

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
CAMPAIGN FOR WORKING FAMILIES

ADDRESS (number and street) 2800 Shirlington Road, Suite 930
Arlington VA 22206
 Check if different than previously reported. (ACC)

2. **FEC IDENTIFICATION NUMBER** C00325076
3. IS THIS REPORT 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 Quarterly 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 (12G)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 08 01 2008 through 08 31 2008

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 Amy Myers
Signature of Treasurer Electronically Filed by Amy Myers Date 09 19 2008

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only **FEC FORM 3X** (Rev. 12/2004)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
CAMPAIGN FOR WORKING FAMILIES

Report Covering the Period: From:

M	M
0	8

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	8

D	D
3	1

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		1339727.01
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period	1631189.29									
(c) Total Receipts (from Line 19)	38226.16	576752.94								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	1669415.45	1916479.95								
7. Total Disbursements (from Line 31)	27597.28	274661.78								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1641818.17	1641818.17								
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)	11381.31									

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
CAMPAIGN FOR WORKING FAMILIES

Report Covering the Period: From:

M	M
0	8

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	8

D	D
3	1

Y	Y	Y	Y
2	0	0	8

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	22749.42	380670.42
(i) Itemized (use Schedule A)	14813.87	186514.49
(ii) Unitemized	37563.29	567184.91
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	37563.29	567184.91
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	234.83
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	662.87	9333.20
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 Transfer (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))	38226.16	576752.94
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	38226.16	576752.94

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared 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.....	27597.28	267561.78
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	27597.28	267561.78
22. Transfers to Affiliated/Other Party Committees.....	0.00	5000.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	2000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(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	100.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	100.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared 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))..	27597.28	274661.78
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	27597.28	274661.78

DETAILED SUMMARY PAGE
of Disbursements

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)	37563.29	567184.91
34. Total Contribution Refunds (from Line 28(d))	0.00	100.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	37563.29	567084.91
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	27597.28	267561.78
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	234.83
38. Net Operating Expenditures (subtract Line 37 from Line 36)	27597.28	267326.95

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

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

FOR LINE NUMBER: PAGE 6 / 100
(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)
CAMPAIGN FOR WORKING FAMILIES

A. Full Name (Last, First, Middle Initial)
BRADLEY R ARKELL

Mailing Address 20 JESUP WAY APT 304

City State Zip Code
LYNCHBURG VA 24502

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

Name of Employer Occupation
MASSMUTUAL FINANCIAL ADVISOR

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
305.42

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 11 / 2008

Transaction ID: SA11AI.12516

Amount of Each Receipt this Period
115.42

B. Full Name (Last, First, Middle Initial)
THOMAS ASEFF, JR

Mailing Address 817 HERITAGE DR SW

City State Zip Code
MARIETTA GA 30064

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

Name of Employer Occupation
INFO REQUESTED- NOT RECD INFO REQUESTED- NOT RECD

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
759.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 11 / 2008

Transaction ID: SA11AI.12551

Amount of Each Receipt this Period
759.00

C. Full Name (Last, First, Middle Initial)
MR CHARLES D AYRES

Mailing Address 4911 CASA ORO DR

City State Zip Code
YORBA LINDA CA 92886

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 08 / 2008

Transaction ID: SA11AI.13013

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► **974.42**

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: PAGE 7 / 100
(check only one)

<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
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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)
DAVID BAIN

Mailing Address 1000 PECAN DR

City State Zip Code
FAIRVIEW TX 75069

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

Name of Employer Occupation
CORWIN ENGINEERING INC ENGINEER

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
MM / DD / YYYY
08 / 15 / 2008

Transaction ID: SA11AI.12871

Amount of Each Receipt this Period
50.00

B.

Full Name (Last, First, Middle Initial)
MR DAVID L BALLARD

Mailing Address 4901 BUFFALO GAP RD

City State Zip Code
ABILENE TX 79606

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

Name of Employer Occupation
SELF STATE FARM AGENT

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
08 / 21 / 2008

Transaction ID: SA11AI.12919

Amount of Each Receipt this Period
100.00

C.

Full Name (Last, First, Middle Initial)
MR A H BARBER, JR

Mailing Address 325 TRADEWIND CV

City State Zip Code
BRANDON MS 39042

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
08 / 26 / 2008

Transaction ID: SA11AI.12624

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► **250.00**

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 8 / 100
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

A.	Full Name (Last, First, Middle Initial) DR DUANE C BERKOMPAS	Date of Receipt MM / DD / YYYY 08 / 08 / 2008
	Mailing Address PO BOX 2168	Transaction ID: SA11AI.12637
	City State Zip Code COLUMBUS OH 49301	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
Name of Employer MICHIGAN MEDICAL PHYSICIAN CORP	Occupation CARDIOLOGIST	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

B.	Full Name (Last, First, Middle Initial) DR GARY R BISHOP	Date of Receipt MM / DD / YYYY 08 / 05 / 2008
	Mailing Address 15144 LARRY ST	Transaction ID: SA11AI.12976
	City State Zip Code POWAY CA 92064	Amount of Each Receipt this Period 35.00
	FEC ID number of contributing federal political committee. C	
Name of Employer RIVERSIDE COUNTY	Occupation PHARMACIST	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

C.	Full Name (Last, First, Middle Initial) MR LAWRENCE D BOONE	Date of Receipt MM / DD / YYYY 08 / 25 / 2008
	Mailing Address PO BOX 1056	Transaction ID: SA11AI.13041
	City State Zip Code DENAIR CA 95316	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
Name of Employer TANANA CHIEFS CONFERENCE INC	Occupation HEALTH AIDE	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

SUBTOTAL of Receipts This Page (optional)	235.00
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: PAGE 9 / 100
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

A. Full Name (Last, First, Middle Initial)
MRS JEAN M BORDUIN

Mailing Address 200 BLACK SKIMMER CT

City State Zip Code
EDGEWATER MD 21037

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.12494

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
MR RONALD A BOSS

Mailing Address 977 COACHWAY

City State Zip Code
ANNAPOLIS MD 21401

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
850.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.12496

Amount of Each Receipt this Period
200.00

C. Full Name (Last, First, Middle Initial)
MRS VIRGINIA R BOUKNIGHT

Mailing Address 308 NEELY FERRY ROAD

City State Zip Code
SIMPSONVILLE SC 29680

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

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 2 7 / 2 0 0 8

Transaction ID: SA11AI.12545

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **1300.00**

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: PAGE 10 / 100
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

A. Full Name (Last, First, Middle Initial)
MR TERRY O BRISTOL

Mailing Address 344 E FOOTHILLS PKWY
RED ROOM 9-W

City State Zip Code
FORT COLLINS CO 80525

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

Name of Employer 344E FOOTHILLS PARKWAY FC COLORADO
Occupation ASSET MGR

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	0	5	/	2	0	0	8

Transaction ID: SA11AI.12931

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
MR DENNIS CASTALDO

Mailing Address 10811 LACONIA DR

City State Zip Code
VILLA PARK CA 92861

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

Name of Employer DON BRANDEL PLUMBING INC
Occupation PLUMBING CONTRACTOR

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	2	/	2	0	0	8

Transaction ID: SA11AI.13010

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
MR GORDON CHAN

Mailing Address 1023 NE 98TH ST

City State Zip Code
SEATTLE WA 98115

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

Name of Employer NORTHWEST HOSP
Occupation C. T. TECHNOLOGIST

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	0	5	/	2	0	0	8

Transaction ID: SA11AI.13078

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► **200.00**

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: PAGE 11 / 100

(check only one)

<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

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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)
MS SHARON COMBS

Mailing Address 208 S OAK AVE

City State Zip Code
BROKEN ARROW OK 74012

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

Name of Employer Occupation
SHARON COMBS INTERIORS- INC. INTERIOR DESIGNER

Receipt For: 2008
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	8		2	0	0	8

Transaction ID: SA11AI.12867

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)
MR EBEN L CONNER, III

Mailing Address 10937 BIG POOL RD

City State Zip Code
BIG POOL MD 21711

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

Name of Employer Occupation
THE MASTERS WOODSHOP SALES/MANAGEMENT

Receipt For: 2008
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	3		2	0	0	8

Transaction ID: SA11AI.12497

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)
ROGER CRAWFORD

Mailing Address 7784 DOUGLAS DRIVE

City State Zip Code
PARK CITY UT 84098

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

Name of Employer Occupation
SELF BROADCAST MADE

Receipt For: 2008
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	5		2	0	0	8

Transaction ID: SA11AI.12947

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional) ▶

200.00

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

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**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 12 / 100
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)
MR ROGER DAVIS, RET

Mailing Address 8160 TIARA ST

City State Zip Code
VENTURA CA 93004

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
310.00

Date of Receipt
MM / DD / YYYY
08 / 15 / 2008

Transaction ID: SA11AI.13018

Amount of Each Receipt this Period
20.00

B.

Full Name (Last, First, Middle Initial)
MR LEONARD A DEO

Mailing Address 2 SYLDEO DR

City State Zip Code
PARSIPPANY NJ 07054

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

Name of Employer Occupation
FLOWERS & GIFTS- INC. FLORIST

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
MM / DD / YYYY
08 / 05 / 2008

Transaction ID: SA11AI.12438

Amount of Each Receipt this Period
50.00

C.

Full Name (Last, First, Middle Initial)
MR WILLIAM A DIEDRICH, JR

Mailing Address 320 LANTERN LN

City State Zip Code
PLAIN CITY OH 43064

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

Name of Employer Occupation
SELF PATHOLOGIST

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
08 / 12 / 2008

Transaction ID: SA11AI.12633

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional) ► **370.00**

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: PAGE 13 / 100

(check only one)

<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

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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)
MR MICHAEL D ECHELBARGER

Mailing Address 16207 LARCH WAY

City State Zip Code
LYNNWOOD WA 98087

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

Name of Employer Occupation
ECHELBARGER INVESTMENTS REAL ESTATE DEVELOPEMENT

Receipt For: 2008
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
750.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.13077

Amount of Each Receipt this Period

750.00

B.

Full Name (Last, First, Middle Initial)
MRS HELEN K FARNHAM

Mailing Address 1740 11TH ST NE

City State Zip Code
MASSILLON OH 44646

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2008
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
1500.00

Date of Receipt

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

Transaction ID: SA11AI.12647

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)
MR ROBIN A FORTE

Mailing Address 4309 ALTA VISTA LN

City State Zip Code
DALLAS TX 75229

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

Name of Employer Occupation
INFO REQUESTED- NOT RECD INFO REQUESTED- NOT RECD

Receipt For: 2008
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 5 / 2 0 0 8

Transaction ID: SA11AI.12879

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)

1400.00

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: PAGE 14 / 100
(check only one)

<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

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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)
DR JERRE M FREEMAN

Mailing Address 6485 POPLAR AVE

City State Zip Code
MEMPHIS TN 38119

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

Name of Employer Occupation
SELF PHYSICIAN

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 8 / 2 0 0 8

Transaction ID: SA11AI.12621

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)
MR FRANCIS L FRIEND

Mailing Address 2125 LUANN LN APT 6

City State Zip Code
MADISON WI 53713

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

Name of Employer Occupation
INTERVARSITY CHRISTIAN FE-
LLOWSHIP MANAGER

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 5 / 2 0 0 8

Transaction ID: SA11AI.12747

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)
MR ERWIN R FRIESEN

Mailing Address PO BOX 342

City State Zip Code
HATHAWAY PINES CA 95233

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.13039

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

1075.00

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: PAGE 15 / 100
(check only one)

<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

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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

A. Full Name (Last, First, Middle Initial)
MRS JEANNE A FUDGE

Mailing Address 16005 MAKAH ST NW

City ANDOVER State MN Zip Code 55304

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt: 08 / 25 / 2008
Transaction ID: SA11AI.12762
 Amount of Each Receipt this Period: 750.00

B. Full Name (Last, First, Middle Initial)
MR ROBERT W GARTHWAIT, SR

Mailing Address PO BOX 1367

City WATERBURY State CT Zip Code 06721

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

Name of Employer CLY-DEL MEQ CO Occupation CHAIRMAN OF THE BOARD

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt: 08 / 04 / 2008
Transaction ID: SA11AI.12437
 Amount of Each Receipt this Period: 750.00

C. Full Name (Last, First, Middle Initial)
DR RITCHIE P GILLESPIE

Mailing Address 419 DAM TOWN RD

City FORT DEFIANCE State VA Zip Code 24437

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

Name of Employer HARISONBURG VA Occupation MD

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 08 / 05 / 2008
Transaction ID: SA11AI.12515
 Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ► **2000.00**

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 16 / 100
	<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	

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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

A.	Full Name (Last, First, Middle Initial) MR BOBBI J GOOD		Date of Receipt MM / DD / YYYY 08 / 15 / 2008		
	Mailing Address 18161 BASTANCHURY RD		Transaction ID: SA11AI.13014		
	City YORBA LINDA	State CA	Zip Code 92886	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer ROSE DRIVE FRIENDS CHURCH	Occupation ADMINISTRATOR			
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

B.	Full Name (Last, First, Middle Initial) MR & MRS JERRY GOULDING		Date of Receipt MM / DD / YYYY 08 / 15 / 2008		
	Mailing Address PO BOX 8173		Transaction ID: SA11AI.13054		
	City TRUCKEE	State CA	Zip Code 96162	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer RETIRED	Occupation RETIRED BUILDING COTRACTOR			
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00			

C.	Full Name (Last, First, Middle Initial) MRS CARL W GUSTKE		Date of Receipt MM / DD / YYYY 08 / 04 / 2008		
	Mailing Address 233 STATON RD		Transaction ID: SA11AI.12860		
	City CABOT	State AR	Zip Code 72023	Amount of Each Receipt this Period 750.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer FEDERAL EX - (WIFE) REBSA-MEN R. H.	Occupation PILOT - WIFE DEBORAH-RN			
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1100.00			

SUBTOTAL of Receipts This Page (optional)	▶	900.00
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: PAGE 17 / 100

(check only one)

<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

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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

A.	Full Name (Last, First, Middle Initial) MRS CARL W GUSTKE		Date of Receipt MM / DD / YYYY 08 / 05 / 2008		
	Mailing Address 233 STATON RD		Transaction ID: SA11AI.12861		
	City CABOT	State AR	Zip Code 72023	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer FEDERAL EX - (WIFE) REBSA-MEN R. H.	Occupation PILOT - WIFE DEBORAH-RN			
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1150.00				

B.	Full Name (Last, First, Middle Initial) MR CLIFFORD N HALL		Date of Receipt MM / DD / YYYY 08 / 04 / 2008		
	Mailing Address 9047 DICKENSON RD		Transaction ID: SA11AI.12806		
	City WINNEBAGO	State IL	Zip Code 61088	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer RETIRED	Occupation RETIRED			
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00				

C.	Full Name (Last, First, Middle Initial) MS MINNA L HAMNER		Date of Receipt MM / DD / YYYY 08 / 21 / 2008		
	Mailing Address 11407 LILTING LN		Transaction ID: SA11AI.12504		
	City FAIRFAX STATION	State VA	Zip Code 22039	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer RETIRED	Occupation RETIRED			
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00				

SUBTOTAL of Receipts This Page (optional)	▶	650.00
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: PAGE 18 / 100
(check only one)

<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

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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)
MRS SHERY HANCOCK

Mailing Address CMR 445 BOX 278

City State Zip Code
APO AE 09046

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

Name of Employer Occupation
DODDS SCHOOL NURSE

Receipt For: 2008
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	5		2	0	0	8

Transaction ID: SA11AI.12441

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)
MS M SANDRA HEA

Mailing Address 5924 CHILDRESS AVE

City State Zip Code
SAINT LOUIS MO 63109

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

Name of Employer Occupation
SELF EMPLOYED REALTOR

Receipt For: 2008
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
275.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	5		2	0	0	8

Transaction ID: SA11AI.12821

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)
MR KEITH L HEDSTROM

Mailing Address 101 EMERALD HIGHLANDS WAY

City State Zip Code
SEQUIM WA 98382

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2008
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
215.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	0		2	0	0	8

Transaction ID: SA11AI.13089

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

105.00

TOTAL This Period (last page this line number only)

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**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 19 / 100
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)
MR KEVIN D HENRY

Mailing Address 2611 SPRING MILL PL

City BURLINGTON State KY Zip Code 41005

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

Name of Employer: INFO REQUESTED- NOT RECD Occupation: INFO REQUESTED- NOT RECD

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt: 08 / 05 / 2008
Transaction ID: SA11AI.12628
 Amount of Each Receipt this Period: 30.00

B.

Full Name (Last, First, Middle Initial)
MR MICHAEL A HODGE

Mailing Address 3262 SANDHURST CT

City CAMERON PARK State CA Zip Code 95682

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

Name of Employer: CAMERON PARK CONSULTING SERVICE Occupation: CONSULTANT

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 08 / 15 / 2008
Transaction ID: SA11AI.13046
 Amount of Each Receipt this Period: 25.00

C.

Full Name (Last, First, Middle Initial)
ALAN HOKANSON

Mailing Address 2300 RIVERCHASE CENTER

City BIRMINGHAM State AL Zip Code 35244

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

Name of Employer: INFO REQUESTED- NOT RECD Occupation: VP OPS

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 08 / 19 / 2008
Transaction ID: SA11AI.12600
 Amount of Each Receipt this Period: 100.00

SUBTOTAL of Receipts This Page (optional) ► 155.00

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: PAGE 20 / 100
(check only one)

<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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

A. Full Name (Last, First, Middle Initial)
DR HAROLD E HUFFMAN

Mailing Address PO BOX 197

City HINTON State VA Zip Code 22831

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

Name of Employer: INFO REQUESTED- NOT RECD Occupation: INFO REQUESTED- NOT RECD

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 08 / 21 / 2008
Transaction ID: SA11AI.12510
 Amount of Each Receipt this Period: 150.00

B. Full Name (Last, First, Middle Initial)
MRS DIANA E HULL

Mailing Address 3000 LEWIS RD

City RIVERTON State WY Zip Code 82501

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

Name of Employer: SELF EMPLOYED Occupation: SELF EMPLOYED

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 08 / 15 / 2008
Transaction ID: SA11AI.12940
 Amount of Each Receipt this Period: 150.00

C. Full Name (Last, First, Middle Initial)
MRS LORENA M JAEB

Mailing Address PO BOX 428

City MANGO State FL Zip Code 33550

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

Name of Employer: RETIRED Occupation: RETIRED

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 4000.00

Date of Receipt: 08 / 04 / 2008
Transaction ID: SA11AI.12586
 Amount of Each Receipt this Period: 1000.00

SUBTOTAL of Receipts This Page (optional) ► 1300.00

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: PAGE 21 / 100
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

A. Full Name (Last, First, Middle Initial)
MR FLOYD R JUMP

Mailing Address 350 E HENSCHEN ST

City State Zip Code
GARNER IA 50438

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

Name of Employer Occupation
F A N D A JUMP TRUSTEES RETIRED

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
700.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.12730

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
DR JOHN D KEISLING

Mailing Address 35 ERICA LN

City State Zip Code
BELEN NM 87002

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

Name of Employer Occupation
SAIC SCIENTIST

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.12961

Amount of Each Receipt this Period
20.00

C. Full Name (Last, First, Middle Initial)
Mr. HENDRICK KERKSTRA

Mailing Address 1711 TOURS COURT

City State Zip Code
BAKERSFIELD CA 93311

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
480.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 0 8 / 2 0 0 8

Transaction ID: SA11AI.13023

Amount of Each Receipt this Period
60.00

SUBTOTAL of Receipts This Page (optional) ► **180.00**

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: PAGE 22 / 100

(check only one)

<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

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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)
MR LEONARD F KLASSEN

Mailing Address 1418 DENVER ST

City State Zip Code
MARION KS 66861

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2008
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
875.00

Date of Receipt

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

Transaction ID: SA11AI.12831

Amount of Each Receipt this Period

375.00

B.

Full Name (Last, First, Middle Initial)
MRS GLENN G LARSON

Mailing Address 8950 235TH ST N

City State Zip Code
FOREST LAKE MN 55025

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

Name of Employer Occupation
WHOLESALE PRODUCE SUPPLY TRUCKING

Receipt For: 2008
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.12760

Amount of Each Receipt this Period

400.00

C.

Full Name (Last, First, Middle Initial)
MAJ JAMES P LUKE

Mailing Address 4273 BRISTOL DR

City State Zip Code
DAYTON OH 45440

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

Name of Employer Occupation
USAF INFO REQUESTED- NOT RECD

Receipt For: 2008
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
400.00

Date of Receipt

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

Transaction ID: SA11AI.12657

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

825.00

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: PAGE 23 / 100
(check only one)

<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

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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)
REV WALLACE A LUSK

Mailing Address 13922 PENN SHOP RD

City State Zip Code
MOUNT AIRY MD 21771

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

Name of Employer Occupation
INFO REQUESTED- NOT RECD INFO REQUESTED- NOT RECD

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt
MM / DD / YYYY
08 / 11 / 2008

Transaction ID: SA11AI.12498

Amount of Each Receipt this Period
150.00

B.

Full Name (Last, First, Middle Initial)
MAE MCKINLEY

Mailing Address 515 11TH AVE NE

City State Zip Code
MINOT ND 58703

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
340.00

Date of Receipt
MM / DD / YYYY
08 / 11 / 2008

Transaction ID: SA11AI.12784

Amount of Each Receipt this Period
50.00

C.

Full Name (Last, First, Middle Initial)
WILLIAM MILLIGAN

Mailing Address 33 MADISON LN

City State Zip Code
COTO DE CAZA CA 92679

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

Name of Employer Occupation
INFO REQUESTED- NOT RECD INFO REQUESTED- NOT RECD

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
08 / 13 / 2008

Transaction ID: SA11AI.13001

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **700.00**

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: PAGE 24 / 100
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

A. Full Name (Last, First, Middle Initial)
DR DAVID MORRISON

Mailing Address 1802 CROOM DR

City State Zip Code
MONTGOMERY AL 36106

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

Name of Employer SELF EMPLOYED Occupation PHYSICIAN

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	1	3	/	2	0	0	8

Transaction ID: SA11AI.12604

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
ROBERT MOUNCE

Mailing Address 12615 NFAIRWOOD LN

City State Zip Code
SPOKANE WA 99208

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	1	5	/	2	0	0	8

Transaction ID: SA11AI.13097

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
LORRAINE A NEULAND

Mailing Address 36 ARADO

City State Zip Code
RANCHO SANTA MARGA CA 92688

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

Name of Employer HOMEMAKER Occupation HOMEMAKER

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	1	1	/	2	0	0	8

Transaction ID: SA11AI.13006

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► **400.00**

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: PAGE 25 / 100
(check only one)

<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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)
MR EDWARD M NICHOLS

Mailing Address 555 TAXTER RD

City State Zip Code
ELMSFORD NY 10523

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

Name of Employer Occupation
INFO REQUESTED- NOT RECD INFO REQUESTED- NOT RECD

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
08 / 15 / 2008

Transaction ID: SA11AI.12443

Amount of Each Receipt this Period
50.00

B.

Full Name (Last, First, Middle Initial)
MR THOMAS L OSTENSON

Mailing Address 1020 LAKE WINDWARD OVERLOOK

City State Zip Code
ALPHARETTA GA 30005

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

Name of Employer Occupation
AON CORPORATION ATTORNEY

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt
MM / DD / YYYY
08 / 14 / 2008

Transaction ID: SA11AI.12549

Amount of Each Receipt this Period
100.00

C.

Full Name (Last, First, Middle Initial)
MR JAY R OWEN

Mailing Address 35 CYPRESS MARSH DR

City State Zip Code
HILTON HEAD ISLAND SC 29926

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

Name of Employer Occupation
ENGINEERED SYSTEMS ENGINEER

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt
MM / DD / YYYY
08 / 15 / 2008

Transaction ID: SA11AI.12548

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► **200.00**

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: PAGE 26 / 100
(check only one)

<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

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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)
ALAN M PARK

Mailing Address 2193 RIDGEPOINTE CT

City State Zip Code
WALNUT CREEK CA 94596

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

Name of Employer Occupation
TRIMBLE NAVIGATION LTD SALES MANAGER

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
675.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 2 8 / 2 0 0 8

Transaction ID: SA11AI.13034

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
MR LINTON PARK

Mailing Address 1630 EASTLAKE CIR

City State Zip Code
TRACY CA 95304

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

Name of Employer Occupation
NATIONAL SEMICONDUCTOR ENGINEER

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
510.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.13040

Amount of Each Receipt this Period
210.00

C.

Full Name (Last, First, Middle Initial)
MR JAMES S PHILLIPS

Mailing Address 1476 KELSO BLVD

City State Zip Code
WINDERMERE FL 34786

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

Name of Employer Occupation
CERTI-FINE FRUIT CO INC CITRUS GROWER

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 1 3 / 2 0 0 8

Transaction ID: SA11AI.12596

Amount of Each Receipt this Period
200.00

SUBTOTAL of Receipts This Page (optional) ► **910.00**

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: PAGE 27 / 100
(check only one)

<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

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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)
BILL POOLE

Mailing Address 1124 SANDY RIDGE RD WEST

City State Zip Code
MONROE NC 28112

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2008
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.12528

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)
MR ROGER W PRYOR

Mailing Address 5040 BEVIL ST

City State Zip Code
SACRAMENTO CA 95819

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

Name of Employer Occupation
LAKESIDE CLAIFORNIA CONSTRUCTION ESTIMATOR

Receipt For: 2008
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.13050

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)
MRS KATRINA HOFF RAUSCH

Mailing Address 210 DEMERS LN

City State Zip Code
POLSON MT 59860

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

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2008
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.12793

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)

500.00

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: PAGE 28 / 100
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

A. Full Name (Last, First, Middle Initial)
MS VERA R REDERBURG

Mailing Address 15312 S NORMANDIE AVE APT 220

City State Zip Code
GARDENA CA 90247

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

Name of Employer Occupation
COMFORCARE SENIOR SERV COMPANION

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
305.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	9		2	0	0	8

Transaction ID: SA11AI.12963

Amount of Each Receipt this Period
25.00

B. Full Name (Last, First, Middle Initial)
MR MICHAEL D RISINGER

Mailing Address 421 E GREENWOOD ST

City State Zip Code
MORTON IL 61550

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

Name of Employer Occupation
SELF LAWYER

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	1		2	0	0	8

Transaction ID: SA11AI.12810

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
MR MICHAEL D RISINGER

Mailing Address 421 E GREENWOOD ST

City State Zip Code
MORTON IL 61550

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

Name of Employer Occupation
SELF LAWYER

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2700.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	8		2	0	0	8

Transaction ID: SA11AI.12811

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional) ► **625.00**

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: PAGE 29 / 100
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

A. Full Name (Last, First, Middle Initial)
MR ROBERT F SANFORD

Mailing Address 344 LAZY S RANCH RD

City State Zip Code
GUNTER TX 75058

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	0	4	/	2	0	0	8

Transaction ID: SA11AI.12873

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
MS SUSAN KAY SCHALON

Mailing Address 5694 FOREST GLEN DR SE

City State Zip Code
ADA MI 49301

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

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	0	4	/	2	0	0	8

Transaction ID: SA11AI.12715

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
MR GARY SELF

Mailing Address 8508 YORKSHIRE DR

City State Zip Code
ORANGE TX 77632

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

Name of Employer Occupation
WAL-MART PHARMACIST

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
230.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	0	5	/	2	0	0	8

Transaction ID: SA11AI.12902

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional) ► **1020.00**

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: PAGE 30 / 100

(check only one)

<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

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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)
MR RANDALL SKOV

Mailing Address 115 TALL TIMBER CT

City State Zip Code
FAYETTEVILLE GA 30215

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

Name of Employer Occupation
US AIR FORCE WEATHER OFFICER

Receipt For: 2008
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	5		2	0	0	8

Transaction ID: SA11AI.12560

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)
MRS DEBORAH E SMITH

Mailing Address 3360 E TERRELL BRANCH CT SE

City State Zip Code
MARIETTA GA 30067

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

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2008
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	5		2	0	0	8

Transaction ID: SA11AI.12552

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)
MS MELODY KAY SMITH

Mailing Address 10085 DEL RIO RD

City State Zip Code
SPRING VALLEY CA 91977

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

Name of Employer Occupation
SELF INDEPENDENT REP FORNEW VISION

Receipt For: 2008
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	1		2	0	0	8

Transaction ID: SA11AI.12973

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

325.00

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: PAGE 31 / 100
(check only one)

<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
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)
DR WILLIAM H SMITH

Mailing Address PO BOX 203

City KAAAWA State HI Zip Code 96730

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

Name of Employer STATE OF HAWAII Occupation SUBSTITUTE TEACHER

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 8 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.13055

Amount of Each Receipt this Period
 50.00

B.

Full Name (Last, First, Middle Initial)
MS LONETTE SOLIS

Mailing Address 1909 BUCKTHORN LN

City RESTON State VA Zip Code 20191

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

Name of Employer NORTHROP GRUMMAN Occupation ADMINISTRATIVE ASSISTANT

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 8 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.12491

Amount of Each Receipt this Period
 50.00

C.

Full Name (Last, First, Middle Initial)
MR RANDALL SPARE

Mailing Address PO BOX 888

City ASHLAND State KS Zip Code 67831

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

Name of Employer INFO REQUESTED- NOT RECD Occupation INFO REQUESTED- NOT RECD

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 8 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.12836

Amount of Each Receipt this Period
 225.00

SUBTOTAL of Receipts This Page (optional) ► **325.00**

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: PAGE 32 / 100
(check only one)

<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

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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)
MR & MRS PATRICK A SPRUNGER

Mailing Address 5915 HEYWOOD CV

City State Zip Code
FORT WAYNE IN 46815

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

Name of Employer Occupation
SIMPLEX GEN MGR

Receipt For: 2008
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
210.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 8 / 2 0 0 8

Transaction ID: SA11AI.12680

Amount of Each Receipt this Period

110.00

B.

Full Name (Last, First, Middle Initial)
MR MARK SWISHER

Mailing Address 24902 N POINT PL

City State Zip Code
KATY TX 77494

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

Name of Employer Occupation
AVIARA ENERGY CORPORATION ENGINEER

Receipt For: 2008
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 5 / 2 0 0 8

Transaction ID: SA11AI.12898

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)
MR DONALD J TEODORO

Mailing Address 3008 E BAY DR NW

City State Zip Code
GIG HARBOR WA 98335

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

Name of Employer Occupation
AUTOMATED SYSTEMS OF TACO-MA CHIEF ENGINEER

Receipt For: 2008
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
1600.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.13086

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1160.00

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: PAGE 33 / 100
(check only one)

<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

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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)
MRS HARRIET THEUNE

Mailing Address PO BOX 700306

City OOSTBURG State WI Zip Code 53070

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 08 / 04 / 2008
Transaction ID: SA11AI.12740
Amount of Each Receipt this Period: 75.00

B.

Full Name (Last, First, Middle Initial)
MRS GRANELLA RUTH THOMPSON

Mailing Address 51949 JOHNSON RD

City WESTON State OR Zip Code 97886

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

Name of Employer INFO REQUESTED- NOT RECD Occupation INFO REQUESTED- NOT RECD

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 08 / 15 / 2008
Transaction ID: SA11AI.13074
Amount of Each Receipt this Period: 500.00

C.

Full Name (Last, First, Middle Initial)
MR GEORGE E TRAGOS

Mailing Address 818 ISLAND WAY

City CLEARWATER State FL Zip Code 33767

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

Name of Employer SELF Occupation ATTORNEY

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt: 08 / 28 / 2008
Transaction ID: SA11AI.12588
Amount of Each Receipt this Period: 2500.00

SUBTOTAL of Receipts This Page (optional) ► **3075.00**

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: PAGE 34 / 100

(check only one)

<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

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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)
MR GENE P VINEYARD

Mailing Address 322 COUNTRY LN

City State Zip Code
CARROLLTON GA 30117

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

Name of Employer
CONCRETE CAREERS.COM

Occupation
RECRUITER

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
265.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.12557

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)
MRS GLENDA WEATHERLY

Mailing Address PO BOX 1245

City State Zip Code
WHEELER TX 79096

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

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
475.00

Date of Receipt

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

Transaction ID: SA11AI.12912

Amount of Each Receipt this Period

375.00

C.

Full Name (Last, First, Middle Initial)
SUNNY WEIBLINGER

Mailing Address 5941 C R 233

City State Zip Code
SILT CO 81652

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

Name of Employer
SELF

Occupation
ARTIST

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 1 / 2 0 0 8

Transaction ID: SA11AI.12937

Amount of Each Receipt this Period

75.00

SUBTOTAL of Receipts This Page (optional) ▶

475.00

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: PAGE 35 / 100
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

A. Full Name (Last, First, Middle Initial)
MRS WARD A WHITEMAN
Mailing Address 4007 NORWOOD ST
City MIDLAND State TX Zip Code 79707
FEC ID number of contributing federal political committee. **C**
Name of Employer BURLINGTON RESOURCES Occupation GEOLOGIST
Receipt For: 2008
 Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00
Date of Receipt 08 / 21 / 2008
Transaction ID: SA11AI.12920
Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
MRS JOYCE E WILBER
Mailing Address 931 N ARLINGTON
City INDIANAPOLIS State IN Zip Code 46219
FEC ID number of contributing federal political committee. **C**
Name of Employer THOMSON CONSUMER ELECTRONICS Occupation ELECTRONICS ENGINEER
Receipt For: 2008
 Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼ 425.00
Date of Receipt 08 / 11 / 2008
Transaction ID: SA11AI.12672
Amount of Each Receipt this Period 225.00

C. Full Name (Last, First, Middle Initial)
MS DOROTHY V WRAY
Mailing Address 1416 GRAND AVE
City SWEETWATER State TX Zip Code 79556
FEC ID number of contributing federal political committee. **C**
Name of Employer HOMEMAKER Occupation HOMEMAKER
Receipt For: 2008
 Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼ 280.00
Date of Receipt 08 / 15 / 2008
Transaction ID: SA11AI.12916
Amount of Each Receipt this Period 70.00

SUBTOTAL of Receipts This Page (optional) ▶ 795.00
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: PAGE 36 / 100

(check only one)

<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

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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)
MRS OLETHA E YOUNG

Mailing Address 730 W JEFFERSON ST APT 242

City State Zip Code
MORTON IL 61550

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2008
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
355.00

Date of Receipt

M M / D D / Y Y Y Y
08 / 18 / 2008

Transaction ID: SA11AI.12812

Amount of Each Receipt this Period

35.00

B.

Full Name (Last, First, Middle Initial)
MRS JUNE L ZEIGLER

Mailing Address 2261 WARREN DR

City State Zip Code
MORRISTOWN TN 37814

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2008
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
295.00

Date of Receipt

M M / D D / Y Y Y Y
08 / 15 / 2008

Transaction ID: SA11AI.12616

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)
MRS JUNE L ZEIGLER

Mailing Address 2261 WARREN DR

City State Zip Code
MORRISTOWN TN 37814

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2008
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
325.00

Date of Receipt

M M / D D / Y Y Y Y
08 / 15 / 2008

Transaction ID: SA11AI.12617

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

95.00

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:		PAGE 37 / 100	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<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)
CAMPAIGN FOR WORKING FAMILIES

A.	Full Name (Last, First, Middle Initial) MRS ELSIE ZUERCHER		Date of Receipt																					
	Mailing Address 1556 SW SANTA FE LAKE RD		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	5		2	0	0	8
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	8		0	5		2	0	0	8														
	City	State	Zip Code	Transaction ID: SA11AI.12834																				
	TOWANDA	KS	67144	Amount of Each Receipt this Period																				
FEC ID number of contributing federal political committee.		C	25.00																					
Name of Employer HOUSEWORK PRIVATE HOMES		Occupation HOUSEKEEPER																						
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 240.00																						

SUBTOTAL of Receipts This Page (optional)	25.00
TOTAL This Period (last page this line number only)	22749.42

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 38 / 100
(check only one)

<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)
BB& T Bank

Mailing Address 2700 S. Quincy Street

City State Zip Code
Arlington VA 22206

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
9333.20

Date of Receipt
M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 8

Transaction ID: SA17.13099

Amount of Each Receipt this Period
662.87

INTEREST INCOME

SUBTOTAL of Receipts This Page (optional)	▶	662.87
TOTAL This Period (last page this line number only)	▶	662.87

**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 39 / 100

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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

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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

A.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: SB21B.13140 Date of Disbursement																			
	Mailing Address P.O. Box 981540	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>8</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	1		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		0	1		2	0	0	8												
	City El Paso State TX Zip Code 79998	Amount of Each Disbursement this Period																			
	Purpose of Disbursement CREDIT CARD PROCESSING FEES	<table border="1"><tr><td>1.95</td></tr></table>	1.95																		
1.95																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

B.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: SB21B.13141 Date of Disbursement																			
	Mailing Address P.O. Box 981540	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>8</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	8		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	8		2	0	0	8												
	City El Paso State TX Zip Code 79998	Amount of Each Disbursement this Period																			
	Purpose of Disbursement CREDIT CARD PROCESSING FEES	<table border="1"><tr><td>1.95</td></tr></table>	1.95																		
1.95																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

C.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: SB21B.13137 Date of Disbursement																			
	Mailing Address P.O. Box 981540	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>8</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		3	1		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		3	1		2	0	0	8												
	City El Paso State TX Zip Code 79998	Amount of Each Disbursement this Period																			
	Purpose of Disbursement CREDIT CARD PROCESSING FEES	<table border="1"><tr><td>15.50</td></tr></table>	15.50																		
15.50																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>19.40</td></tr></table>	19.40
19.40		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td></td></tr></table>	

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)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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

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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

A.	Full Name (Last, First, Middle Initial) Authorize.net	Transaction ID: SB21B.13132 Date of Disbursement
	Mailing Address 808 East Utah Valley Drive	<input type="text" value="08"/> / <input type="text" value="04"/> / <input type="text" value="2008"/>
	City American Fork State UT Zip Code 84003	Amount of Each Disbursement this Period
	Purpose of Disbursement CREDIT CARD PROCESSING FEES	<input type="text" value="20.67"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Authorize.net	Transaction ID: SB21B.13133 Date of Disbursement
	Mailing Address 808 East Utah Valley Drive	<input type="text" value="08"/> / <input type="text" value="04"/> / <input type="text" value="2008"/>
	City American Fork State UT Zip Code 84003	Amount of Each Disbursement this Period
	Purpose of Disbursement CREDIT CARD PROCESSING FEES	<input type="text" value="9.95"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) GARY BAUER	Transaction ID: SB21B.13117 Date of Disbursement
	Mailing Address 2800 SHIRLINGTON ROAD #930	<input type="text" value="08"/> / <input type="text" value="27"/> / <input type="text" value="2008"/>
	City ARLINGTON State VA Zip Code 22206	Amount of Each Disbursement this Period
	Purpose of Disbursement PAC - CONSULTING POLITICAL FUNDRAISER	<input type="text" value="4500.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="4530.62"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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"/> 24	<input type="checkbox"/> 25	<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

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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

<p>A.</p> <p>Full Name (Last, First, Middle Initial) BB& T Bank</p> <p>Mailing Address 2700 S. Quincy Street</p> <p>City Arlington State VA Zip Code 22206</p> <p>Purpose of Disbursement CREDIT CARD PROCESSING FEES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.13134</p> <p>Date of Disbursement 08 / 15 / 2008</p> <p>Amount of Each Disbursement this Period 23.86</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) BB& T Bank</p> <p>Mailing Address 2700 S. Quincy Street</p> <p>City Arlington State VA Zip Code 22206</p> <p>Purpose of Disbursement BANK FEES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.13135</p> <p>Date of Disbursement 08 / 21 / 2008</p> <p>Amount of Each Disbursement this Period 142.24</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) CAPITOL ADVANTAGE</p> <p>Mailing Address P.O. BOX 2018</p> <p>City MERRIFIELD State VA Zip Code 22116</p> <p>Purpose of Disbursement DUES AND SUBSCRIPTIONS</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.13110</p> <p>Date of Disbursement 08 / 27 / 2008</p> <p>Amount of Each Disbursement this Period 1500.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1666.10

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)

PAGE 42 / 100

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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

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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

A.	Full Name (Last, First, Middle Initial) CHOI COMPANIES	Transaction ID: SB21B.13111
	Mailing Address 5999 STEVENSON AVE #310	Date of Disbursement 08 / 27 / 2008
	City ALEXANDRIA State VA Zip Code 22304	Amount of Each Disbursement this Period 2536.02
	Purpose of Disbursement RENT	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) CITY OF ALEXANDRIA	Transaction ID: SB21B.13112
	Mailing Address P.O. BOX 178	Date of Disbursement 08 / 27 / 2008
	City ALEXANDRIA State VA Zip Code 22313	Amount of Each Disbursement this Period 202.26
	Purpose of Disbursement PERSONAL PROP TAXES	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) COVAD COMMUNICATIONS	Transaction ID: SB21B.13101
	Mailing Address P.O. BOX 39000	Date of Disbursement 08 / 11 / 2008
	City SAN FRANCISCO State CA Zip Code 94139	Amount of Each Disbursement this Period 102.47
	Purpose of Disbursement COMPUTER SERVICES	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	▶	2840.75
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)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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

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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

A.	Full Name (Last, First, Middle Initial) COVINGTON & BURLING <hr/> Mailing Address 1201 PENNSYLVANIA AVE NW <hr/> City WASHINGTON State DC Zip Code 20044 <hr/> Purpose of Disbursement LEGAL FEES Candidate Name Category/Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.13114 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 7 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 567.00
B.	Full Name (Last, First, Middle Initial) DC TREASURER <hr/> Mailing Address P.O. Box 7862 <hr/> City WASHINGTON State DC Zip Code 20044 <hr/> Purpose of Disbursement LICENCES Candidate Name Category/Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.13100 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 4 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 115.00
C.	Full Name (Last, First, Middle Initial) DEER PARK <hr/> Mailing Address P.O. BOX 52271 <hr/> City PHOENIX State AZ Zip Code 85072 <hr/> Purpose of Disbursement OFFICE EXPENSE Candidate Name Category/Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.13103 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 1 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 29.08

SUBTOTAL of Disbursements This Page (optional) ▶	711.08
TOTAL This Period (last page this line number only) ▶	(Empty box)

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)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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

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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

<p>A. Full Name (Last, First, Middle Initial) FEDERAL EXPRESS</p> <p>Mailing Address P.O. BOX 1140</p> <p>City MEMPHIS State TN Zip Code 38101</p> <p>Purpose of Disbursement SHIPPING FEES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.13143</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="109.52"/></p>
<p>B. Full Name (Last, First, Middle Initial) FEDERAL EXPRESS</p> <p>Mailing Address P.O. BOX 1140</p> <p>City MEMPHIS State TN Zip Code 38101</p> <p>Purpose of Disbursement SHIPPING FEES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.13116</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="17.82"/></p>
<p>C. Full Name (Last, First, Middle Initial) INDEPENDENT PLAN COORDINATORS</p> <p>Mailing Address P.O. BOX 2899</p> <p>City VIRGINIA BEACH State VA Zip Code 23450</p> <p>Purpose of Disbursement PLAN FEES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.13104</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="972.50"/></p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="1099.84"/></p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text"/></p>

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)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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

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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

A. Full Name (Last, First, Middle Initial) IRON MOUNTAIN Mailing Address 745 ATLANTIC AVE City BOSTON State MA Zip Code 02111 Purpose of Disbursement STORAGE FEES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.13105 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 1 / 2 0 0 8
	Amount of Each Disbursement this Period 202.98 Category/Type
B. Full Name (Last, First, Middle Initial) J&J PRINTING Mailing Address 5540 PORT ROYAL ROAD City SPRINGFIELD State VA Zip Code 22151 Purpose of Disbursement PRINTING - GENERAL OFFICE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.13118 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 7 / 2 0 0 8
	Amount of Each Disbursement this Period 260.40 Category/Type
C. Full Name (Last, First, Middle Initial) LEXIS NEXIS Mailing Address P.O. BOX 7247-7090 City PHILADELPHIA State PA Zip Code 19170 Purpose of Disbursement DUES AND SUBSCRIPTIONS Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.13106 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 1 / 2 0 0 8
	Amount of Each Disbursement this Period 350.00 Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶	813.38
TOTAL This Period (last page this line number only) ▶	(Empty box)

**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"/> 24	<input type="checkbox"/> 25	<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

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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

A.	Full Name (Last, First, Middle Initial) LPS	Transaction ID: SB21B.13107 Date of Disbursement 08 / 11 / 2008
	Mailing Address P.O. BOX 2325	Amount of Each Disbursement this Period 320.40
	City FAIRFAX State VA Zip Code 22031	
	Purpose of Disbursement PAC - DATA PROCESSING SERVICES	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) LPS	Transaction ID: SB21B.13121 Date of Disbursement 08 / 27 / 2008
	Mailing Address P.O. BOX 2325	Amount of Each Disbursement this Period 940.34
	City FAIRFAX State VA Zip Code 22031	
	Purpose of Disbursement PAC - DATA PROCESSING SERVICES	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) BILL MOELLER	Transaction ID: SB21B.13109 Date of Disbursement 08 / 27 / 2008
	Mailing Address 2800 SHIRLINGTON ROAD #930	Amount of Each Disbursement this Period 1250.00
	City ARLINGTON State VA Zip Code 22206	
	Purpose of Disbursement PAC - CONSULTING POLITICAL RESEARCHER	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	2510.74
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)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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

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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

A.	Full Name (Last, First, Middle Initial) PMC	Transaction ID: SB21B.13131 Date of Disbursement 08 / 14 / 2008
	Mailing Address 7201 LOCKPORT PLAGE	Amount of Each Disbursement this Period 2388.40
	City LORTON State VA Zip Code 22079	
	Purpose of Disbursement PAC - DIRECT MAIL POSTAGE	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) RESOLUTION GRAPHICS	Transaction ID: SB21B.13127 Date of Disbursement 08 / 11 / 2008
	Mailing Address 3725 DUNLAP STREET N	Amount of Each Disbursement this Period 4467.60
	City ARDEN HILLS State MN Zip Code 55112	
	Purpose of Disbursement PAC - DIRECT MAIL PRODUCTION	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) THE HARTFORD	Transaction ID: SB21B.13108 Date of Disbursement 08 / 11 / 2008
	Mailing Address P.O. BOX 659519	Amount of Each Disbursement this Period 279.00
	City SAN ANTONIO State TX Zip Code 78265	
	Purpose of Disbursement INSURANCE	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	7135.00
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)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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

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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

A.	Full Name (Last, First, Middle Initial) THE LUKENS COMPANY <hr/> Mailing Address 2800 SHIRLINGTON ROAD #900 <hr/> City ARLINGTON State VA Zip Code 22206 <hr/> Purpose of Disbursement PAC - DIRECT MAIL CONSULTING Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.13126 Date of Disbursement 08 / 11 / 2008 <hr/> Amount of Each Disbursement this Period 2500.00
B.	Full Name (Last, First, Middle Initial) UNITED BANK <hr/> Mailing Address 4501 DALY DRIVE <hr/> City CHANTILLY State VA Zip Code 20151 <hr/> Purpose of Disbursement BANK FEES Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.13142 Date of Disbursement 08 / 25 / 2008 <hr/> Amount of Each Disbursement this Period 32.45
C.	Full Name (Last, First, Middle Initial) UNITED BANK <hr/> Mailing Address 4501 DALY DRIVE <hr/> City CHANTILLY State VA Zip Code 20151 <hr/> Purpose of Disbursement BANK FEES Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.13138 Date of Disbursement 08 / 31 / 2008 <hr/> Amount of Each Disbursement this Period 48.25

SUBTOTAL of Disbursements This Page (optional) ▶

2580.70

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)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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

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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

A.	Full Name (Last, First, Middle Initial) UNITED BANK <hr/> Mailing Address 4501 DALY DRIVE <hr/> City CHANTILLY State VA Zip Code 20151 <hr/> Purpose of Disbursement CREDIT CARD PROCESSING FEES Candidate Name Category/Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB21B.13139 Date of Disbursement 08 / 31 / 2008 <hr/> Amount of Each Disbursement this Period 131.18
B.	Full Name (Last, First, Middle Initial) Dorie Velezis <hr/> Mailing Address 2800 S. Shirlington Road, #930 <hr/> City Arlington State VA Zip Code 22206 <hr/> Purpose of Disbursement ACCOUNTING SERVICES Candidate Name Category/Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB21B.13115 Date of Disbursement 08 / 27 / 2008 <hr/> Amount of Each Disbursement this Period 1125.00
C.	Full Name (Last, First, Middle Initial) VERIZON <hr/> Mailing Address P.O. BOX 17577 <hr/> City BALTIMORE State MD Zip Code 21297 <hr/> Purpose of Disbursement TELEPHONE Candidate Name Category/Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB21B.13123 Date of Disbursement 08 / 27 / 2008 <hr/> Amount of Each Disbursement this Period 433.55

SUBTOTAL of Disbursements This Page (optional) ▶

1689.73

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)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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

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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

A.	Full Name (Last, First, Middle Initial) DEAN VIRAG <hr/> Mailing Address 14039 WESTWIND LANE <hr/> City State Zip Code CULPEPER VA 22701 <hr/> Purpose of Disbursement WEBSITE SUPPORT Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.13102 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 1 / 2 0 0 8	Amount of Each Disbursement this Period 500.00
B.	Full Name (Last, First, Middle Initial) WASHINGTON INTELLIGENCE BUREAU <hr/> Mailing Address 4128 PEPSI PLACE <hr/> City State Zip Code CHANTILLY VA 20151 <hr/> Purpose of Disbursement PAC - CAGING AND DATA ENTRY SERVICES Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.13124 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 7 / 2 0 0 8	Amount of Each Disbursement this Period 1467.38

SUBTOTAL of Disbursements This Page (optional) ►

1967.38

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

27564.72

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor DIRECTECH	Nature of Debt (Purpose): CAGING AND DATA PROCESSING
Mailing Address 8595 GROVEMONT CIRCLE	
City State ZIP Code GAITHERSBURG MD 20877	

Outstanding Balance Beginning This Period 223.11	Transaction ID: SD10.4694	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 223.11

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor MWM DIRECT MARKETING SERVICES	Nature of Debt (Purpose): PAC - DIRECT MAIL
Mailing Address 8048 HILLRISE COURT	
City State ZIP Code ELKRIDGE MD 21075	

Outstanding Balance Beginning This Period 2320.90	Transaction ID: SD10.4696	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2320.90

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor PMC	Nature of Debt (Purpose): PAC - DIRECT MAIL POSTAGE
Mailing Address 7201 LOCKPORT PLACE	
City State ZIP Code LORTON VA 22079	

Outstanding Balance Beginning This Period 0.00	Transaction ID: SD10.13128	
Amount Incurred This Period 2388.40	Payment This Period 2388.40	Outstanding Balance at Close of This Period 0.00

1) SUBTOTALS This Period This Page (optional).....	▶	2544.01
2) TOTALS This Period (last page this line number only).....	▶	
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 D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor PMC			Nature of Debt (Purpose): PAC - DIRECT MAIL PRODUCT- ION
Mailing Address 7201 LOCKPORT PLACE			
City LORTON	State VA	ZIP Code 22079	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>		Transaction ID: SD10.13129	
Amount Incurred This Period <input type="text" value="6212.30"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="6212.30"/>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor RESOLUTION GRAPHICS			Nature of Debt (Purpose): PAC - DIRECT MAIL PRODUCT- ION
Mailing Address 3725 DUNLAP STREET N			
City ARDEN HILLS	State MN	ZIP Code 55112	

Outstanding Balance Beginning This Period <input type="text" value="4467.60"/>		Transaction ID: SD10.12370	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="4467.60"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor THE LUKENS COMPANY			Nature of Debt (Purpose): PAC - DIRECT MAIL CONSULT- ING
Mailing Address 2800 SHIRLINGTON ROAD #900			
City ARLINGTON	State VA	ZIP Code 22206	

Outstanding Balance Beginning This Period <input type="text" value="2500.00"/>		Transaction ID: SD10.12368	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="2500.00"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>	

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="6212.30"/>
2) TOTALS This Period (last page this line number only).....	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 53 / 100	
	FOR LINE NUMBER: (check only one)	<input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor THE LUKENS COMPANY			Nature of Debt (Purpose): PAC - DIRECT MAIL CONSUL- TING
Mailing Address 2800 SHIRLINGTON ROAD #900			
City ARLINGTON	State VA	ZIP Code 22206	

Outstanding Balance Beginning This Period		Transaction ID: SD10.13130	
0.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
2625.00	0.00	2625.00	

1) SUBTOTALS This Period This Page (optional).....	▶	2625.00
2) TOTALS This Period (last page this line number only).....	▶	11381.31
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	▶	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	11381.31

Image# 28992176102

Form/Schedule: **SA11AI**

0105454-0000076

Transaction ID: **SA11AI.12516**

Form/Schedule: **SA11AI**

0105700-0000105

Transaction ID: **SA11AI.12551**

Image# 28992176103

Form/Schedule: **SA11AI**

0103804-0000466

Transaction ID: **SA11AI.13013**

Form/Schedule: **SA11AI**

0104630-0000357

Transaction ID: **SA11AI.12871**

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