

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

CAMPAIGN FOR WORKING FAMILIES

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>	<input type="text" value="359098.56"/>	<input type="text" value="359098.56"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="364201.37"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="41426.34"/>	<input type="text" value="255660.06"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="405627.71"/>	<input type="text" value="614758.62"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="21016.05"/>	<input type="text" value="230146.96"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="384611.66"/>	<input type="text" value="384611.66"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="6119.90"/>	

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: / / To: / /

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).....	28295.01	176321.06
(ii) Unitemized	12789.67	66263.30
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	41084.68	242584.36
(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)	41084.68	242584.36
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.).....	341.66	13075.70
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 Transfers (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)).....▶	41426.34	255660.06
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	41426.34	255660.06

DETAILED SUMMARY PAGE

of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated 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	18256.05	196386.96
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	18256.05	196386.96
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2500.00	28500.00
24. Independent Expenditures (use Schedule E)	235.00	235.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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	25.00	25.00
(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)).....	25.00	25.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	5000.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated 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)) ..	21016.05	230146.96
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	21016.05	230146.96

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

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)	41084.68	242584.36
34. Total Contribution Refunds (from Line 28(d))	25.00	25.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	41059.68	242559.36
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	18256.05	196386.96
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	18256.05	196386.96

**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 OF 133
	<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	

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. ALLEN, GARY, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5744 E FALL CREEK PARKWAY NORTH DR

City INDIANAPOLIS	State IN	Zip Code 46226
----------------------	-------------	-------------------

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

Name of Employer (for Individual) VANCO	Occupation (for Individual) MANAGER
--	--

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		15		2016

Transaction ID : SA11AI.19238

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

B. ANDREWS, MARK, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3869 W GULF DR

City SANIBEL	State FL	Zip Code 33957
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		20		2016

Transaction ID : SA11AI.19169

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

C. AYRES, CHARLES, D, MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4911 CASA ORO DR

City YORBA LINDA	State CA	Zip Code 92886
---------------------	-------------	-------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		06		2016

Transaction ID : SA11AI.19506

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	850.00
TOTAL This Period (last page this line number only).....	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.19238

0098524-0000208

Form/Schedule: SA11AI

Transaction ID: SA11AI.19169

0107243-0000140

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.19506

0103804-0000451

Form/Schedule:

Transaction ID:

**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 9 OF 133
	<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. BATCHELDER, ORVELLA, M, MRS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2205 HADDINGTON RD

City ROSEVILLE	State MN	Zip Code 55113
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NA	Occupation (for Individual) RETIRED
---	--

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		15		2016

Transaction ID : SA11AI.19302

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

B. BATCHELDER, ORVELLA, M, MRS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2205 HADDINGTON RD

City ROSEVILLE	State MN	Zip Code 55113
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NA	Occupation (for Individual) RETIRED
---	--

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		17		2016

Transaction ID : SA11AI.19303

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

C. BEARER, LENORA, M, MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10705 S 85TH EAST AVE

City TULSA	State OK	Zip Code 74133
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) FIRST PRYORITY BANK CPU	Occupation (for Individual) HOMEMAKER- POSTAL CLERK
--	--

Receipt For: 2016
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		12		2016

Transaction ID : SA11AI.19380

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	200.00
TOTAL This Period (last page this line number only).....▶	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.19302

0067804-0000266

Form/Schedule: SA11AI

Transaction ID: SA11AI.19303

0067804-0000267

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.19380

0101133-0000336

Form/Schedule:

Transaction ID:

**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 OF 133
	<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. BISHOP, GARY, R, DR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 15144 LARRY ST

City POWAY	State CA	Zip Code 92064
---------------	-------------	-------------------

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

Name of Employer (for Individual) RIVERSIDE COUNTY	Occupation (for Individual) PHARMACIST
---	---

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
315.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		06		2016

Transaction ID : SA11AI.19479

Amount of Each Receipt this Period
35.00

Memo Item
CONTRIBUTION

B. BLAIR, SHARON, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1780 LOCKRIDGE CT

City WACONIA	State MN	Zip Code 55387
-----------------	-------------	-------------------

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

Name of Employer (for Individual) JOBS2WEB	Occupation (for Individual) ACCOUNTANT
---	---

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		12		2016

Transaction ID : SA11AI.19311

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

C. BOSS, RONALD, A, MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 13202 WORD OF LIFE DR

City HUDSON	State FL	Zip Code 34669
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
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Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2016

Transaction ID : SA11AI.19171

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	310.00
TOTAL This Period (last page this line number only).....▶	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.19479

0009108-0000426

Form/Schedule: SA11AI

Transaction ID: SA11AI.19311

0104023-0000273

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.19171

0029376-0000143

Form/Schedule:

Transaction ID:

**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 15 OF 133
	<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. BRISTOL, TERRY, O, MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1304 DUFF DR STE 2 OFC 5

City FORT COLLINS	State CO	Zip Code 80524
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) 344E FOOTHILLS PARKWAY FC COLORADO	Occupation (for Individual) ASSET MGR
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Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
342.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		06		2016

Transaction ID : SA11AI.19431

Amount of Each Receipt this Period
38.00

Memo Item
CONTRIBUTION

B. BROOKS, DEL, C, MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 12789 MUIRFIELD BLVD N

City JACKSONVILLE	State FL	Zip Code 32225
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SMURFIT STORE CONT. CORP	Occupation (for Individual) GEN MGR
---	--

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		02		2016

Transaction ID : SA11AI.19147

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

C. BROWN, MAVIS, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2741 E SHADY LN

City NEENAH	State WI	Zip Code 54956
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) STATE OF MINNESOTA	Occupation (for Individual) RETIRED
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Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		12		2016

Transaction ID : SA11AI.19297

Amount of Each Receipt this Period
200.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	288.00
TOTAL This Period (last page this line number only).....	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.19431

0024811-0000379

Form/Schedule: SA11AI

Transaction ID: SA11AI.19147

0012784-0000120

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.19297

0110204-0000260

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 18 OF 133
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

A. BROWN, MAVIS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2741 E SHADY LN
 City NEENAH State WI Zip Code 54956
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) STATE OF MINNESOTA Occupation (for Individual) RETIRED
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2016
Transaction ID : SA11AI.19298
 Amount of Each Receipt this Period
 100.00
 Memo Item
 CONTRIBUTION

B. BROWN, WENDELL, , MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 300 N FILLMORE ST
 City ARLINGTON State VA Zip Code 22201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 345.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 01 / 2016
Transaction ID : SA11AI.19064
 Amount of Each Receipt this Period
 50.00
 Memo Item
 CONTRIBUTION

C. BROWN, WENDELL, , MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 300 N FILLMORE ST
 City ARLINGTON State VA Zip Code 22201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 370.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2016
Transaction ID : SA11AI.19065
 Amount of Each Receipt this Period
 25.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	175.00
TOTAL This Period (last page this line number only).....▶	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.19298

0110204-0000261

Form/Schedule: SA11AI

Transaction ID: SA11AI.19064

0107255-0000043

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.19065

0107255-0000044

Form/Schedule:

Transaction ID:

**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 21 OF 133
	<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. BROWN, WENDELL, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 300 N FILLMORE ST

City ARLINGTON	State VA	Zip Code 22201
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
390.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		17		2016

Transaction ID : SA11AI.19066

Amount of Each Receipt this Period
20.00

Memo Item
CONTRIBUTION

B. BROWN, WENDELL, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 300 N FILLMORE ST

City ARLINGTON	State VA	Zip Code 22201
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
425.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		19		2016

Transaction ID : SA11AI.19067

Amount of Each Receipt this Period
35.00

Memo Item
CONTRIBUTION

C. BURAK, STEPHEN, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2580 STONERIDGE DR

City COLORADO SPRINGS	State CO	Zip Code 80919
--------------------------	-------------	-------------------

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

Name of Employer (for Individual) CRU	Occupation (for Individual) SPORTS MINISTRY
--	--

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
525.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2016

Transaction ID : SA11AI.19435

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	155.00
TOTAL This Period (last page this line number only).....▶	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.19066

0107255-0000045

Form/Schedule: SA11AI

Transaction ID: SA11AI.19067

0107255-0000046

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.19435

0111144-0000383

Form/Schedule:

Transaction ID:

**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 24 OF 133
	<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. BUTTS, RAY, F, LT COL,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 541 PINE FOREST TRL

City ORANGE PARK	State FL	Zip Code 32073
---------------------	-------------	-------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		13		2016

Transaction ID : SA11AI.19142

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

B. CANTY, EARLE, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6212 S RANCH PARK LN

City SPOKANE	State WA	Zip Code 99206
-----------------	-------------	-------------------

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

Name of Employer (for Individual) INTUITIVE SURGICAL	Occupation (for Individual) SR.DIRECTOR
---	--

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
650.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		18		2016

Transaction ID : SA11AI.19550

Amount of Each Receipt this Period
200.00

Memo Item
CONTRIBUTION

C. CARDONE, MICHAEL, , MR, JR
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 24 N BRYN MAWR AVE PMB #153

City BRYN MAWR	State PA	Zip Code 19010
-------------------	-------------	-------------------

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

Name of Employer (for Individual) CARDONE INDUSTRIES INC.	Occupation (for Individual) RETIRED
--	--

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		15		2016

Transaction ID : SA11AI.19049

Amount of Each Receipt this Period
5000.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	5225.00
TOTAL This Period (last page this line number only).....	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.19142

0104151-0000117

Form/Schedule: SA11AI

Transaction ID: SA11AI.19550

0103911-0000493

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.19049

0110279-0000027

Form/Schedule:

Transaction ID:

**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 27 OF 133
	<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. CHENOWETH, CHARLES, DAN, MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5515 W RICHEY RD

City HOUSTON	State TX	Zip Code 77066
-----------------	-------------	-------------------

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

Name of Employer (for Individual) EXECUTIVE	Occupation (for Individual) RETIRED
--	--

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		27		2016

Transaction ID : SA11AI.19395

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

B. COATES, TOM, M, MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1515 E 17TH ST

City NORWALK	State IA	Zip Code 50211
-----------------	-------------	-------------------

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

Name of Employer (for Individual) CCDM	Occupation (for Individual) PRESIDENT
---	--

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		12		2016

Transaction ID : SA11AI.19276

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

C. COLLINS, LYNNE, , MRS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8 QUAIL XING

City MORAGA	State CA	Zip Code 94556
----------------	-------------	-------------------

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

Name of Employer (for Individual) N/A	Occupation (for Individual) RETIRED
--	--

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		19		2016

Transaction ID : SA11AI.19515

Amount of Each Receipt this Period
200.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	500.00
TOTAL This Period (last page this line number only).....	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.19395

0111232-0000347

Form/Schedule: SA11AI

Transaction ID: SA11AI.19276

0104086-0000241

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.19515

0108925-0000460

Form/Schedule:

Transaction ID:

**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 30 OF 133
<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. COOLEY, RICHARD, E, MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 617 KESTREL CT

City WOODSTOCK	State VA	Zip Code 22664
-------------------	-------------	-------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		01		2016

Transaction ID : SA11AI.19070

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

B. COOLEY, RICHARD, E, MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 617 KESTREL CT

City WOODSTOCK	State VA	Zip Code 22664
-------------------	-------------	-------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		18		2016

Transaction ID : SA11AI.19071

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

C. DAU, PEGGY, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1311 S MADISON BLVD

City BARTLESVILLE	State OK	Zip Code 74006
----------------------	-------------	-------------------

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

Name of Employer (for Individual) THE VOICE OF THE MARTYRS	Occupation (for Individual) SPECIAL LIASON REPRESENTATIVE
---	--

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		12		2016

Transaction ID : SA11AI.19379

Amount of Each Receipt this Period
150.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	250.00
TOTAL This Period (last page this line number only).....▶	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.19070

0001316-0000048

Form/Schedule: SA11AI

Transaction ID: SA11AI.19071

0001316-0000049

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.19379

0111829-0000335

Form/Schedule:

Transaction ID:

**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 33 OF 133
	<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. DAVIES, MAUREEN, , MRS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2249 VIA VERDE

City EL CAJON	State CA	Zip Code 92019
------------------	-------------	-------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		01		2016

Transaction ID : SA11AI.19475

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

B. DAVIES, MAUREEN, , MRS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2249 VIA VERDE

City EL CAJON	State CA	Zip Code 92019
------------------	-------------	-------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		15		2016

Transaction ID : SA11AI.19476

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

C. DEBLIEK, DOREEN, J, MRS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5009 GRANDVIEW CIR

City MIDLAND	State MI	Zip Code 48640
-----------------	-------------	-------------------

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

Name of Employer (for Individual) N/A	Occupation (for Individual) RETIRED
--	--

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		19		2016

Transaction ID : SA11AI.19257

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	250.00
TOTAL This Period (last page this line number only).....	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.19475

0107988-0000421

Form/Schedule: SA11AI

Transaction ID: SA11AI.19476

0107988-0000422

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.19257

0072207-0000225

Form/Schedule:

Transaction ID:

**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 36 OF 133
	<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	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

A. DIERDORFF, TODD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6631 FOXDALE CIR
 City COLORADO SPRINGS State CO Zip Code 80919
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) N/A Occupation (for Individual) RETIRED
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 17 / 2016
Transaction ID : SA11AI.19436
 Amount of Each Receipt this Period 50.00
 Memo Item
CONTRIBUTION

B. EGLOFF, CRAIG, W, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 27001 HIGHWAY 128
 City YORKVILLE State CA Zip Code 95494
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) JAYMES & JAYMES Occupation (for Individual) INSURANCE BROKER
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1725.00

Date of Receipt 09 / 09 / 2016
Transaction ID : SA11AI.19524
 Amount of Each Receipt this Period 100.00
 Memo Item
CONTRIBUTION

C. EYESTONE, MAYNARD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2803 E WINGER RD
 City MEAD State WA Zip Code 99021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 15 / 2016
Transaction ID : SA11AI.19548
 Amount of Each Receipt this Period 100.00
 Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	250.00
TOTAL This Period (last page this line number only).....	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.19436

0110955-0000384

Form/Schedule: SA11AI

Transaction ID: SA11AI.19524

0101847-0000469

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.19548

0111489-0000491

Form/Schedule:

Transaction ID:

**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 39 OF 133
<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. EYESTONE, MAYNARD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2803 E WINGER RD
 City MEAD State WA Zip Code 99021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 17 / 2016
Transaction ID : SA11AI.19549
 Amount of Each Receipt this Period
 25.00
 Memo Item
 CONTRIBUTION

B. FLEISCHMAN, RON, B, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 171 HERITAGE PKWY W
 City DECATUR State TX Zip Code 76234
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CDI Occupation (for Individual) BUSINESS OWNER
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 428.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 13 / 2016
Transaction ID : SA11AI.19389
 Amount of Each Receipt this Period
 100.00
 Memo Item
 CONTRIBUTION

C. FREUDENTHAL, FRANK, D, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4202 CASTLEGATE CT
 City SAINT JOSEPH State MO Zip Code 64505
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ALTEC INDUSTRIES- INC. Occupation (for Individual) RETIRED- NOW DOING SOME CONSL
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 19 / 2016
Transaction ID : SA11AI.19353
 Amount of Each Receipt this Period
 200.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	325.00
TOTAL This Period (last page this line number only).....	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.19549

0111489-0000492

Form/Schedule: SA11AI

Transaction ID: SA11AI.19389

0103698-0000343

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.19353

0098609-0000310

Form/Schedule:

Transaction ID:

**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 42 OF 133
	<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	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

A. FRIEND, FRANCIS, L, MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2125 LUANN LN APT 6

City MADISON	State WI	Zip Code 53713
-----------------	-------------	-------------------

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

Name of Employer (for Individual) SELF	Occupation (for Individual) CONSULTANT
---	---

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		06		2016

Transaction ID : SA11AI.19295

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

B. GUSTKE, CARL, W, MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 233 STATON RD

City CABOT	State AR	Zip Code 72023
---------------	-------------	-------------------

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

Name of Employer (for Individual) FEDERAL EX - (WIFE) REBSAMEN R. H.	Occupation (for Individual) PILOT - WIFE DEBORAH-RN
---	--

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		06		2016

Transaction ID : SA11AI.19371

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

C. HARPER, LOU, ANNE, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4135 SANDRIDGE DR

City JACKSON	State MS	Zip Code 39211
-----------------	-------------	-------------------

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

Name of Employer (for Individual) SELF EMPLOYED	Occupation (for Individual) HOUSEWIFE
--	--

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		19		2016

Transaction ID : SA11AI.19204

Amount of Each Receipt this Period
150.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	250.00
TOTAL This Period (last page this line number only).....	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.19295

0100234-0000258

Form/Schedule: SA11AI

Transaction ID: SA11AI.19371

0022519-0000327

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.19204

0109135-0000178

Form/Schedule:

Transaction ID:

**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 45 OF 133
	<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. HASKINS, PAULETTE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5359 HARRISON RD
 City PARADISE State CA Zip Code 95969
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ADVENTIST HEALTH Occupation (for Individual) REGISTERED NURSE
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 09 / 16 / 2016
Transaction ID : SA11AI.19526
 Amount of Each Receipt this Period 25.00
 Memo Item CONTRIBUTION

B. HEDRICK, CATHLEEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2200 CENTREPARK WEST DRIVE #100
 City WEST PALM BEACH State FL Zip Code 33409
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HOMEMAKER Occupation (for Individual) HOMEMAKER
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 09 / 15 / 2016
Transaction ID : SA11AI.19161
 Amount of Each Receipt this Period 4000.00
 Memo Item CONTRIBUTION

C. HENDERSON, BRUCE, T, MR, MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3730 BURNING TREE DR
 City BLOOMFIELD State MI Zip Code 48302
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OAKLAND ORTHOPEDIC PARTNERS Occupation (for Individual) ORTHOPEDIC SURGEON
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 13 / 2016
Transaction ID : SA11AI.19251
 Amount of Each Receipt this Period 500.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	4525.00
TOTAL This Period (last page this line number only).....	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.19526

0108765-0000471

Form/Schedule: SA11AI

Transaction ID: SA11AI.19161

0047814-0000132

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.19251

0005155-0000219

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 48 OF 133
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

A. HENRY, BRIAN, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2495 DELLWOOD DR NW

City ATLANTA	State GA	Zip Code 30305
-----------------	-------------	-------------------

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

Name of Employer (for Individual) GEORGIA SIGN COMPANY	Occupation (for Individual) VP GEORGIA SIGN CO
---	---

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		19		2016

Transaction ID : SA11AI.19124

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

B. HIERONYMUS, MARK, E, MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3595 PROVIDENT CT

City MOBILE	State AL	Zip Code 36608
----------------	-------------	-------------------

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

Name of Employer (for Individual) HIERONYMUS CPAS- LLC	Occupation (for Individual) CPA
---	------------------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2016

Transaction ID : SA11AI.19186

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

C. HILL, MARGARET, L, MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 128 REGENT PL

City NEENAH	State WI	Zip Code 54956
----------------	-------------	-------------------

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

Name of Employer (for Individual) HOMEMAKER	Occupation (for Individual) HOMEMAKER
--	--

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		19		2016

Transaction ID : SA11AI.19299

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	225.00
TOTAL This Period (last page this line number only).....▶	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.19124

0104954-0000098

Form/Schedule: SA11AI

Transaction ID: SA11AI.19186

0103581-0000159

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.19299

0111955-0000263

Form/Schedule:

Transaction ID:

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

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

FOR LINE NUMBER: PAGE 51 OF 133
(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. HOCEVAR, JOHN, , MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25840 CHARDON RD
 City CLEVELAND State OH Zip Code 44143
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) AGENTS CHOICE INSURANCE AGENCY Occupation (for Individual) ENTREPENUER - INSURANCE
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 15 / 2016
Transaction ID : SA11AI.19220
 Amount of Each Receipt this Period 500.00
 Memo Item CONTRIBUTION

B. HOWIE, CLAYTON, L, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1673 POPLAR LN
 City CAMANO ISLAND State WA Zip Code 98282
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) THE SEATTLE TIMES COMPANY Occupation (for Individual) DISTRICT MANAGER
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 13 / 2016
Transaction ID : SA11AI.19541
 Amount of Each Receipt this Period 25.00
 Memo Item CONTRIBUTION

C. HULL, DIANA, E, MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3000 LEWIS RD
 City RIVERTON State WY Zip Code 82501
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) SELF-EMPLOYED
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 13 / 2016
Transaction ID : SA11AI.19442
 Amount of Each Receipt this Period 100.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 625.00
TOTAL This Period (last page this line number only)..... ▶

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.19220

0107941-0000192

Form/Schedule: SA11AI

Transaction ID: SA11AI.19541

0100387-0000484

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.19442

0008315-0000389

Form/Schedule:

Transaction ID:

**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 54 OF 133
	<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. JACKSON, F, SCOTT, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15 HILLSBOROUGH
 City NEWPORT BEACH State CA Zip Code 92660
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) JACKSONTIDUS Occupation (for Individual) LAWYER
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 16 / 2016
Transaction ID : SA11AI.19497
 Amount of Each Receipt this Period
 100.00
 Memo Item
 CONTRIBUTION

B. JOHANSEN, MARC, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6403 RECREATION LN
 City FALLS CHURCH State VA Zip Code 22041
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BOEING Occupation (for Individual) BUSINESS
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 13 / 2016
Transaction ID : SA11AI.19063
 Amount of Each Receipt this Period
 1000.00
 Memo Item
 CONTRIBUTION

C. JOHNSON, ALDEN, P, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5010 LA BARRANCA ST
 City SAN ANTONIO State TX Zip Code 78233
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) MORTGAGE LOAN OFFICER
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 06 / 2016
Transaction ID : SA11AI.19411
 Amount of Each Receipt this Period
 25.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	1125.00
TOTAL This Period (last page this line number only).....	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.19497

0112005-0000442

Form/Schedule: SA11AI

Transaction ID: SA11AI.19063

0111064-0000041

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.19411

0104518-0000362

Form/Schedule:

Transaction ID:

**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 57 OF 133
	<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. JOHNSTON, MARK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2029 SUNSET LAKE RD
 City BENSON State VT Zip Code 05743
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) SELF Occupation (for Individual) VETERINARIAN
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 19 / 2016
Transaction ID : SA11AI.19019
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION

B. KAGAN, TIM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 400
 City EASTON State MD Zip Code 21601
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) SELF Occupation (for Individual) REAL ESTATE
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 16 / 2016
Transaction ID : SA11AI.19059
 Amount of Each Receipt this Period
 500.00
 Memo Item
 CONTRIBUTION

C. KAZMIERZAK, JAMES, J, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11808 EAGLE VIEW CT
 City FORT WAYNE State IN Zip Code 46814
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) SELF Occupation (for Individual) SALES
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1098.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 19 / 2016
Transaction ID : SA11AI.19243
 Amount of Each Receipt this Period
 122.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	872.00
TOTAL This Period (last page this line number only).....	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.19019

0112135-0000005

Form/Schedule: SA11AI

Transaction ID: SA11AI.19059

0107447-0000036

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.19243

0111250-0000212

Form/Schedule:

Transaction ID:

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

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

FOR LINE NUMBER: PAGE 60 OF 133
(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. KEISLING, JOHN, D, DR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 35 ERICA LN
 City BELEN State NM Zip Code 87002
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) LEIDOS Occupation (for Individual) SCIENTIST
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 15 / 2016
Transaction ID : SA11AI.19464
 Amount of Each Receipt this Period 40.00
 Memo Item
 CONTRIBUTION

B. KERKSTRA, HENDRIK, , MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1224 ATWATER ST
 City CHULA VISTA State CA Zip Code 91913
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 09 / 09 / 2016
Transaction ID : SA11AI.19474
 Amount of Each Receipt this Period 30.00
 Memo Item
 CONTRIBUTION

C. KNAPP, JACK, , MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2800 PIN OAK LN
 City SANDSTON State VA Zip Code 23150
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) VAIB Occupation (for Individual) RETIRED
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 14 / 2016
Transaction ID : SA11AI.19076
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶ 170.00
TOTAL This Period (last page this line number only).....▶

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.19464

0100128-0000410

Form/Schedule: SA11AI

Transaction ID: SA11AI.19474

0103362-0000420

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.19076

0010877-0000054

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 63 OF 133
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

A. KRAUSE, JOSEPH, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 189

City WILLCOX	State AZ	Zip Code 85644
-----------------	-------------	-------------------

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

Name of Employer (for Individual) SELF	Occupation (for Individual) ENGINEER
---	---

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		12		2016

Transaction ID : SA11AI.19455

Amount of Each Receipt this Period
200.00

Memo Item
CONTRIBUTION

B. KRAUSE, JOSEPH, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 189

City WILLCOX	State AZ	Zip Code 85644
-----------------	-------------	-------------------

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

Name of Employer (for Individual) SELF	Occupation (for Individual) ENGINEER
---	---

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2016

Transaction ID : SA11AI.19456

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

C. KRAUSE, JOSEPH, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 189

City WILLCOX	State AZ	Zip Code 85644
-----------------	-------------	-------------------

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

Name of Employer (for Individual) SELF	Occupation (for Individual) ENGINEER
---	---

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		17		2016

Transaction ID : SA11AI.19457

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	1300.00
TOTAL This Period (last page this line number only).....▶	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.19455

0108807-0000401

Form/Schedule: SA11AI

Transaction ID: SA11AI.19456

0108807-0000402

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.19457

0108807-0000403

Form/Schedule:

Transaction ID:

**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 66 OF 133
	<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. KUESTER, BOYD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 260 S STEWART ST
 City NORTH LIBERTY State IA Zip Code 52317
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ESSENCE OF LIFE HOSPICE Occupation (for Individual) PASTOR/CHAPLAIN
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 09 / 16 / 2016
Transaction ID : SA11AI.19291
 Amount of Each Receipt this Period 50.00
 Memo Item CONTRIBUTION

B. KUK, THOMAS, J, Mrs.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 32265 WEEPING WILLOW STREET
 City TRABUCO CANYON State CA Zip Code 92679
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HOMEMAKER Occupation (for Individual) HOMEMAKER
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 510.00

Date of Receipt 09 / 26 / 2016
Transaction ID : SA11AI.19502
 Amount of Each Receipt this Period 55.00
 Memo Item CONTRIBUTION

C. LEONARD, WILLIAM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6100 LAKE FORREST DR
 City ATLANTA State GA Zip Code 30328
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) WM. LEONARD & CO. Occupation (for Individual) REAL ESTATE
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 15 / 2016
Transaction ID : SA11AI.19126
 Amount of Each Receipt this Period 500.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	605.00
TOTAL This Period (last page this line number only).....	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.19291

0111301-0000254

Form/Schedule: SA11AI

Transaction ID: SA11AI.19502

0015893-0000447

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.19126

0111504-0000101

Form/Schedule:

Transaction ID:

**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 69 OF 133
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

A. LIPPERT, STEVE, J, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6829 JENNIFER LYNN DR
 City CINCINNATI State OH Zip Code 45248
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) HAMILTON CASTER Occupation (for Individual) BUSINESS
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 09 / 19 / 2016
Transaction ID : SA11AI.19225
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

B. MARQUESEN, LINDA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3612 SESAME STREET
 City BAKERSFIELD State CA Zip Code 93309
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED TEACHER
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 15 / 2016
Transaction ID : SA11AI.19511
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION

C. MCANEAR, JON, TOM, DR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12131 STOCKHOLM
 City SAN ANTONIO State TX Zip Code 78230
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) SELF Occupation (for Individual) OMSURGEON
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 09 / 19 / 2016
Transaction ID : SA11AI.19410
 Amount of Each Receipt this Period 1000.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	1350.00
TOTAL This Period (last page this line number only).....	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.19225

0104594-0000197

Form/Schedule: SA11AI

Transaction ID: SA11AI.19511

0112009-0000456

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.19410

0102083-0000360

Form/Schedule:

Transaction ID:

**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 72 OF 133
	<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. MCCONNELL, BONNIE, , MRS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6960 CITRUS DRIVE

City SEMINOLE	State FL	Zip Code 33772
------------------	-------------	-------------------

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

Name of Employer (for Individual) PUBLIC SCHOOL SYSTEM	Occupation (for Individual) TEACHER
---	--

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		02		2016

Transaction ID : SA11AI.19167

Amount of Each Receipt this Period
30.00

Memo Item
CONTRIBUTION

B. MITCHELL, ROBERT, L, MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4127 BEECHWOOD DR NW

City ATLANTA	State GA	Zip Code 30327
-----------------	-------------	-------------------

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

Name of Employer (for Individual) APPLIED CERAMICS- INC.	Occupation (for Individual) ENGINEER
---	---

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2016

Transaction ID : SA11AI.19125

Amount of Each Receipt this Period
200.00

Memo Item
CONTRIBUTION

C. MOLEN, BRUCE, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2232 S LEGACY DR

City ST GEORGE	State UT	Zip Code 84770
-------------------	-------------	-------------------

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

Name of Employer (for Individual) MOLEN ORTHODONTICS	Occupation (for Individual) ORTHODONTIST
---	---

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		12		2016

Transaction ID : SA11AI.19449

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	330.00
TOTAL This Period (last page this line number only).....▶	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.19167

0108135-0000138

Form/Schedule: SA11AI

Transaction ID: SA11AI.19125

0101506-0000099

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.19449

0111227-0000395

Form/Schedule:

Transaction ID:

**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 75 OF 133
	<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. MORRISON, DAVID, , DR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1802 CROOM DR

City MONTGOMERY	State AL	Zip Code 36106
--------------------	-------------	-------------------

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

Name of Employer (for Individual) SELF	Occupation (for Individual) PHYSICIAN
---	--

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		12		2016

Transaction ID : SA11AI.19182

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

B. NEWTON, JEAN, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1330 COOSA RIVER RD

City DEATSVILLE	State AL	Zip Code 36022
--------------------	-------------	-------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		06		2016

Transaction ID : SA11AI.19181

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

C. NICHOLS, JOHN, , MR, JR
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1654 LA JOLLA RANCHO RD

City LA JOLLA	State CA	Zip Code 92037
------------------	-------------	-------------------

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

Name of Employer (for Individual) SELF	Occupation (for Individual) SELF
---	-------------------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2016

Transaction ID : SA11AI.19478

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	375.00
TOTAL This Period (last page this line number only).....	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.19182

0003940-0000154

Form/Schedule: SA11AI

Transaction ID: SA11AI.19181

0106562-0000153

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.19478

0105158-0000425

Form/Schedule:

Transaction ID:

**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 78 OF 133
	<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	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

A. NOBLE, ELIZABETH, J, MRS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4015 OAK HARBOUR CIR

City GAINESVILLE	State GA	Zip Code 30506
---------------------	-------------	-------------------

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

Name of Employer (for Individual) SELF-EMPLOYED	Occupation (for Individual) INDEPENDENT CONSULTANT
--	---

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		17		2016

Transaction ID : SA11AI.19131

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

B. PACK, MIKE, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2741 DE LA BRIANDAIS CT

City PINOLE	State CA	Zip Code 94564
----------------	-------------	-------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
270.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		15		2016

Transaction ID : SA11AI.19516

Amount of Each Receipt this Period
20.00

Memo Item
CONTRIBUTION

C. PARK, ALAN, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 15949 KENNICOTT LANE

City SAN DIEGO	State CA	Zip Code 92127
-------------------	-------------	-------------------

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

Name of Employer (for Individual) AFFECTIVA- INC	Occupation (for Individual) SALES VP
---	---

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		18		2016

Transaction ID : SA11AI.19482

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	145.00
TOTAL This Period (last page this line number only).....▶	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.19131

0083557-0000108

Form/Schedule: SA11AI

Transaction ID: SA11AI.19516

0012630-0000462

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.19482

0112071-0000429

Form/Schedule:

Transaction ID:

**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 81 OF 133
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

A. PARSONS, TOM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13657 SE FLORA AVE
 City HOBE SOUND State FL Zip Code 33455
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) DRYWALL CONTRACTOR
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 16 / 2016
Transaction ID : SA11AI.19165
 Amount of Each Receipt this Period
 100.00
 Memo Item
CONTRIBUTION

B. PARTIN, ANNE, , MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 256 FOXHUNT LN
 City HENDERSONVILLE State NC Zip Code 28791
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NOT APPLICABLE Occupation (for Individual) HOMEMAKER
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 12 / 2016
Transaction ID : SA11AI.19104
 Amount of Each Receipt this Period
 100.00
 Memo Item
CONTRIBUTION

C. PARTIN, ANNE, , MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 256 FOXHUNT LN
 City HENDERSONVILLE State NC Zip Code 28791
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NOT APPLICABLE Occupation (for Individual) HOMEMAKER
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 19 / 2016
Transaction ID : SA11AI.19105
 Amount of Each Receipt this Period
 100.00
 Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.19165

0112010-0000136

Form/Schedule: SA11AI

Transaction ID: SA11AI.19104

0106804-0000081

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.19105

0106804-0000082

Form/Schedule:

Transaction ID:

**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 84 OF 133
	<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. PECHULS, ROGER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1204 S BAYFRONT
 City BALBOA ISLAND State CA Zip Code 92662
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2016
Transaction ID : SA11AI.19499
 Amount of Each Receipt this Period
 500.00
 Memo Item
 CONTRIBUTION

B. PERRY, MICHAEL, L, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1009 CALLIE CT
 City KINGSPORT State TN Zip Code 37664
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) EASTMAN Occupation (for Individual) CIVIL ENGINEER
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 19 / 2016
Transaction ID : SA11AI.19195
 Amount of Each Receipt this Period
 100.00
 Memo Item
 CONTRIBUTION

C. PETERSON, GORDON, , MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3856 CALLE DEL ESTABLO
 City SAN CLEMENTE State CA Zip Code 92672
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) LAWYER
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 14 / 2016
Transaction ID : SA11AI.19501
 Amount of Each Receipt this Period
 100.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	700.00
TOTAL This Period (last page this line number only).....	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.19499

0112109-0000443

Form/Schedule: SA11AI

Transaction ID: SA11AI.19195

0022438-0000170

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.19501

0009209-0000446

Form/Schedule:

Transaction ID:

**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 87 OF 133
	<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. PHARRIS, NANCY, , MRS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 174 EMERALD BAY

City LAGUNA BEACH	State CA	Zip Code 92651
----------------------	-------------	-------------------

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

Name of Employer (for Individual) HOMEMAKER	Occupation (for Individual) HOMEMAKER
--	--

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		19		2016

Transaction ID : SA11AI.19495

Amount of Each Receipt this Period
300.00

Memo Item
CONTRIBUTION

B. POPE, DAVID, G, MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 8823

City HORSESHOE BAY	State TX	Zip Code 78657
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) RETIRED CPA	Occupation (for Individual) RETIRED
--	--

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2016

Transaction ID : SA11AI.19418

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

C. RAINES, THOMAS, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 405 PINEVIEW DR

City LAKE ODESSA	State MI	Zip Code 48849
---------------------	-------------	-------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2016

Transaction ID : SA11AI.19260

Amount of Each Receipt this Period
300.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	700.00
TOTAL This Period (last page this line number only).....	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.19495

0103953-0000439

Form/Schedule: SA11AI

Transaction ID: SA11AI.19418

0105049-0000368

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.19260

0107997-0000228

Form/Schedule:

Transaction ID:

**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 90 OF 133
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

A. RASMUSSEN, RONALD, , MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9095 OAKWOOD AVE
 City NEENAH State WI Zip Code 54956
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PACCAIR/MAXAIR Occupation (for Individual) AVIATOR
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1050.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 12 / 2016
Transaction ID : SA11AI.19300
 Amount of Each Receipt this Period
 50.00
 Memo Item
CONTRIBUTION

B. RIGGS, PAUL, A, DR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 206 KEOMAH VLG
 City OSKALOOSA State IA Zip Code 52577
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MAHASKA HEALTH PARTNERSHIP Occupation (for Individual) PHYSICIAN
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 16 / 2016
Transaction ID : SA11AI.19292
 Amount of Each Receipt this Period
 25.00
 Memo Item
CONTRIBUTION

C. RISINGER, MIKE, D, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) STATE OF IL Occupation (for Individual) JUDGE
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 3600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 25 / 2016
Transaction ID : SA11AI.19339
 Amount of Each Receipt this Period
 800.00
 Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	875.00
TOTAL This Period (last page this line number only).....	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.19300

0106773-0000264

Form/Schedule: SA11AI

Transaction ID: SA11AI.19292

0005704-0000255

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.19339

0103251-0000298

Form/Schedule:

Transaction ID:

**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 93 OF 133
	<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. ROBILLARD, JEFFERY, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5028 LONGVIEW CT

City WEDDINGTON	State NC	Zip Code 28104
--------------------	-------------	-------------------

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

Name of Employer (for Individual) SKELETAL DYNAMICS	Occupation (for Individual) SALES
--	--------------------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		19		2016

Transaction ID : SA11AI.19095

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

B. SIMANDLE, WARREN, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2322 VISTA MADERA

City SANTA BARBARA	State CA	Zip Code 93101
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) SANTA BARBARA HIGH SCHOOL DIST	Occupation (for Individual) PUBLIC SCHOOL TEACHER
---	--

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		06		2016

Transaction ID : SA11AI.19509

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

C. SKINNER, RICK, B, MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 19111 SCENIC HIGHWAY 98

City FAIRHOPE	State AL	Zip Code 36532
------------------	-------------	-------------------

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

Name of Employer (for Individual) N/A	Occupation (for Individual) RETIRED ENGINEER
--	---

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.09

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		15		2016

Transaction ID : SA11AI.19185

Amount of Each Receipt this Period
25.01

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	150.01
TOTAL This Period (last page this line number only).....▶	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.19095

0112057-0000073

Form/Schedule: SA11AI

Transaction ID: SA11AI.19509

0009367-0000454

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.19185

0111973-0000158

Form/Schedule:

Transaction ID:

**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 96 OF 133
	<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. SLOSS, WILLIAM, L, MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 264 WEST LANE

City LAKE ZURICH	State IL	Zip Code 60047
---------------------	-------------	-------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
335.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		20		2016

Transaction ID : SA11AI.19327

Amount of Each Receipt this Period
125.00

Memo Item
CONTRIBUTION

B. SMITH, DEBORAH, E, MRS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3360 E TERRELL BRANCH CT SE

City MARIETTA	State GA	Zip Code 30067
------------------	-------------	-------------------

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

Name of Employer (for Individual) HOMEMAKER	Occupation (for Individual) HOMEMAKER
--	--

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		06		2016

Transaction ID : SA11AI.19117

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

C. SMITH, LINDA, C, MRS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 17618 REXWOOD ST

City LIVONIA	State MI	Zip Code 48152
-----------------	-------------	-------------------

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

Name of Employer (for Individual) ARBOR HOSPICE	Occupation (for Individual) RN
--	-----------------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		06		2016

Transaction ID : SA11AI.19249

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	175.00
TOTAL This Period (last page this line number only).....	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.19327

0034033-0000289

Form/Schedule: SA11AI

Transaction ID: SA11AI.19117

0027760-0000092

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.19249

0038656-0000217

Form/Schedule:

Transaction ID:

**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 99 OF 133
	<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. SNYDER, JAY, G, MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9591 N 56TH ST

City PARADISE VALLEY	State AZ	Zip Code 85253
-------------------------	-------------	-------------------

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

Name of Employer (for Individual) SNYDER NATIONWIDE REAL ESTATE	Occupation (for Individual) REAL ESTATE
--	--

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		15		2016

Transaction ID : SA11AI.19452

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

B. SPEED, LAKE, C, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4025 OLD SALISBURY CONCORD RD

City KANNAPOLIS	State NC	Zip Code 28083
--------------------	-------------	-------------------

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

Name of Employer (for Individual) SELF	Occupation (for Individual) REAL ESTATE MANAGER
---	--

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		19		2016

Transaction ID : SA11AI.19093

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

C. STADLER, JAMES, R, MRS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 314 WALNUT DR

City NASHVILLE	State TN	Zip Code 37205
-------------------	-------------	-------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) HOUSEWIFE
--	--

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		27		2016

Transaction ID : SA11AI.19193

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	625.00
TOTAL This Period (last page this line number only).....▶	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.19452

0014506-0000398

Form/Schedule: SA11AI

Transaction ID: SA11AI.19093

0027438-0000071

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.19193

0019059-0000167

Form/Schedule:

Transaction ID:

**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 102 OF 133
	<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. STEINBERG, TAMMY, E, MRS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 101 WINDINGHAM DR NW

City HUNTSVILLE	State AL	Zip Code 35806
--------------------	-------------	-------------------

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

Name of Employer (for Individual) HARRO APOTHERAPY	Occupation (for Individual) HOMEMAKER
---	--

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
205.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		06		2016

Transaction ID : SA11Al.19179

Amount of Each Receipt this Period
20.00

Memo Item
CONTRIBUTION

B. STEPHENSON, GLENN, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1407 GUSMUS AVE

City MUSCLE SHOALS	State AL	Zip Code 35661
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		15		2016

Transaction ID : SA11Al.19178

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

C. STIMPSON, FRED, T, MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 15 HILLWOOD RD

City MOBILE	State AL	Zip Code 36608
----------------	-------------	-------------------

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

Name of Employer (for Individual) CANFOR	Occupation (for Individual) PRESIDENT
---	--

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1950.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		12		2016

Transaction ID : SA11Al.19187

Amount of Each Receipt this Period
350.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	470.00
TOTAL This Period (last page this line number only).....	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.19179

0011951-0000151

Form/Schedule: SA11AI

Transaction ID: SA11AI.19178

0103916-0000150

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.19187

0101392-0000160

Form/Schedule:

Transaction ID:

**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 105 OF 133
	<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. STIMPSON, FRED, T, MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 15 HILLWOOD RD

City MOBILE	State AL	Zip Code 36608
----------------	-------------	-------------------

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

Name of Employer (for Individual) CANFOR	Occupation (for Individual) PRESIDENT
---	--

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2016

Transaction ID : SA11AI.19188

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

B. STRANDNESS, DOUGLAS, D, MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 727 SUMMIT AVE

City SAINT PAUL	State MN	Zip Code 55105
--------------------	-------------	-------------------

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

Name of Employer (for Individual) DUNBAR STRANDNESS INC	Occupation (for Individual) BUSINESS OWNER
--	---

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		13		2016

Transaction ID : SA11AI.19301

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

C. STUDE, STEPHEN, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 32797 820TH ST

City BREWSTER	State MN	Zip Code 56119
------------------	-------------	-------------------

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

Name of Employer (for Individual) SELF EMPLOYED	Occupation (for Individual) FARMER
--	---------------------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		06		2016

Transaction ID : SA11AI.19317

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	375.00
TOTAL This Period (last page this line number only).....	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.19188

0101392-0000161

Form/Schedule: SA11AI

Transaction ID: SA11AI.19301

0107177-0000265

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.19317

0006116-0000279

Form/Schedule:

Transaction ID:

**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 108 OF 133
	<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. SWISHER, MARK, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 24902 N POINT PL

City KATY	State TX	Zip Code 77494
--------------	-------------	-------------------

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

Name of Employer (for Individual) AVIARA ENERGY CORPORATION	Occupation (for Individual) ENGINEER
--	---

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		06		2016

Transaction ID : SA11AI.19401

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

B. TEODORO, CAROL, D, MRS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3008 E BAY DR NW

City GIG HARBOR	State WA	Zip Code 98335
--------------------	-------------	-------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2016

Transaction ID : SA11AI.19544

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

C. TRACY, CLIFFORD, F, MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 19361 BROOKHURST ST SPC 148

City HUNTINGTON BEACH	State CA	Zip Code 92646
--------------------------	-------------	-------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		13		2016

Transaction ID : SA11AI.19490

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	250.00
TOTAL This Period (last page this line number only).....	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.19401

0048257-0000353

Form/Schedule: SA11AI

Transaction ID: SA11AI.19544

0103402-0000487

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.19490

0100452-0000435

Form/Schedule:

Transaction ID:

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

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

FOR LINE NUMBER: PAGE 111 OF 133
(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. TRACY, CLIFFORD, F, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19361 BROOKHURST ST SPC 148
 City HUNTINGTON BEACH State CA Zip Code 92646
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 09 / 15 / 2016
Transaction ID : SA11AI.19491
 Amount of Each Receipt this Period 100.00
 Memo Item CONTRIBUTION

B. WATTS, LAWRENCE, A, MR, JR
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 204 A HICKORY STREET
 City GREENVILLE State NC Zip Code 27858
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 09 / 19 / 2016
Transaction ID : SA11AI.19092
 Amount of Each Receipt this Period 500.00
 Memo Item CONTRIBUTION

C. WEISERT, JIM, M, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6535 E SANTA AURELIA
 City TUCSON State AZ Zip Code 85715
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PROVIDENCE THREE Occupation (for Individual) SELF EMPLOYED
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 21 / 2016
Transaction ID : SA11AI.19458
 Amount of Each Receipt this Period 300.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶ 900.00
TOTAL This Period (last page this line number only).....▶

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.19491

0100452-0000436

Form/Schedule: SA11AI

Transaction ID: SA11AI.19092

0112064-0000069

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.19458

0104406-0000405

Form/Schedule:

Transaction ID:

**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 114 OF 133
	<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. WILLIS, WILLIAM, J, MRS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1194 DUNBROOKE LANE

City DUNWOODY	State GA	Zip Code 30338
------------------	-------------	-------------------

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

Name of Employer (for Individual) HOMEMAKER	Occupation (for Individual) HOMEMAKER
--	--

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		19		2016

Transaction ID : SA11AI.19128

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

B. WINN, TIM, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3325 CAMINO VALLAREAL

City ESCONDIDO	State CA	Zip Code 92029
-------------------	-------------	-------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		15		2016

Transaction ID : SA11AI.19477

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

C. WINTER, STEVEN, E, MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2104 BENTHAM WAY

City YUKON	State OK	Zip Code 73099
---------------	-------------	-------------------

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

Name of Employer (for Individual) FAA / MUSTANG PUBLIC SCHOOLS	Occupation (for Individual) RETIRED AVIATION SAFETY INSPEC
---	---

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		15		2016

Transaction ID : SA11AI.19373

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	850.00
TOTAL This Period (last page this line number only).....▶	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.19128

0100150-0000104

Form/Schedule: SA11AI

Transaction ID: SA11AI.19477

0103506-0000423

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.19373

0108960-0000329

Form/Schedule:

Transaction ID:

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

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

FOR LINE NUMBER: PAGE 117 OF 133
(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 of Individual (Last, First, Middle Initial) or Full Organization Name
WINTER, STEVEN, E, MR,
Mailing Address 2104 BENTHAM WAY
City YUKON State OK Zip Code 73099
FEC ID number of contributing federal political committee. C
Name of Employer (for Individual) FAA / MUSTANG PUBLIC SCHOOLS Occupation (for Individual) RETIRED AVIATION SAFETY INSPEC
Receipt For: 2016
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 1900.00

Date of Receipt 09 / 15 / 2016
Transaction ID : SA11AI.19374
Amount of Each Receipt this Period 1000.00
 Memo Item CONTRIBUTION

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
WROBETZ, GERRI, , ,
Mailing Address 414 HENRY DRIVE
City BELGRADE State MT Zip Code 59714
FEC ID number of contributing federal political committee. C
Name of Employer (for Individual) SELF Occupation (for Individual) RETIRED
Receipt For: 2016
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 16 / 2016
Transaction ID : SA11AI.19324
Amount of Each Receipt this Period 250.00
 Memo Item CONTRIBUTION

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address
City State Zip Code
FEC ID number of contributing federal political committee. C
Name of Employer (for Individual) Occupation (for Individual)
Receipt For:
 Primary General
 Other (specify)
Aggregate Year-to-Date ▼

Date of Receipt
Amount of Each Receipt this Period
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1250.00
TOTAL This Period (last page this line number only).....	28295.01

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.19374

0108960-0000330

Form/Schedule: SA11AI

Transaction ID: SA11AI.19324

0112112-0000285

**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 119 OF 133
<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. SAIC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P.O. BOX 43006

City PROVIDENCE	State RI	Zip Code 02940
--------------------	-------------	-------------------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
378.02

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		13		2016

Transaction ID : SA17.19584

Amount of Each Receipt this Period
341.00

Memo Item
INTEREST DIVIDEND PAYMENT

B.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y

Amount of Each Receipt this Period

Memo Item

C.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	341.00
TOTAL This Period (last page this line number only).....	341.00

**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"/> 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

Full Name (Last, First, Middle Initial)

A. 1st VIRGINIA COMMUNITY BANK

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		02		2016

Mailing Address 11325 RANDOM HILLS RD

FEC Identification Number

C []
Transaction ID : SB21B.19555
 Amount of Each Disbursement this Period
 [] 39.96

City FAIRFAX State VA Zip Code 22030

Purpose of Disbursement
BANK FEES

[]
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
 State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Memo Item

Full Name (Last, First, Middle Initial)

B. AMERICAN EXPRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		01		2016

Mailing Address P.O. BOX 299051

FEC Identification Number

C []
Transaction ID : SB21B.19553
 Amount of Each Disbursement this Period
 [] 7.95

City FT. LAUDERDALE State FL Zip Code 33329

Purpose of Disbursement
BANK FEES

[]
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
 State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Memo Item

Full Name (Last, First, Middle Initial)

C. AMERICAN EXPRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		06		2016

Mailing Address P.O. BOX 299051

FEC Identification Number

C []
Transaction ID : SB21B.19556
 Amount of Each Disbursement this Period
 [] 0.78

City FT. LAUDERDALE State FL Zip Code 33329

Purpose of Disbursement
BANK FEES

[]
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
 State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

[] 48.69
 []

**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"/> 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. AMERICAN VALUES

Full Name (Last, First, Middle Initial)

Mailing Address 2800 S SHIRLINGTON RD #950

City ARLINGTON State VA Zip Code 22206

Purpose of Disbursement RENT

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 09 / 29 / 2016

FEC Identification Number: C

Transaction ID : SB21B.19568

Amount of Each Disbursement this Period: 533.34

Memo Item

B. AUTHORIZE.NET

Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 8999

City SAN FRANCISCO State CA Zip Code 94128

Purpose of Disbursement BANK FEES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 09 / 02 / 2016

FEC Identification Number: C

Transaction ID : SB21B.19554

Amount of Each Disbursement this Period: 38.73

Memo Item

C. BAUER, GARY, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 2800 S SHIRLINGTON RD #930

City ARLINGTON State VA Zip Code 22206

Purpose of Disbursement PAC CONSULTING POLITICAL AND ADMIN

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 09 / 29 / 2016

FEC Identification Number: C

Transaction ID : SB21B.19574

Amount of Each Disbursement this Period: 6750.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 7322.07

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"/> 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. BB&T

Full Name (Last, First, Middle Initial)

Mailing Address 2800 S Quincy St.

City Arlington State VA Zip Code 22206

Purpose of Disbursement BANK FEES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 09 / 09 / 2016

FEC Identification Number: C

Transaction ID : SB21B.19560

Amount of Each Disbursement this Period: 26.95

Memo Item

B. BB&T

Full Name (Last, First, Middle Initial)

Mailing Address 2800 S Quincy St.

City Arlington State VA Zip Code 22206

Purpose of Disbursement BANK FEES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 09 / 15 / 2016

FEC Identification Number: C

Transaction ID : SB21B.19557

Amount of Each Disbursement this Period: 416.97

Memo Item

C. BB&T

Full Name (Last, First, Middle Initial)

Mailing Address 2800 S Quincy St.

City Arlington State VA Zip Code 22206

Purpose of Disbursement BANK FEES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 09 / 21 / 2016

FEC Identification Number: C

Transaction ID : SB21B.19552

Amount of Each Disbursement this Period: 82.75

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 526.67

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"/> 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

Full Name (Last, First, Middle Initial) A. CASTLE STRATEGIES		Date of Disbursement MM / DD / YYYY 09 / 09 / 2016
Mailing Address 11105 HARROWFIELD ROAD		FEC Identification Number C [] Transaction ID : SB21B.19561 Amount of Each Disbursement this Period [] 2500.00
City CHARLOTTE	State NC	Zip Code 28226
Purpose of Disbursement PAC SOCIAL MEDIA CONSULTING		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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. CITY OF ALEXANDRIA		Date of Disbursement MM / DD / YYYY 09 / 29 / 2016
Mailing Address P.O. BOX 178		FEC Identification Number C [] Transaction ID : SB21B.19570 Amount of Each Disbursement this Period [] 202.19
City ALEXANDRIA	State VA	Zip Code 22313
Purpose of Disbursement PROPERTY 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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. COMCAST		Date of Disbursement MM / DD / YYYY 09 / 29 / 2016
Mailing Address P.O. BOX 3005		FEC Identification Number C [] Transaction ID : SB21B.19571 Amount of Each Disbursement this Period [] 262.49
City SOUTHEASTERN	State PA	Zip Code 19398
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:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[] 2964.68
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"/> 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

Full Name (Last, First, Middle Initial)

A. DEER PARK

Mailing Address P.O. BOX 52271

City PHOENIX State AZ Zip Code 85072

Purpose of Disbursement
OFFICE EXPENSE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 09 / 2016

FEC Identification Number

C
Transaction ID : SB21B.19565
Amount of Each Disbursement this Period
51.66

Memo Item

Full Name (Last, First, Middle Initial)

B. FEDERAL EXPRESS

Mailing Address P.O. BOX 1140

City MEMPHIS State TN Zip Code 28101

Purpose of Disbursement
SHIPPING FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 09 / 2016

FEC Identification Number

C
Transaction ID : SB21B.19566
Amount of Each Disbursement this Period
21.80

Memo Item

Full Name (Last, First, Middle Initial)

C. FEDERAL EXPRESS

Mailing Address P.O. BOX 1140

City MEMPHIS State TN Zip Code 28101

Purpose of Disbursement
SHIPPING FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 29 / 2016

FEC Identification Number

C
Transaction ID : SB21B.19573
Amount of Each Disbursement this Period
21.70

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

95.16

**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"/> 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

Full Name (Last, First, Middle Initial)

A. HELLER INFORMATION SERVICES

Mailing Address 30 W GUDE DR, #220

City ROCKVILLE State MD Zip Code 20850

Purpose of Disbursement
COMPUTER SERVICES

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 29 / 2016

FEC Identification Number

C
Transaction ID : SB21B.19575
Amount of Each Disbursement this Period
211.50

Memo Item

Full Name (Last, First, Middle Initial)

B. IRON MOUNTAIN

Mailing Address P.O. BOX 27128

City NEW YORK State NY Zip Code 10087

Purpose of Disbursement
STORAGE FEES

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 09 / 2016

FEC Identification Number

C
Transaction ID : SB21B.19567
Amount of Each Disbursement this Period
356.94

Memo Item

Full Name (Last, First, Middle Initial)

C. 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: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 09 / 2016

FEC Identification Number

C
Transaction ID : SB21B.19578
Amount of Each Disbursement this Period
169.29

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

737.73

**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"/> 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

Full Name (Last, First, Middle Initial)

A. 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: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 29 / 2016

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.19589

Amount of Each Disbursement this Period

[REDACTED] 553.09

Memo Item

Full Name (Last, First, Middle Initial)

B. MOELLER, BILL, , ,

Mailing Address 2800 S SHIRLINGTON RD #930

City ARLINGTON State VA Zip Code 22206

Purpose of Disbursement
PAC CONSULTING RESEARCHER/ WRITER

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 29 / 2016

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.19569

Amount of Each Disbursement this Period

[REDACTED] 2250.00

Memo Item

Full Name (Last, First, Middle Initial)

C. OFFICE SHREDDING

Mailing Address 6500 KANE WAY

City ELKRIDGE State MD Zip Code 21075

Purpose of Disbursement
OFFICE EXPENSE

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 29 / 2016

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.19576

Amount of Each Disbursement this Period

[REDACTED] 45.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

[REDACTED] 2848.09

[REDACTED]

**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"/> 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. Velezis, Dorie, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 2800 S Shirlington Rd #930

City Arlington State VA Zip Code 22206

Purpose of Disbursement PAC COMPLIANCE CONSULTING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement 09 / 29 / 2016

FEC Identification Number C

Transaction ID : SB21B.19572

Amount of Each Disbursement this Period 2250.00

Memo Item

B. VERIZON

Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 17577

City BALTIMORE State MD Zip Code 21297

Purpose of Disbursement TELEPHONE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement 09 / 29 / 2016

FEC Identification Number C

Transaction ID : SB21B.19577

Amount of Each Disbursement this Period 416.33

Memo Item

C. VIRAG, DEAN, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 14511 RILLHURST DR

City CULPEPER State VA Zip Code 22701

Purpose of Disbursement PAC WEBSITE SUPPORT

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement 09 / 09 / 2016

FEC Identification Number C

Transaction ID : SB21B.19562

Amount of Each Disbursement this Period 500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

3166.33

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"/> 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

Full Name (Last, First, Middle Initial) A. WASHINGTON INTELLIGENCE BUREAU		Date of Disbursement MM / DD / YYYY 09 / 29 / 2016
Mailing Address 4128 PEPSI PLACE		FEC Identification Number C [] Transaction ID : SB21B.19579
City CHANTILLY	State VA	Zip Code 20151
Purpose of Disbursement PAC CAGING AND DATA ENTRY SERVICES		Amount of Each Disbursement this Period [] 546.63
Candidate Name		Category/Type []
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) ▼	<input type="checkbox"/> Memo Item
State: []	District: []	

Full Name (Last, First, Middle Initial) B.		Date of Disbursement MM / DD / YYYY
Mailing Address		FEC Identification Number C []
City	State	Zip Code
Purpose of Disbursement		Amount of Each Disbursement this Period []
Candidate Name		Category/Type []
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) ▼	<input type="checkbox"/> Memo Item
State: []	District: []	

Full Name (Last, First, Middle Initial) C.		Date of Disbursement MM / DD / YYYY
Mailing Address		FEC Identification Number C []
City	State	Zip Code
Purpose of Disbursement		Amount of Each Disbursement this Period []
Candidate Name		Category/Type []
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) ▼	<input type="checkbox"/> Memo Item
State: []	District: []	

SUBTOTAL of Disbursements This Page (optional).....▶	[] 546.63
TOTAL This Period (last page this line number only).....▶	[] 18256.05

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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<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. KING FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address 202 W 2ND ST.
PO BOX 398

City WALL LAKE State IA Zip Code 51466

Purpose of Disbursement CONTRIBUTION

Candidate Name KING FOR CONGRESS

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: IA District: 04

Date of Disbursement: 09 / 20 / 2016

FEC Identification Number: C C00373563

Transaction ID : SB23.19583

Amount of Each Disbursement this Period: 2500.00

Memo Item

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	2500.00
TOTAL This Period (last page this line number only).....▶	2500.00

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 130 OF 133
	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 AMERICA DIRECT			Nature of Debt (Purpose): PAC DIRECT MAIL PRODUCTION
Mailing Address 1272 CORPORATE PARK DR			
City FOREST	State VA	Zip Code 24511	

Outstanding Balance Beginning This Period 2955.31	Transaction ID : SD10.4357	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2955.31

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

Outstanding Balance Beginning This Period 223.11	Transaction ID : SD10.4359	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 223.11

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 169.29	Transaction ID : SD10.18998	
Amount Incurred This Period 0.00	Payment This Period 169.29	Outstanding Balance at Close of This Period 0.00

1) SUBTOTALS This Period This Page (optional)..... ▶	3178.42
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 131 OF 133
	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 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 0.00	Transaction ID : SD10.19580	
Amount Incurred This Period 553.09	Payment This Period 553.09	Outstanding Balance at Close of This Period 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 0.00	Transaction ID : SD10.19592	
Amount Incurred This Period 100.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 100.00

C. 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 : SD10.4361	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2320.90

1) SUBTOTALS This Period This Page (optional)..... ▶	2420.90
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 132 OF 133
	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 STEPHENSON PRINTING INC			Nature of Debt (Purpose): DIRECT MAIL POSTAGE
Mailing Address 5731 GENERAL WASHINGTON DRIVE			
City ALEXANDRIA	State VA	Zip Code 22312	

Outstanding Balance Beginning This Period	Transaction ID : SD10.16859	
<input type="text" value="0.30"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.30"/>

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

Outstanding Balance Beginning This Period	Transaction ID : SD10.18997	
<input type="text" value="546.63"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="546.63"/>	<input type="text" value="0.00"/>

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

Outstanding Balance Beginning This Period	Transaction ID : SD10.19593	
<input type="text" value="0.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="520.28"/>	<input type="text" value="0.00"/>	<input type="text" value="520.28"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="520.58"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text" value="6119.90"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text" value="0.00"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="6119.90"/>

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) CAMPAIGN FOR WORKING FAMILIES	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00325076 </div>
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Check if 24-hour report 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item PR NEWSWIRE	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 27 / 2016			
Mailing Address P.O. BOX 5897	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">117.50</div>			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; padding: 2px;">City NEW YORK</td> <td style="width:17%; padding: 2px;">State NY</td> <td style="width:50%; padding: 2px;">Zip Code 10087</td> </tr> </table>		City NEW YORK	State NY	Zip Code 10087
City NEW YORK		State NY	Zip Code 10087	
Purpose of Expenditure Press Release				
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose TRUMP, DONALD J, ,	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: _____			
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">117.50</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____			

Full Name of Payee <input type="checkbox"/> Memo Item PR NEWSWIRE	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 27 / 2016			
Mailing Address P.O. BOX 5897	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">117.50</div>			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; padding: 2px;">City NEW YORK</td> <td style="width:17%; padding: 2px;">State NY</td> <td style="width:50%; padding: 2px;">Zip Code 10087</td> </tr> </table>		City NEW YORK	State NY	Zip Code 10087
City NEW YORK		State NY	Zip Code 10087	
Purpose of Expenditure Press Release				
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose CLINTON, HILLARY RODHAM, ,	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: _____			
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">235.00</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____			

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">235.00</div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">235.00</div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Velezis, Dorie, ,

[Electronically Filed]

Date M M / D D / Y Y Y Y Y Y
10 / 20 / 2016

Signature