

DIRECT CAMPAIGN EXPENDITURES CAMPAIGN FINANCE REPORT

FORM DCE
COVER SHEET PG 1

The DCE Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00089095	2 Total pages filed: 3				
3 FILER NAME	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY Date Received ELECTRONICALLY FILED 04/08/2025 Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged			
	NICKNAME		LAST		SUFFIX		
Working Families Organization							
4 FILER ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE						
77 Sands Street							
6th Fl Brooklyn, NY 11201							
5 FILER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
(845) 706-3340							
6 REPORT TYPE	<input type="checkbox"/> January 15		<input type="checkbox"/> 30th day before election				
	<input checked="" type="checkbox"/> July 15		<input type="checkbox"/> 8th day before election				
	<input type="checkbox"/> Runoff						
7 PERIOD COVERED	Month	Day	Year	THROUGH	Month	Day	Year
		01/01/2025					04/08/2025
8 ELECTION	ELECTION DATE			ELECTION TYPE			
	Month	Day	Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input checked="" type="checkbox"/> Other	
		<input type="checkbox"/> General	<input type="checkbox"/> Special		Dissolution Report		
9 FILER ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)		A. Supported				
			B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)		A. Supported				
			B. Opposed				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)						
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10 FILER NAME Working Families Organization		11 Filer ID (Ethics Commission Filers) 00089095
12 EXPENDITURE TOTALS	1. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	2. TOTAL POLITICAL EXPENDITURES	\$ 0.00

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

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14 FILER NAME Working Families Organization		15 Filer ID (Ethics Commission Filers) 00089095
16 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES	\$ 0.00
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