

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 1 OF 5
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) WORKING FAMILIES PARTY PAC		FEC IDENTIFICATION NUMBER ▼ C C00606962
Check if ☒ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Community Labor Administrative Services, Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2024
Mailing Address 77 Sands St 6th Floor		Amount 9000.00
City Brooklyn	State NY	Zip Code 11201
Purpose of Expenditure Texting (estimate)	Category/ Type	Transaction ID : WFT20241042036-1 Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2024
Name of Federal Candidate Allred, Colin, , ,		Office Sought: ☐ House District: _____ ☐ President ☒ Senate State: TX
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶

Full Name of Payee Community Labor Administrative Services, Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2024
Mailing Address 77 Sands St 6th Floor		Amount 10000.00
City Brooklyn	State NY	Zip Code 11201
Purpose of Expenditure Phone banking (estimate)	Category/ Type	Transaction ID : WFT20241042047-1 Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2024
Name of Federal Candidate Brown, Sherrod, , ,		Office Sought: ☐ House District: _____ ☐ President ☒ Senate State: OH
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	19000.00
(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.

Boland, Mike, , ,
Signature

Date 11 / 04 / 2024

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NAME OF COMMITTEE (In Full) WORKING FAMILIES PARTY PAC			FEC IDENTIFICATION NUMBER ▼ C C00606962		
Check if ☒ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y Y Y					
Full Name of Payee Community Labor Administrative Services, Inc.			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y Y Y 11 / 04 / 2024		
Mailing Address 77 Sands St 6th Floor			Amount 2000.00		
City Brooklyn		State NY	Zip Code 11201		Transaction ID : WFT20241042058-1 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y Y Y 11 / 04 / 2024
Purpose of Expenditure Texting (estimate)		Category/ Type			
Name of Federal Candidate Marshall, Derek, , ,			☒ Support ☐ Oppose	Office Sought: ☒ House District: 23 ☐ President ☐ Senate State: CA	
Calendar Year-To-Date Per Election for Office Sought			2000.00 Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶		
Full Name of Payee Community Labor Administrative Services, Inc.			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y Y Y 11 / 03 / 2024		
Mailing Address 77 Sands St 6th Floor			Amount 2470.65		
City Brooklyn		State NY	Zip Code 11201		Transaction ID : WFT20241042039-1 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y Y Y 11 / 03 / 2024
Purpose of Expenditure Phone banking (estimate)		Category/ Type			
Name of Federal Candidate Harris, Kamala, , ,			☒ Support ☐ Oppose	Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought			4075416.73 Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			4470.65		
(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.					
Signature Boland, Mike, , ,			Date M M M / D D D / Y Y Y Y Y Y Y Y 11 / 04 / 2024		

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NAME OF COMMITTEE (In Full) WORKING FAMILIES PARTY PAC		FEC IDENTIFICATION NUMBER ▼ C C00606962
Check if ☒ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Community Labor Administrative Services, Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2024
Mailing Address 77 Sands St 6th Floor		Amount 500.00
City Brooklyn	State NY	Zip Code 11201
Purpose of Expenditure Phone banking (estimate)	Category/ Type	Transaction ID : WFT20241042045-1 Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2024
Name of Federal Candidate Harris, Kamala, , ,		Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶

Full Name of Payee Community Labor Administrative Services, Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2024
Mailing Address 77 Sands St 6th Floor		Amount 5000.00
City Brooklyn	State NY	Zip Code 11201
Purpose of Expenditure Texting (estimate)	Category/ Type	Transaction ID : WFT20241042051-1 Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2024
Name of Federal Candidate Harris, Kamala, , ,		Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	5500.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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Boland, Mike, , ,

Signature

Date

MM / DD / YYYY
11 / 04 / 2024

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Full Name of Payee Community Labor Administrative Services, Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2024
Mailing Address 77 Sands St 6th Floor		Amount 25151.17
City Brooklyn	State NY	Zip Code 11201
Purpose of Expenditure Texting (estimate)	Category/ Type	Transaction ID : WFT20241042054-1 Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2024
Name of Federal Candidate Harris, Kamala, , ,		Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶

Full Name of Payee Community Labor Administrative Services, Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2024
Mailing Address 77 Sands St 6th Floor		Amount 30000.00
City Brooklyn	State NY	Zip Code 11201
Purpose of Expenditure Texting (estimate)	Category/ Type	Transaction ID : WFT20241042035-1 Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2024
Name of Federal Candidate Harris, Kamala, , ,		Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	55151.17
(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.

Boland, Mike, , ,

Signature

Date

MM / DD / YYYY
11 / 04 / 2024

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NAME OF COMMITTEE (In Full) WORKING FAMILIES PARTY PAC			FEC IDENTIFICATION NUMBER ▼ C C00606962		
Check if ☒ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on			M M M / D D D / Y Y Y Y Y Y		
Full Name of Payee Skyridge Strategies			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2024		
Mailing Address 2791 Oak Alley Suite 1B			Amount 10000.00		
City Eugene		State OR	Zip Code 97405		Transaction ID : WFT20241042037-1 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2024
Purpose of Expenditure Digital ads (estimate)		Category/ Type			
Name of Federal Candidate Harris, Kamala, , ,			☒ Support ☐ Oppose		Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: _____
Calendar Year-To-Date Per Election for Office Sought			4075416.73 Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶ _____		
Full Name of Payee			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y		
Mailing Address			Amount 		
City		State	Zip Code		Date of Disbursement or Obligation M M M / D 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..... ▶			10000.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶			94121.82		
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 Boland, Mike, , ,			Date M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2024		