

**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 Labor Organizations

ADDRESS (number and street)

555 Capitol Mall, Suite 400

Check if different
than previously
reported. (ACC)

Sacramento

CA

95814

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C

C00626119

3. IS THIS
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

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

in the
State of

CA

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y

through

M M M /

D D D /

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

Gonzalez Fletcher, Lorena, , ,

Signature of Treasurer

Gonzalez Fletcher, Lorena, , ,

Date

M M M /

D D D /

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

Committee for Working Families, Sponsored by Labor OrganizationsReport Covering the Period: From:

M M	D D	Y Y Y Y Y
07	30	2026

 To:

M M	D D	Y Y Y Y Y
09	07	2026

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y 2026		87809.05
(b) Cash on Hand at Beginning of Reporting Period.....	140169.13	
(c) Total Receipts (from Line 19)	90000.00	1112540.35
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	230169.13	1200349.40
7. Total Disbursements (from Line 31)	163730.93	1133911.20
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	66438.20	66438.20
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	



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

For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

Committee for Working Families, Sponsored by Labor Organizations

Report Covering the Period:

From:

M M / D D / Y Y Y Y
07 30 2026

To:

M M / D D / Y Y Y Y
09 07 2026**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).....	75000.00	170000.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	75000.00	170000.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	15000.00	942319.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	90000.00	1112319.00
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.).....	0.00	221.35
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))	90000.00	1112540.35
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	90000.00	1112540.35

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	54496.15	87626.88
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	54496.15	87626.88
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	35000.00
24. Independent Expenditures (use Schedule E)	108484.78	930534.32
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	80000.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	80000.00
29. Other Disbursements (Including Non-Federal Donations).....	750.00	750.00
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)) ..	163730.93	1133911.20
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	163730.93	1133911.20

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	90000.00	1112319.00
34. Total Contribution Refunds (from Line 28(d))	0.00	80000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	90000.00	1032319.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	54496.15	87626.88
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	54496.15	87626.88

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 6 OF 12
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

Committee for Working Families, Sponsored by Labor Organizations

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

A. Smart Justice California Action Fund

Mailing Address 1700 Tribute Rd Suite 201

City
SacramentoState
CAZip Code
95815FEC 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
08 / 04 / 2026**Transaction ID : IA1102**

Amount of Each Receipt this Period

50000.00

☐ Memo Item

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

B. U.A. Local 342 P.A.C Fund

Mailing Address 935 Detroit Avenue

City
ConcordState
CAZip Code
94518FEC 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 / D D / Y Y Y Y Y Y
08 / 03 / 2026**Transaction ID : IA1103**

Amount of Each Receipt this Period

25000.00

☐ 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)..... ►

75000.00

75000.00

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 12

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Committee for Working Families, Sponsored by Labor Organizations

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name State Building & Construction Trades Council Of California Federal PAC			Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 06 / 2026		
Mailing Address 1231 I St #302			Transaction ID : IA1108		
City Sacramento	State CA	Zip Code 95814	Amount of Each Receipt this Period 15000.00		
FEC ID number of contributing federal political committee. C			☐ Memo Item		
Name of Employer (for Individual)		Occupation (for Individual)			
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼		Aggregate Year-to-Date ▼ 105000.00			

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name			Date of Receipt M M / D D / Y Y Y Y Y Y		
Mailing Address			Amount of Each Receipt this Period 		
City	State	Zip Code	☐ Memo Item		
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 ▼ 			

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name			Date of Receipt M M / D D / Y Y Y Y Y Y		
Mailing Address			Amount of Each Receipt this Period 		
City	State	Zip Code	☐ Memo Item		
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 ▼ 			

SUBTOTAL of Receipts This Page (optional)..... ▶		15000.00
TOTAL This Period (last page this line number only)..... ▶		15000.00

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)

PAGE 8 OF 12

☒ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 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 Labor Organizations

Full Name (Last, First, Middle Initial)

A. Olson Remcho LLP

Mailing Address 555 Capitol Mall, Suite 400

City
Sacramento

State
CA

Zip Code
95814

Purpose of Disbursement

Legal and Reporting Services

Candidate Name

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY
08 / 05 / 2026

FEC Identification Number

C

Transaction ID : EB1110

Amount of Each Disbursement this Period

5992.99

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Olson Remcho LLP

Mailing Address 555 Capitol Mall, Suite 400

City
Sacramento

State
CA

Zip Code
95814

Purpose of Disbursement

Legal and Reporting Services

Candidate Name

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY
08 / 31 / 2026

FEC Identification Number

C

Transaction ID : EB1111

Amount of Each Disbursement this Period

13503.16

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Ross Communications, Inc.

Mailing Address 1700 L Street

City
Sacramento

State
CA

Zip Code
95814

Purpose of Disbursement

Campaign Consulting

Candidate Name

004

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY
08 / 25 / 2026

FEC Identification Number

C

Transaction ID : EB1109

Amount of Each Disbursement this Period

35000.00

☐ Memo Item

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

54496.15

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

54496.15

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

PAGE 9 OF 12

☐ 21b	☐ 22	☐ 23	☐ 26	☐ 27
☐ 28a	☐ 28b	☐ 28c	☒ 29	☐ 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 Labor Organizations

Full Name (Last, First, Middle Initial)

A. LG Campaigns

Mailing Address 5201 Gilgunn Way

City
SacramentoState
CAZip Code
95822

Purpose of Disbursement

Graphic Design for Text Messages / Support Aisha Wahab

Candidate Name

24E

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			0	7			2	0	2	6		

FEC Identification Number

C

Transaction ID : EB1107

Amount of Each Disbursement this Period

750.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify)		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

750.00

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

750.00

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 10 OF 12

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Committee for Working Families, Sponsored by Labor Organizations

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

LG Campaigns

Nature of Debt (Purpose):

Mailer/Support Aisha Wahab

Mailing Address 5201 Gilgunn Way

City
SacramentoState
CAZip Code
95822

Outstanding Balance Beginning This Period

36543.72

Transaction ID : PD1091

Amount Incurred This Period

0.00

Payment This Period

36543.72

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)..... ►

0.00

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

0.00

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ►

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 11 OF 12
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Committee for Working Families, Sponsored by Labor Organizations			FEC IDENTIFICATION NUMBER ▼ C C00626119	
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 LG Campaigns ☐ Memo Item			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 07 / 29 / 2026	
Mailing Address 5201 Gilgunn Way			Amount 36543.72	
City Sacramento	State CA	Zip Code 95822	Transaction ID : BE73 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 08 / 03 / 2026	
Purpose of Expenditure Mailer			Category/ Type 24E	
Name of Federal Candidate: Wahab, Aisha, , ,			☒ Support ☐ Oppose Office Sought: ☒ House District: <u>14</u> ☐ President ☐ Senate State: <u>CA</u>	
Calendar Year-To-Date Per Election for Office Sought 196057.94			Disbursement For: ☐ Primary ☐ General 2026 ☒ Other (specify) ▶ <u>Special General</u>	
Full Name of Payee LG Campaigns ☐ Memo Item			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 08 / 05 / 2026	
Mailing Address 5201 Gilgunn Way			Amount 36543.71	
City Sacramento	State CA	Zip Code 95822	Transaction ID : BE84 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 08 / 05 / 2026	
Purpose of Expenditure Mailer			Category/ Type 24E	
Name of Federal Candidate: Wahab, Aisha, , ,			☒ Support ☐ Oppose Office Sought: ☒ House District: <u>14</u> ☐ President ☐ Senate State: <u>CA</u>	
Calendar Year-To-Date Per Election for Office Sought 196057.94			Disbursement For: ☐ Primary ☐ General 2026 ☒ Other (specify) ▶ <u>Special General</u>	
(a) SUBTOTAL of Itemized Independent Expenditures			73087.43	
(b) SUBTOTAL of Unitemized Independent Expenditures.....				
(c) 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.				
_____ Gonzalez Fletcher, Lorena, , , Signature			Date M M / D D / Y Y Y Y Y Y 09 / 17 / 2026	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 12 OF 12
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Committee for Working Families, Sponsored by Labor Organizations		FEC IDENTIFICATION NUMBER ▼ C C00626119	
Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y M M / D D / Y Y Y Y Y Y M M / D D / Y Y Y Y Y Y			
Full Name of Payee LG Campaigns ☐ Memo Item		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y M M / D D / Y Y Y Y Y Y M M / D D / Y Y Y Y Y Y	
Mailing Address 5201 Gilgunn Way		Amount 35397.35	
City Sacramento	State CA	Zip Code 95822	Transaction ID : BE83
Purpose of Expenditure Mailer		Category/ Type 24E	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y M M / D D / Y Y Y Y Y Y M M / D D / Y Y Y Y Y Y
Name of Federal Candidate: Wahab, Aisha, , , ☒ Support ☐ Oppose		Office Sought: ☒ House District: 14 ☐ President ☐ Senate State: CA	
Calendar Year-To-Date Per Election for Office Sought 196057.94		Disbursement For: ☐ Primary ☐ General ☒ Other (specify) ▶ Special General	
Full Name of Payee ☐ Memo Item		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y M M / D D / Y Y Y Y Y Y M M / D D / Y Y Y Y Y Y	
Mailing Address		Amount 	
City	State	Zip Code	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y M M / D D / Y Y Y Y Y Y M M / D D / Y Y Y Y Y Y
Purpose of Expenditure		Category/ Type	
Name of Federal Candidate: ☐ Support ☐ Oppose		Office Sought: ☐ House District: _____ ☐ President ☐ Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures 35397.35 (b) SUBTOTAL of Unitemized Independent Expenditures..... (c) TOTAL Independent Expenditures 108484.78			
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.			
Signature Gonzalez Fletcher, Lorena, , ,		Date M M / D D / Y Y Y Y Y Y M M / D D / Y Y Y Y Y Y M M / D D / Y Y Y Y Y Y	