

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

Check if different than previously reported. (ACC) Arlington VA 22206

2. **FEC IDENTIFICATION NUMBER** CITY STATE ZIPCODE

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:
- | | | | |
|---|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input checked="" type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

- (c) 12-Day **PRE-Election** Report for the:
- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P) | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12G) | |

Election on _____ in the State of _____

- (d) 30-Day **Post -Election** Report for the:
- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on _____ in the State of _____

5. Covering Period 02 01 2010 through 02 28 2010

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 Dorie Velezis

Signature of Treasurer Electronically Filed by Dorie Velezis Date 03 19 2010

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							
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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	2

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	2

D	D
2	8

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		1942798.34
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	1929281.05									
(c) Total Receipts (from Line 19)	32716.98	50413.98								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	1961998.03	1993212.32								
7. Total Disbursements (from Line 31)	29034.19	60248.48								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1932963.84	1932963.84								
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)	10113.08									

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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name
CAMPAIGN FOR WORKING FAMILIES

Report Covering the Period: From:

M	M
0	2

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	2

D	D
2	8

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	11350.00	14513.24
(ii) Unitemized	12241.90	17492.77
(iii) TOTAL (add Lines 11(a)(i) and (ii)	23591.90	32006.01
(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)	23591.90	32006.01
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	250.08	657.97
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	8875.00	17750.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	8875.00	17750.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	32716.98	50413.98
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	23841.98	32663.98

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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.....	8625.00	17500.00
(ii) Non-Federal Share.....	8625.00	17500.00
(b) Other Federal Operating Expenditures.....	11784.19	25248.48
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	29034.19	60248.48
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
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	0.00
(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	0.00
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))..	29034.19	60248.48
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	20409.19	42748.48

DETAILED SUMMARY PAGE
of Disbursements

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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	23591.90	32006.01
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	23591.90	32006.01
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	20409.19	42748.48
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	20409.19	42748.48

**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 6 / 30
	<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) MRS RONDA R BLEHM-KUK		Date of Receipt
	Mailing Address 32265 WEEPING WILLOW ST		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 2 2 / 2 0 1 0
	City	State	Zip Code
	TRABUCO CANYON	CA	92679
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.40369
Name of Employer HOMEMAKER		Occupation HOMEMAKER	Amount of Each Receipt this Period
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 200.00
		<input type="text"/> 400.00	

B.	Full Name (Last, First, Middle Initial) MRS IRENE M DIAS		Date of Receipt
	Mailing Address P O BOX 926		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 0 5 / 2 0 1 0
	City	State	Zip Code
	APTOS	CA	95001
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.40384
Name of Employer HOMEMAKER		Occupation HOMEMAKER	Amount of Each Receipt this Period
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 1000.00
		<input type="text"/> 1000.00	

C.	Full Name (Last, First, Middle Initial) MRS CARL W GUSTKE		Date of Receipt
	Mailing Address 233 STATON RD		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 2 1 / 2 0 1 0
	City	State	Zip Code
	CABOT	AR	72023
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.40288
Name of Employer FEDERAL EX - (WIFE) REBSA-MEN R. H.		Occupation PILOT	Amount of Each Receipt this Period
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 2000.00
		<input type="text"/> 2100.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 3200.00
TOTAL This Period (last page this line number only)	<input type="text"/>

A. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.40369**

0104766-0000314

B. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.40384**

0107718-0000328

C. Form/Schedule : **SA11AI**

0022519-0000232

Transaction ID : **SA11AI.40288**

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

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

FOR LINE NUMBER: PAGE 9 / 30
(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 KNILANS

Mailing Address PO BOX 624

City SOUTH BELOIT State IL Zip Code 61080

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

Name of Employer ROCKTON VET HOSPITAL Occupation VET

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 02 / 17 / 2010
Transaction ID: SA11AI.40259
 Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
SHANE LINDAUER

Mailing Address 762 W 8TH ST

City JASPER State IN Zip Code 47546

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

Name of Employer SELF EMPLOYED Occupation CHIROPRACTOR

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 02 / 17 / 2010
Transaction ID: SA11AI.40188
 Amount of Each Receipt this Period: 300.00

C. Full Name (Last, First, Middle Initial)
MS RUTH A MERILLAT

Mailing Address 860 RICHLYN DR

City ADRIAN State MI Zip Code 49221

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 02 / 02 / 2010
Transaction ID: SA11AI.40199
 Amount of Each Receipt this Period: 5000.00

SUBTOTAL of Receipts This Page (optional) ► 5550.00

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

A. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.40259**

0013754-0000200

B. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.40188**

0104483-0000129

C. Form/Schedule : **SA11AI**

0097348-0000141

Transaction ID : **SA11AI.40199**

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 30
(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 MIKE D RISINGER

Mailing Address 421 E GREENWOOD ST

City MORTON State IL Zip Code 61550

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

Name of Employer SELF Occupation LAWYER

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt 02 / 20 / 2010
Transaction ID: SA11AI.40262
 Amount of Each Receipt this Period 900.00

B.

Full Name (Last, First, Middle Initial)
MRS TERESA A SCHAEFER

Mailing Address 1003 WRIGHT ST

City PLEASANT HILL State MO Zip Code 64080

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

Name of Employer SANOFI - AVENTIS US Occupation SUPPLY CHAIN

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 17 / 2010
Transaction ID: SA11AI.40273
 Amount of Each Receipt this Period 300.00

C.

Full Name (Last, First, Middle Initial)
MRS JAMES R STADLER

Mailing Address 314 WALNUT DR

City NASHVILLE State TN Zip Code 37205

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

Name of Employer RETIRED Occupation HOUSEWIFE

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 05 / 2010
Transaction ID: SA11AI.40142
 Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) ► 2200.00

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

A. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.40262**

0103251-0000203

B. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.40273**

0006928-0000215

C. Form/Schedule : **SA11AI**

0019059-0000087

Transaction ID : **SA11AI.40142**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 15 / 30
	(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 JAMES P SYVRUD		Date of Receipt
	Mailing Address 8225 BRUTON RD		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 2 2 / 2 0 1 0
	City	State	Zip Code
	GARLAND	TX	75041
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.40292
	C		Amount of Each Receipt this Period
Name of Employer OWNER		Occupation CHIROPRACTOR	
Receipt For: 2010		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General	<input type="text"/> 400.00	
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)	400.00
TOTAL This Period (last page this line number only)	11350.00

A. Form/Schedule : **SA11AI**

0104262-0000237

Transaction ID : **SA11AI.40292**

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 17 / 30	
	(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"/> 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		Date of Receipt
Mailing Address P.O. Box 580363		<input type="text" value="02"/> / <input type="text" value="28"/> / <input type="text" value="2010"/>
City	State	Zip Code
Charlotte	NC	28258
FEC ID number of contributing federal political committee.		Transaction ID: SA17.40450
<input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer		<input type="text" value="250.08"/>
Occupation		INTEREST INCOME
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.08"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="250.08"/>
TOTAL This Period (last page this line number only)	<input type="text" value="250.08"/>

**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 19 / 30

<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) CT CORPORATION	Transaction ID: SB21B.40423 Date of Disbursement 02 / 03 / 2010
	Mailing Address P.O. BOX 4349	Amount of Each Disbursement this Period 358.00
	City CAROL STREAM State IL Zip Code 60107	
	Purpose of Disbursement BUSINESS REGISTERED AGENT	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) DESIGN 4 INC.	Transaction ID: SB21B.40425 Date of Disbursement 02 / 03 / 2010
	Mailing Address 106 N. Collins Street	Amount of Each Disbursement this Period 1460.00
	City Plant City State FL Zip Code 33563	
	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	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) IRON MOUNTAIN	Transaction ID: SB21B.40428 Date of Disbursement 02 / 03 / 2010
	Mailing Address 745 ATLANTIC AVE	Amount of Each Disbursement this Period 238.95
	City BOSTON State MA Zip Code 02111	
	Purpose of Disbursement STORAGE FEES	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)	2056.95
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 20 / 30

<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) LEXIS NEXIS Mailing Address P.O. BOX 7247-7090 City PHILADELPHIA State PA Zip Code 19170 Purpose of Disbursement DUES & 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.40436 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 2 / 2 0 1 0 Amount of Each Disbursement this Period 350.00
B.	Full Name (Last, First, Middle Initial) LPS Mailing Address P.O. BOX 2325 City FAIRFAX State VA Zip Code 22031 Purpose of Disbursement PAC - DATA PROCESSING SERVICES 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.40430 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 3 / 2 0 1 0 Amount of Each Disbursement this Period 1194.88
C.	Full Name (Last, First, Middle Initial) LPS Mailing Address P.O. BOX 2325 City FAIRFAX State VA Zip Code 22031 Purpose of Disbursement PAC - DATA PROCESSING SERVICES 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.40433 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 3 / 2 0 1 0 Amount of Each Disbursement this Period 98.81

SUBTOTAL of Disbursements This Page (optional) ▶	1643.69
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)

<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

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)
LPS

Transaction ID: SB21B.40437
Date of Disbursement

Mailing Address P.O. BOX 2325

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

City State Zip Code
FAIRFAX VA 22031

Amount of Each Disbursement this Period

502.17

Purpose of Disbursement
PAC - DATA PROCESSING SERVICES

Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

B.

Full Name (Last, First, Middle Initial)
LPS

Transaction ID: SB21B.40448
Date of Disbursement

Mailing Address P.O. BOX 2325

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

City State Zip Code
FAIRFAX VA 22031

Amount of Each Disbursement this Period

97.51

Purpose of Disbursement
PAC - DATA PROCESSING SERVICES

Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

C.

Full Name (Last, First, Middle Initial)
VERIZON

Transaction ID: SB21B.40441
Date of Disbursement

Mailing Address P.O. BOX 17577

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

City State Zip Code
BALTIMORE MD 21297

Amount of Each Disbursement this Period

432.68

Purpose of Disbursement
TELEPHONE

Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

SUBTOTAL of Disbursements This Page (optional)

1032.36

TOTAL This Period (last page this line number only)

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**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 22 / 30

<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

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) DEAN VIRAG <hr/> Mailing Address 14039 WESTWIND LANE <hr/> City CULPEPER State VA Zip Code 22701 <hr/> Purpose of Disbursement WEBSITE SUPPORT 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.40434 Date of Disbursement 02 / 04 / 2010 <hr/> 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 CHANTILLY State VA Zip Code 20151 <hr/> Purpose of Disbursement PAC - CAGING AND DATA ENTRY 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.40431 Date of Disbursement 02 / 03 / 2010 <hr/> Amount of Each Disbursement this Period 1316.84
C.	Full Name (Last, First, Middle Initial) WASHINGTON INTELLIGENCE BUREAU <hr/> Mailing Address 4128 PEPSI PLACE <hr/> City CHANTILLY State VA Zip Code 20151 <hr/> Purpose of Disbursement PAC - CAGING & DATA ENTRY 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.40442 Date of Disbursement 02 / 22 / 2010 <hr/> Amount of Each Disbursement this Period 863.57

SUBTOTAL of Disbursements This Page (optional) ►

2680.41

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

11421.94

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 ADVANCED DIGITAL SOLUTIONS			Nature of Debt (Purpose): COMPUTER SUPPORT
Mailing Address 10680 MAIN STREET			
City FAIRFAX	State VA	ZIP Code 22030	

Outstanding Balance Beginning This Period 1215.00		Transaction ID: SD10.40042	
Amount Incurred This Period 0.00	Payment This Period 1215.00	Outstanding Balance at Close of This Period 0.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor CAPITOL ADVANTAGE			Nature of Debt (Purpose): DUES & SUBSCRIPTIONS
Mailing Address P.O. BOX 2018			
City MERRIFIELD	State VA	ZIP Code 22116	

Outstanding Balance Beginning This Period 0.00		Transaction ID: SD10.40457	
Amount Incurred This Period 6000.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 6000.00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor DESIGN 4 INC.			Nature of Debt (Purpose): PAC - DIRECT MAIL PRODUCT- ION
Mailing Address 106 N. Collins Street			
City Plant City	State FL	ZIP Code 33563	

Outstanding Balance Beginning This Period 1460.00		Transaction ID: SD10.40043	
Amount Incurred This Period 0.00	Payment This Period 1460.00	Outstanding Balance at Close of This Period 0.00	

1) SUBTOTALS This Period This Page (optional).....	6000.00
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 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 LPS	Nature of Debt (Purpose): PAC DATA PROCESSING SERVI- CES
Mailing Address P.O. BOX 2325	
City State ZIP Code FAIRFAX VA 22031	

Outstanding Balance Beginning This Period 502.17	Transaction ID: SD10.40044	
Amount Incurred This Period 0.00	Payment This Period 502.17	Outstanding Balance at Close of This Period 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor LPS	Nature of Debt (Purpose): PAC - DATA ENTRY SERVICES
Mailing Address P.O. BOX 2325	
City State ZIP Code FAIRFAX VA 22031	

Outstanding Balance Beginning This Period 0.00	Transaction ID: SD10.40429	
Amount Incurred This Period 1194.88	Payment This Period 1194.88	Outstanding Balance at Close of This Period 0.00

1) SUBTOTALS This Period This Page (optional).....	223.11
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 LPS			Nature of Debt (Purpose): PAC - DATA PROCESSING SERVICES
Mailing Address P.O. BOX 2325			
City FAIRFAX	State VA	ZIP Code 22031	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>		Transaction ID: SD10.40432	
Amount Incurred This Period <input type="text" value="98.81"/>	Payment This Period <input type="text" value="98.81"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor LPS			Nature of Debt (Purpose): PAC - DATA PROCESSING SERVICES
Mailing Address P.O. BOX 2325			
City FAIRFAX	State VA	ZIP Code 22031	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>		Transaction ID: SD10.40447	
Amount Incurred This Period <input type="text" value="97.51"/>	Payment This Period <input type="text" value="97.51"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor LPS			Nature of Debt (Purpose): PAC - DATA PROCESSING SERVICES
Mailing Address P.O. BOX 2325			
City FAIRFAX	State VA	ZIP Code 22031	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>		Transaction ID: SD10.40458	
Amount Incurred This Period <input type="text" value="699.03"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="699.03"/>	

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="699.03"/>
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)

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 MWM DIRECT MARKETING SERVICES			Nature of Debt (Purpose): PAC - DIRECT MAIL
Mailing Address 8048 HILLRISE COURT			
City ELKRIDGE	State MD	ZIP Code 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	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor WASHINGTON INTELLIGENCE BUREAU			Nature of Debt (Purpose): PAC - CAGING & DATA ENTRY SERVICES
Mailing Address 4128 PEPSI PLACE			
City CHANTILLY	State VA	ZIP Code 20151	

Outstanding Balance Beginning This Period 1316.84		Transaction ID: SD10.40045	
Amount Incurred This Period 0.00	Payment This Period 1316.84	Outstanding Balance at Close of This Period 0.00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor WASHINGTON INTELLIGENCE BUREAU			Nature of Debt (Purpose): PAC - CAGING & DATA ENTRY SERVICES
Mailing Address 4128 PEPSI PLACE			
City CHANTILLY	State VA	ZIP Code 20151	

Outstanding Balance Beginning This Period 863.57		Transaction ID: SD10.40046	
Amount Incurred This Period 0.00	Payment This Period 863.57	Outstanding Balance at Close of This Period 0.00	

1) SUBTOTALS This Period This Page (optional).....	2320.90
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)	PAGE 27 / 30	
	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 WASHINGTON INTELLIGENCE BUREAU			Nature of Debt (Purpose): PAC - CAGING & DATA ENTRY SERVICES
Mailing Address 4128 PEPSI PLACE			
City CHANTILLY	State VA	ZIP Code 20151	

Outstanding Balance Beginning This Period		Transaction ID: SD10.40456	
0.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
870.04	0.00	870.04	

1) SUBTOTALS This Period This Page (optional).....	870.04
2) TOTALS This Period (last page this line number only).....	10113.08
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)	10113.08

METHOD OF ALLOCATION FOR:

- **SHARED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS**
- **SHARED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES** (State, District and Local Party Committees Only)
- **ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE)**(Seperate Segregated Funds And Nonconnected Committees Only)

NAME OF COMMITTEE (In Full)
 CAMPAIGN FOR WORKING FAMILIES

USE ONLY ONE SECTION, A or B

A. State and Local Party Committees

Fixed Percentage (select one)

- _____ Presidential-Only Election Year (28% Federal)
- _____ Presidential and Senate Election Year (36% Federal)
- _____ Senate-Only Election Year (21% Federal)
- _____ Non-Presidential and Non-Senate Election Year (15% Federal)

B. Separate Segregated Funds and Nonconnected Committees

Flat Minimum Federal Percentage

If the committee will allocate using the flat minimum percentage of 50% federal funds, check

or

If the committee is spending more than 50% federal funds, indicate ratio below

Federal..... %
 Nonfederal..... %

This ratio applies to (check all that apply):

Administrative Generic Voter Drive Public Communications Referencing Party Only

**SCHEDULE H3 (FEC Form 3X)
 TRANSFERS FROM NONFEDERAL ACCOUNTS FOR
 ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
 CAMPAIGN FOR WORKING FAMILIES

NAME OF ACCOUNT CAMPAIGN FOR WORKING FAMILIES	DATE OF RECEIPT M M / D D / Y Y Y Y 0 2 / 2 2 / 2 0 1 0	TOTAL AMOUNT TRANSFERRED 8875.00
--	---	-------------------------------------

BREAKDOWN OF TRANSFER RECEIVED		8875.00
i) Total Administrative		Transaction ID: H3.40449
ii) Generic Voter Drive		Transaction ID:
iii) Exempt Activities		Transaction ID:
iv) Direct Fundraising (List Activity or Event Identifier)		
a) _____		Transaction ID:
b) _____		Transaction ID:
c) Total Amount Transferred for Direct Fundraising		
v) Direct Candidate Support (List of Activity or Event Identifier)		
a) _____		Transaction ID:
b) _____		Transaction ID:
c) Total Amount Transferred For Direct Candidate Support		
vi) Public Communications Referring Only to Party (Made by PAC)		
		Transaction ID:

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED	
TOTAL This Period (Administrative)	8875.00
TOTAL This Period (Generic Voter Drive)	0.00
TOTAL This Period (Exempt Activities)	0.00
TOTAL This Period (Direct Fundraising)	0.00
TOTAL This Period (Direct Candidate Support)	0.00
TOTAL This Period (Public Communications Referring Only to Party)	0.00
TOTAL This Period (Total Amount Transferred)	8875.00

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

A. Full Name (Last, First, Middle Initial) GARY BAUER			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC																						
Mailing Address 2800 SHIRLINGTON ROAD #930			Allocated Activity or Event Year-To-Date 29750.00																						
City	State	Zip Code	Date <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>2</td><td>/</td><td>2</td><td>2</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table> Transaction ID: H4.40451			M	M	/	D	D	/	Y	Y	Y	Y	0	2	/	2	2	/	2	0	1	0
M	M	/				D	D	/	Y	Y	Y	Y													
0	2	/	2	2	/	2	0	1	0																
ARLINGTON	VA	22206																							
Purpose of Disbursement: PAC CONSULTING POLITICAL FUNDRAISING AND ADMIN			Category/ Type																						
Activity or Event Identifier: Administrative																									

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
6000.00		6000.00		12000.00

B. Full Name (Last, First, Middle Initial) BILL MOELLER			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC																						
Mailing Address 2800 SHIRLINGTON ROAD #930			Allocated Activity or Event Year-To-Date 32500.00																						
City	State	Zip Code	Date <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>2</td><td>/</td><td>2</td><td>2</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table> Transaction ID: H4.40452			M	M	/	D	D	/	Y	Y	Y	Y	0	2	/	2	2	/	2	0	1	0
M	M	/				D	D	/	Y	Y	Y	Y													
0	2	/	2	2	/	2	0	1	0																
ARLINGTON	VA	22206																							
Purpose of Disbursement: PAC CONSULTING POLITICAL RESEARCHER/WRITER			Category/ Type																						
Activity or Event Identifier: Administrative																									

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1375.00		1375.00		2750.00

C. Full Name (Last, First, Middle Initial) Dorie Velezis			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC																						
Mailing Address 2800 S. Shirlington Road, #930			Allocated Activity or Event Year-To-Date 35000.00																						
City	State	Zip Code	Date <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>2</td><td>/</td><td>2</td><td>2</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table> Transaction ID: H4.40453			M	M	/	D	D	/	Y	Y	Y	Y	0	2	/	2	2	/	2	0	1	0
M	M	/				D	D	/	Y	Y	Y	Y													
0	2	/	2	2	/	2	0	1	0																
Arlington	VA	22206																							
Purpose of Disbursement: ACCOUNTING SERVICES			Category/ Type																						
Activity or Event Identifier: Administrative																									

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1250.00		1250.00		2500.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
8625.00		8625.00		17250.00

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT
8625.00		8625.00		17250.00