30461.81
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) .....	373582.00	373582.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	5000.00	5000.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	5000.00	5000.00
29. Other Disbursements (Including Non-Federal Donations).....	50000.00	50000.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	450270.41	459043.81
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	450270.41	459043.81

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	247700.00	491500.00
34. Total Contribution Refunds (from Line 28(d)) .....	5000.00	5000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	242700.00	486500.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	21688.41	30461.81
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	21688.41	30461.81

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 22
<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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Committee for Working Families, sponsored by the California Labor Federation, AFL-CIO**

**A. Hess, Lawrence, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6309 Cypress Point Road  
 City San Diego State CA Zip Code 92120  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Lehbros Limited Occupation (for Individual) President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 8000.00

Date of Receipt 11 / 04 / 2016  
**Transaction ID : INCA141**  
 Amount of Each Receipt this Period 8000.00  
 Memo Item

**B. Professional and Technical Engineers Local 21, AFL-CIO**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1167 Mission Street, Second Floor  
 City San Francisco State CA Zip Code 94103  
 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 ▼ 2500.00

Date of Receipt 11 / 14 / 2016  
**Transaction ID : INCA149**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item

**C. United Food and Commercial Workers 8 Golden State General Fund**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2200 Professional Drive  
 City Roseville State CA Zip Code 95661  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 11 / 08 / 2016  
**Transaction ID : INCA144**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	15500.00
<b>TOTAL</b> This Period (last page this line number only).....	15500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 22
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Committee for Working Families, sponsored by the California Labor Federation, AFL-CIO**

**A. California State Council of Service Employees Political Committee**

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

Mailing Address 1007 7th Street, 4th Floor

City Sacramento	State CA	Zip Code 95814
--------------------	-------------	-------------------

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 ▼  
250000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	01	/	2016

**Transaction ID : INCA117**

Amount of Each Receipt this Period  

100000.00
-----------

 Memo Item

**B. Dignity CA SEIU Local 2015**

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

Mailing Address 2910 Beverly Blvd.

City Los Angeles	State CA	Zip Code 90057
---------------------	-------------	-------------------

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 ▼  
25000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	03	/	2016

**Transaction ID : INCA121**

Amount of Each Receipt this Period  

25000.00
----------

 Memo Item

**C. DRIVE Committee**

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

Mailing Address 25 Louisiana Avenue NW

City Washington	State DC	Zip Code 20001
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00032979

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
10000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	27	/	2016

**Transaction ID : INCA120**

Amount of Each Receipt this Period  

10000.00
----------

 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	135000.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 8 OF 22  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Committee for Working Families, sponsored by the California Labor Federation, AFL-CIO**

**A. Plumbers, Steamfitters & Refrigeration Fitters Local 393 Political Action Fund**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 555 Capitol Mall, Suite 1425  
 City Sacramento State CA Zip Code 95814  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 10 / 28 / 2016  
**Transaction ID : INCA116**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item

**B. SEIU United Heakthcare Workers West Political Action Committee**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 777 South Figueroa Street Suite 4050  
 City Los Angeles State CA Zip Code 90017  
 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 ▼ 25000.00

Date of Receipt 11 / 04 / 2016  
**Transaction ID : INCA142**  
 Amount of Each Receipt this Period 25000.00  
 Memo Item

**C. Service Employees International Union Local 1000 Candidate PAC**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 555 Capitol Mall, Suite 1425  
 City Sacramento State CA Zip Code 95814  
 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 ▼ 57296.62

Date of Receipt 11 / 03 / 2016  
**Transaction ID : INCA122**  
 Amount of Each Receipt this Period 25000.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 55000.00  
**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 Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 22
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Committee for Working Families, sponsored by the California Labor Federation, AFL-CIO**

**A. Service Employees International Union Local 221 Independent Expenditure PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 555 Capitol Mall, Suite 1425

City Sacramento	State CA	Zip Code 95814
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2016

**Transaction ID : INCA114**

Amount of Each Receipt this Period  
5000.00

Memo Item

**B. UFCW Local 324 PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 8530 Stanton Avenue

City Buena Park	State CA	Zip Code 90622
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	03	/	2016

**Transaction ID : INCA123**

Amount of Each Receipt this Period  
5000.00

Memo Item

**C. United Food and Commercial Workers Western State Council Candidate PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 8530 Stanton Avenue, Suite 2A

City Buena Park	State CA	Zip Code 90620
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
41000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	07	/	2016

**Transaction ID : INCA143**

Amount of Each Receipt this Period  
32000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	42000.00
<b>TOTAL</b> This Period (last page this line number only).....	232000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Committee for Working Families, sponsored by the California Labor Federation, AFL-CIO**

Full Name (Last, First, Middle Initial)

**A. David Binder Research**

Mailing Address 44 Page Street, Suite 404

City San Francisco State CA Zip Code 94102

Purpose of Disbursement  
Polling

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : EXPB145**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. Olson, Hagel & Fishburn LLP**

Mailing Address 555 Capitol Mall, Suite 1425

City Sacramento State CA Zip Code 95814

Purpose of Disbursement  
Legal & Reporting Services

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : EXPB147**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

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

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Committee for Working Families, sponsored by the California Labor Federation, AFL-CIO**

Full Name (Last, First, Middle Initial)

**A. Working America Coalition**

Mailing Address 815 16th Street, NW

City Washington State DC Zip Code 20006

Purpose of Disbursement Lodging and Travel Expenses for Canvassing. 10/20/16-11/28/16

Category/  
Type

Candidate Name

**Working America Coalition**

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

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : NONB154**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

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

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input 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 checked="" type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Committee for Working Families, sponsored by the California Labor Federation, AFL-CIO**

Full Name (Last, First, Middle Initial)

**A. Service Employees International Union Local 221 Independent Expenditure PAC**

Date of Disbursement

Mailing Address 555 Capitol Mall, Suite 1425

M M M	/	D D D	/	Y Y Y Y Y Y
10		21		2016

City  
Sacramento

State  
CA

Zip Code  
95814

FEC Identification Number

Purpose of Disbursement  
Refund of Contribution

C	010
Category/ Type	

C
---

**Transaction ID : EXPB113**

Amount of Each Disbursement this Period

5000.00
---------

Candidate Name

Service Employees International Union Local 221 Independent Expenditure PAC

Office Sought:  
 House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Memo Item

State: District:

Full Name (Last, First, Middle Initial)

**B.**

Date of Disbursement

Mailing Address

M M M	/	D D D	/	Y Y Y Y Y Y

City

State

Zip Code

FEC Identification Number

Purpose of Disbursement

Category/ Type	

C
---

Amount of Each Disbursement this Period

--

Candidate Name

Office Sought:  
 House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Memo Item

State: District:

Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement

Mailing Address

M M M	/	D D D	/	Y Y Y Y Y Y

City

State

Zip Code

FEC Identification Number

Purpose of Disbursement

Category/ Type	

C
---

Amount of Each Disbursement this Period

--

Candidate Name

Office Sought:  
 House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Memo Item

State: District:

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

5000.00
---------

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

5000.00
---------

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input 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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Committee for Working Families, sponsored by the California Labor Federation, AFL-CIO**

**A. California Teachers Association Independent Expenditure Committee**

Full Name (Last, First, Middle Initial)

Mailing Address 555 Capitol Mall, Suite 1425

City Sacramento State CA Zip Code 95814

Purpose of Disbursement Intermediary for Non-Federal Independent Expenditures.  24E Category/Type

Candidate Name California Teachers Association Independent Expenditure Committee

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

State: District:

Date of Disbursement 11 / 09 / 2016

FEC Identification Number C

Transaction ID : EXPB146

Amount of Each Disbursement this Period 50000.00

Memo Item

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement  Category/Type

Candidate Name

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

State: District:

Date of Disbursement

FEC Identification Number C

Amount of Each Disbursement this Period

Memo Item

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement  Category/Type

Candidate Name

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

State: District:

Date of Disbursement

FEC Identification Number C

Amount of Each Disbursement this Period

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	50000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	50000.00

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 14 OF 22
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**Committee for Working Families, sponsored by the California Labor Federation, AFL-CIO**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>California Labor Federation, AFL-CIO</b>			Nature of Debt (Purpose): Lodging and Travel Expenses for Canvassing. 9/23/16-9/30/16
Mailing Address 600 Grand Avenue, Suite 410			
City Oakland	State CA	Zip Code 94565	

Outstanding Balance Beginning This Period 11951.98	<b>Transaction ID : PAYD60</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 11951.98

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>California Labor Federation, AFL-CIO</b>			Nature of Debt (Purpose): Lodging and Travel Expenses for Canvassing. 10/1/16-10/19/16
Mailing Address 600 Grand Avenue, Suite 410			
City Oakland	State CA	Zip Code 94565	

Outstanding Balance Beginning This Period 10166.90	<b>Transaction ID : PAYD97</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 10166.90

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>California Labor Federation, AFL-CIO</b>			Nature of Debt (Purpose): Lodging and Travel Expenses for Canvassing. 10/20/16-11/28/16
Mailing Address 600 Grand Avenue, Suite 410			
City Oakland	State CA	Zip Code 94565	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : PAYD152</b>	
Amount Incurred This Period 40768.80	Payment This Period 0.00	Outstanding Balance at Close of This Period 40768.80

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	62887.68
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	62887.68
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	62887.68

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Committee for Working Families, sponsored by the California Labor Federation, AFL-CIO</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00626119
---	--	---

Check if  24-hour report  48-hour report  New report Amends report filed on  /  /

Full Name of Payee <b>David Binder Research</b> <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address <b>44 Page Street, Suite 404</b>		Amount <input type="text"/>
City <b>San Francisco</b>	State <b>CA</b>	Zip Code <b>94102</b>
Purpose of Expenditure <b>Research</b>	Category/Type <b>24A</b>	<b>Transaction ID : EDTEALC23</b> Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: <b>Trump, Donald, , ,</b>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>	<b>120799.50</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <b>David Binder Research</b> <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address <b>44 Page Street, Suite 404</b>		Amount <input type="text"/>
City <b>San Francisco</b>	State <b>CA</b>	Zip Code <b>94102</b>
Purpose of Expenditure <b>Research</b>	Category/Type <b>24A</b>	<b>Transaction ID : EDTEALC24</b> Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: <b>Issa, Darrell, , ,</b>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <b>49</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>CA</b>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>	<b>126181.50</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures .....	<input type="text"/>	<b>10000.00</b>
(a) SUBTOTAL of Unitemized Independent Expenditures .....	<input type="text"/>	
(a) TOTAL Independent Expenditures .....	<input type="text"/>	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Pulaski, Art, , ,*

[Electronically Filed]

Date

/  /

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Committee for Working Families, sponsored by the California Labor Federation, AFL-CIO
FEC IDENTIFICATION NUMBER
C C00626119

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
Kapolczynski Consulting, Inc., Rose
Mailing Address
969 Colorado Blvd., Suite 103
City
Los Angeles State
CA Zip Code
90041
Purpose of Expenditure
Television and Digital Advertisements
Category/Type
24A
Date of Public Distribution/Dissemination
11 / 01 / 2016
Amount
44299.50
Transaction ID : EDTEALC19
Date of Disbursement or Obligation
10 / 31 / 2016

Name of Federal Candidate:
Trump, Donald, ,
Support Oppose
Office Sought:
House Senate State:
President
Disbursement For:
Primary General
2016 Other (specify)

Full Name of Payee
Kapolczynski Consulting, Inc., Rose
Mailing Address
969 Colorado Blvd., Suite 103
City
Los Angeles State
CA Zip Code
90041
Purpose of Expenditure
Television and Digital Advertisements
Category/Type
24A
Date of Public Distribution/Dissemination
11 / 01 / 2016
Amount
44299.50
Transaction ID : EDTEALC20
Date of Disbursement or Obligation
10 / 31 / 2016

Name of Federal Candidate:
Issa, Darrell, ,
Support Oppose
Office Sought:
House Senate State:
CA
Disbursement For:
Primary General
2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures
88599.00
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Pulaski, Art, ,

[Electronically Filed]

Date

12 / 08 / 2016

Signature



**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Committee for Working Families, sponsored by the California Labor Federation, AFL-CIO</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 24px; font-weight: bold; margin-right: 5px;">C</span> C00626119         </div>
---	---

Check if  24-hour report  48-hour report ▶  New report  Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item <b>Kapolczynski Consulting, Inc., Rose</b>	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 24px; font-weight: bold; margin-right: 5px;">M M / D D / Y Y Y Y Y Y</span>            11 / 01 / 2016         </div>						
Mailing Address 969 Colorado Blvd., Suite 103	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 24px; font-weight: bold; margin-right: 5px;">M M / D D / Y Y Y Y Y Y</span>            18200.50         </div>						
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> </tr> <tr> <td>Los Angeles</td> <td>CA</td> <td>90041</td> </tr> </table>		City	State	Zip Code	Los Angeles	CA	90041
City		State	Zip Code				
Los Angeles	CA	90041					
Purpose of Expenditure Television Advertisements	Category/Type <span style="border: 1px solid black; padding: 2px;">24A</span>						
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Trump, Donald, , ,	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: _____						
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; text-align: right;">33200.50</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____						

Full Name of Payee <input type="checkbox"/> Memo Item <b>Kapolczynski Consulting, Inc., Rose</b>	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 24px; font-weight: bold; margin-right: 5px;">M M / D D / Y Y Y Y Y Y</span>            11 / 01 / 2016         </div>						
Mailing Address 969 Colorado Blvd., Suite 103	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 24px; font-weight: bold; margin-right: 5px;">M M / D D / Y Y Y Y Y Y</span>            18200.50         </div>						
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> </tr> <tr> <td>Los Angeles</td> <td>CA</td> <td>90041</td> </tr> </table>		City	State	Zip Code	Los Angeles	CA	90041
City		State	Zip Code				
Los Angeles	CA	90041					
Purpose of Expenditure Television Advertisements	Category/Type <span style="border: 1px solid black; padding: 2px;">24A</span>						
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Issa, Darrell, , ,	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 49 State: CA						
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; text-align: right;">33200.50</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____						

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 24px; font-weight: bold; margin-right: 5px;">M M / D D / Y Y Y Y Y Y</span>            36401.00         </div>
<b>(a) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 24px; font-weight: bold; margin-right: 5px;">M M / D D / Y Y Y Y Y Y</span>            _____         </div>
<b>(a) TOTAL</b> Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 24px; font-weight: bold; margin-right: 5px;">M M / D D / Y Y Y Y Y Y</span>            _____         </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Pulaski, Art, , ,*

**[Electronically Filed]**

Date

M M / D D / Y Y Y Y Y Y  
 12 / 08 / 2016

Signature

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Committee for Working Families, sponsored by the California Labor Federation, AFL-CIO</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 24px; font-weight: bold; margin-right: 5px;">C</span> C00626119                 </div>
---	---

Check if  24-hour report  48-hour report ▶  New report  Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item <b>Kapolczynski Consulting, Inc., Rose</b>	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 18px; margin-right: 5px;">M M / D D / Y Y Y Y Y Y</span> </div>
Mailing Address 969 Colorado Blvd., Suite 103	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 24px;">15000.00</span> </div>
City State Zip Code Los Angeles CA 90041	<b>Transaction ID : EDTEALC68</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 18px; margin-right: 5px;">M M / D D / Y Y Y Y Y Y</span> </div>
Purpose of Expenditure Television Advertisements	Category/Type <span style="border: 1px solid black; padding: 2px;">24A</span>
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Trump, Donald, , ,	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President State: _____
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; text-align: right;">33200.50</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <input type="checkbox"/> Memo Item <b>Kapolczynski Consulting, Inc., Rose</b>	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 18px; margin-right: 5px;">M M / D D / Y Y Y Y Y Y</span> </div>
Mailing Address 969 Colorado Blvd., Suite 103	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 24px;">15000.00</span> </div>
City State Zip Code Los Angeles CA 90041	<b>Transaction ID : EDTEALC69</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 18px; margin-right: 5px;">M M / D D / Y Y Y Y Y Y</span> </div>
Purpose of Expenditure Television Advertisements	Category/Type <span style="border: 1px solid black; padding: 2px;">24A</span>
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Issa, Darrell, , ,	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: <u>49</u> <input type="checkbox"/> President State: <u>CA</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; text-align: right;">33200.50</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 24px;">30000.00</span> </div>
<b>(a) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 24px;"> </span> </div>
<b>(a) TOTAL</b> Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 24px;"> </span> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Pulaski, Art, , ,*

**[Electronically Filed]**

Date

M M / D D / Y Y Y Y Y Y  
12 / 08 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Committee for Working Families, sponsored by the California Labor Federation, AFL-CIO
FEC IDENTIFICATION NUMBER
C C00626119

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee: Kapolczynski Consulting, Inc., Rose
Mailing Address: 969 Colorado Blvd., Suite 103
City: Los Angeles, State: CA, Zip Code: 90041
Purpose of Expenditure: Television and Digital Advertisements
Category/Type: 24A
Date of Public Distribution/Dissemination: 11/03/2016
Amount: 71500.00
Transaction ID: EDTEALC21
Date of Disbursement or Obligation: 11/02/2016
Name of Federal Candidate: Trump, Donald, , , Support: [ ], Oppose: [x]
Office Sought: [x] President, [ ] House, [ ] Senate
State: [ ]
Calendar Year-To-Date Per Election for Office Sought: 120799.50
Disbursement For: [ ] Primary, [x] General 2016, [ ] Other (specify)

Full Name of Payee: Kapolczynski Consulting, Inc., Rose
Mailing Address: 969 Colorado Blvd., Suite 103
City: Los Angeles, State: CA, Zip Code: 90041
Purpose of Expenditure: Television and Digital Advertisements
Category/Type: 24A
Date of Public Distribution/Dissemination: 11/03/2016
Amount: 71500.00
Transaction ID: EDTEALC22
Date of Disbursement or Obligation: 11/02/2016
Name of Federal Candidate: Issa, Darrell, , , Support: [ ], Oppose: [x]
Office Sought: [x] House, [ ] President, [ ] Senate
District: 49, State: CA
Calendar Year-To-Date Per Election for Office Sought: 126181.50
Disbursement For: [ ] Primary, [x] General 2016, [ ] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures: 143000.00
(a) SUBTOTAL of Unitemized Independent Expenditures:
(a) TOTAL Independent Expenditures:

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Pulaski, Art, , ,

[Electronically Filed]

Date

12 / 08 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Committee for Working Families, sponsored by the California Labor Federation, AFL-CIO
FEC IDENTIFICATION NUMBER
C C00626119

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
Signified Media Group

Memo Item

Date of Public Distribution/Dissemination

10 / 27 / 2016

Mailing Address
6163 Bernhard Avenue

Amount

18600.00

City

State

Zip Code

Richmond

CA

94805

Purpose of Expenditure
Digital Advertisements and Website

Category/Type
24A

Transaction ID : PDTE31

Date of Disbursement or Obligation

10 / 31 / 2016

Name of Federal Candidate:

Support

Office Sought:

House

District: 25

Knight, Steve, , ,

Oppose

President

Senate

State: CA

Calendar Year-To-Date
Per Election for Office Sought

60200.00

Disbursement For:
Primary

General

2016
Other (specify)

Full Name of Payee
Signified Media Group

Memo Item

Date of Public Distribution/Dissemination

10 / 27 / 2016

Mailing Address
6163 Bernhard Avenue

Amount

18600.00

City

State

Zip Code

Richmond

CA

94805

Purpose of Expenditure
Digital Advertisements and Website

Category/Type
24E

Transaction ID : PDTE32

Date of Disbursement or Obligation

10 / 31 / 2016

Name of Federal Candidate:

Support

Office Sought:

House

District: 25

Caforio, Bryan, , ,

Oppose

President

Senate

State: CA

Calendar Year-To-Date
Per Election for Office Sought

60200.00

Disbursement For:
Primary

General

2016
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 37200.00

(a) SUBTOTAL of Unitemized Independent Expenditures

(a) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Pulaski, Art, , ,

[Electronically Filed]

Date

12 / 08 / 2016

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Committee for Working Families, sponsored by the California Labor Federation, AFL-CIO</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 24px; font-weight: bold; margin-right: 5px;">C</span> C00626119         </div>
---	---

Check if  24-hour report  48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item <b>Signified Media Group</b>			Date of Public Distribution/Dissemination <span style="font-size: 18px;">M M / D D / Y Y Y Y Y Y</span> <div style="border: 1px solid black; padding: 2px; display: inline-block;">11 / 07 / 2016</div>		
Mailing Address 6163 Bernhard Avenue			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">11500.00</div>		
City Richmond	State CA	Zip Code 94805			
Purpose of Expenditure Digital Advertisements		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">24A</div>	Transaction ID : <b>EDTEALC45</b> Date of Disbursement or Obligation <span style="font-size: 18px;">M M / D D / Y Y Y Y Y Y</span> <div style="border: 1px solid black; padding: 2px; display: inline-block;">11 / 07 / 2016</div>		
Name of Federal Candidate: <input type="checkbox"/> Support Knight, Steve, , , <input checked="" type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House District: <u>25</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>CA</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">60200.00</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee <input type="checkbox"/> Memo Item <b>Signified Media Group</b>			Date of Public Distribution/Dissemination <span style="font-size: 18px;">M M / D D / Y Y Y Y Y Y</span> <div style="border: 1px solid black; padding: 2px; display: inline-block;">11 / 07 / 2016</div>		
Mailing Address 6163 Bernhard Avenue			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">11500.00</div>		
City Richmond	State CA	Zip Code 94805			
Purpose of Expenditure Digital Advertisements		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">24E</div>	Transaction ID : <b>EDTEALC46</b> Date of Disbursement or Obligation <span style="font-size: 18px;">M M / D D / Y Y Y Y Y Y</span> <div style="border: 1px solid black; padding: 2px; display: inline-block;">11 / 07 / 2016</div>		
Name of Federal Candidate: <input checked="" type="checkbox"/> Support Caforio, Bryan, , , <input type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House District: <u>25</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>CA</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">60200.00</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____		

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">23000.00</div>
<b>(a) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"> </div>
<b>(a) TOTAL</b> Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Pulaski, Art, , ,*

**[Electronically Filed]**

Date

M M / D D / Y Y Y Y Y Y  

12 / 08 / 2016

Signature

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Committee for Working Families, sponsored by the California Labor Federation, AFL-CIO</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 24px; font-weight: bold; margin-right: 5px;">C</span> C00626119                 </div>
---	---

Check if  24-hour report  48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item <b>Tell That Story</b>	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 24px; font-weight: bold; margin-right: 5px;">M M / D D / Y Y Y Y Y Y</span> </div>
Mailing Address 2120 Huntington Drive	Amount <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 24px; font-weight: bold; margin-right: 5px;">M M / D D / Y Y Y Y Y Y</span> </div>
City State Zip Code South Pasadena CA 91030	Transaction ID : <b>EDTEALC47</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 24px; font-weight: bold; margin-right: 5px;">M M / D D / Y Y Y Y Y Y</span> </div>
Purpose of Expenditure Phone Banking	Category/Type <span style="border: 1px solid black; padding: 2px;">24E</span>
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Applegate, Doug, , ,	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 49 State: CA
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 24px; font-weight: bold; margin-right: 5px;">M M / D D / Y Y Y Y Y Y</span> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 24px; font-weight: bold; margin-right: 5px;">M M / D D / Y Y Y Y Y Y</span> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <input type="checkbox"/> Memo Item <b>United Food and Commercial Workers 8 Golden State Political Action Committee</b>	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 24px; font-weight: bold; margin-right: 5px;">M M / D D / Y Y Y Y Y Y</span> </div>
Mailing Address 2200 Professional Drive	Amount <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 24px; font-weight: bold; margin-right: 5px;">M M / D D / Y Y Y Y Y Y</span> </div>
City State Zip Code Roseville CA 95661	Transaction ID : <b>EDTEALC43</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 24px; font-weight: bold; margin-right: 5px;">M M / D D / Y Y Y Y Y Y</span> </div>
Purpose of Expenditure Staff Time and Expenses for Canvassing. 10/23/16-11/8/16	Category/Type <span style="border: 1px solid black; padding: 2px;">24E</span>
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Clinton, Hillary, , ,	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: _____
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 24px; font-weight: bold; margin-right: 5px;">M M / D D / Y Y Y Y Y Y</span> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 24px; font-weight: bold; margin-right: 5px;">M M / D D / Y Y Y Y Y Y</span> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 24px; font-weight: bold; margin-right: 5px;">M M / D D / Y Y Y Y Y Y</span> </div>
<b>(a) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 24px; font-weight: bold; margin-right: 5px;">M M / D D / Y Y Y Y Y Y</span> </div>
<b>(a) TOTAL</b> Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 24px; font-weight: bold; margin-right: 5px;">M M / D D / Y Y Y Y Y Y</span> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Pulaski, Art, , , **[Electronically Filed]** Date M M / D D / Y Y Y Y Y Y  
 Signature