

# DIRECT CAMPAIGN EXPENDITURES CAMPAIGN FINANCE REPORT

FORM DCE  
COVER SHEET PG 1

<b>The DCE Instruction Guide explains how to complete this form.</b>		<b>1 Filer ID</b> (Ethics Commission Filers) 00089095	<b>2 Total pages filed:</b> 4
<b>3 FILER NAME</b>	MS / MRS / MR                      FIRST    MI ..... NICKNAME                                      LAST    SUFFIX Working Families Organization	<b>OFFICE USE ONLY</b>	
		Date Received <b>ELECTRONICALLY FILED</b> 11/05/2024	
<b>4 FILER ADDRESS</b>	ADDRESS / PO BOX;    APT / SUITE #;    CITY;                      STATE;                      ZIP CODE 77 Sands Street 6th Fl Brooklyn, NY 11201	Date Hand-delivered or Date Postmarked	
	<input type="checkbox"/> Change of Address	Receipt #                      Amount	
<b>5 FILER PHONE</b>	AREA CODE                      PHONE NUMBER                      EXTENSION (845) 706-3340	Date Processed	
<b>6 REPORT TYPE</b>	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Runoff	Date Imaged	
<b>7 PERIOD COVERED</b>	Month    Day                      Year    Month    Day                      Year 09/27/2024                                      THROUGH                                      10/26/2024		
<b>8 ELECTION</b>	ELECTION DATE Month    Day                      Year 11/05/2024	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
<b>9 FILER ACTIVITY</b>	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported	
		B. Opposed	
	(Attach lists on plain paper to complete this report if necessary.)	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported    Ballot ID:R Election Date:2024-11-05 Desc:Marijuana Decriminalization Charter Amendment
B. Opposed			
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)		

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FORM DCE  
COVER SHEET PG 2

<b>10 FILER NAME</b> Working Families Organization		<b>11 Filer ID</b> (Ethics Commission Filers) 00089095
<b>12 EXPENDITURE TOTALS</b>	<b>1. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>	\$ 0.00
	<b>2. TOTAL POLITICAL EXPENDITURES</b>	\$ 30,000.00

**13 AFFIDAVIT**

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

\_\_\_\_\_  
Signature of Filer  
or  
Signature of individual with authority to sign on behalf of entity  
(only if Filer is an entity)

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

\_\_\_\_\_  
Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

# SUBTOTALS - DCE

FORM DCE  
COVER SHEET PG 3  
3 of 4

<b>14 FILER NAME</b> Working Families Organization		<b>15 Filer ID</b> (Ethics Commission Filers) 00089095
<b>16 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES	\$ 30,000.00
2.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
3.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0.00

# POLITICAL EXPENDITURES

# SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 1/1 Rpt: 4/4	<b>2</b> FILER NAME Working Families Organization	<b>3</b> Filer ID (Ethics Commission Filers) 00089095	
<b>4</b> Date 10/25/2024	<b>5</b> Payee name LC Media		
<b>6</b> Amount (\$) \$30,000.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 1604 Fawn Lane  Huntingdon, PA 19006		
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  Advertising	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held