

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

2. **FEC IDENTIFICATION NUMBER** C00325076  
**3. IS THIS REPORT**  NEW (N) **OR**  AMENDED (A)

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report(Q1)  
 July 15 Quarterly Report(Q2)  
 October 15 Quarterly Report(Q3)  
 January 31 Quarterly Report(YE)  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day **PRE-Election** Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12G)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day **Post -Election** Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 08 01 2011 through 08 31 2011

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Dorie Velezis

Signature of Treasurer Electronically Filed by Dorie Velezis Date 09 20 2011

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

Office Use Only							
-----------------	--	--	--	--	--	--	--

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

**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
CAMPAIGN FOR WORKING FAMILIES

Report Covering the Period: From: 

M	M
0	8

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To: 

M	M
0	8

D	D
3	1

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>X</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	X	Y	Y	Y	2	0	1	1		1167611.58
X	Y	Y	Y							
2	0	1	1							
(b) Cash on Hand at Beginning of Reporting Period .....	1242768.60									
(c) Total Receipts (from Line 19) .....	16108.12	334090.50								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	1258876.72	1501702.08								
7. Total Disbursements (from Line 31) .....	27776.45	270601.81								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	1231100.27	1231100.27								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	3369.85									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name  
CAMPAIGN FOR WORKING FAMILIES

Report Covering the Period: From: 

M	M
0	8

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To: 

M	M
0	8

D	D
3	1

Y	Y	Y	Y
2	0	1	1

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) .....	3595.00	144849.56
(ii) Unitemized .....	3121.94	112957.95
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	6716.94	257807.51
(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) .....	6716.94	257807.51
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.) .....	16.18	282.99
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	9375.00	76000.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	9375.00	76000.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	16108.12	334090.50
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	6733.12	258090.50

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	9375.00	76000.00
(ii) Non-Federal Share.....	9375.00	76000.00
(b) Other Federal Operating Expenditures.....	8926.45	118266.81
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	27676.45	270266.81
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	100.00	335.00
(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)) .....	100.00	335.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	27776.45	270601.81
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	18401.45	194601.81

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) .....	6716.94	257807.51
34. Total Contribution Refunds (from Line 28(d)) .....	100.00	335.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	6616.94	257472.51
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	18301.45	194266.81
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	18301.45	194266.81

**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 / 60
	<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	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) MR CHARLES D AYRES		Date of Receipt
	Mailing Address 4911 CASA ORO DR		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	YORBA LINDA	CA	92886
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.52810
Name of Employer RETIRED		Occupation RETIRED	Amount of Each Receipt this Period
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/>
		<input type="text"/> 800.00	<input type="text"/> 100.00

<b>B.</b>	Full Name (Last, First, Middle Initial) DAVID BAIN		Date of Receipt
	Mailing Address 1000 PECAN DR		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	MCKINNEY	TX	75069
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.52775
Name of Employer CORWIN ENGINEERING INCORPORATED		Occupation ENGINEER	Amount of Each Receipt this Period
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/>
		<input type="text"/> 400.00	<input type="text"/> 50.00

<b>C.</b>	Full Name (Last, First, Middle Initial) MR. DAVID J BATLUCK		Date of Receipt
	Mailing Address 17 MULLIGAN DR		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	READING	PA	19606
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.52687
Name of Employer ST. JOSEPH MEDICAL CENTER		Occupation PHYSICIAN	Amount of Each Receipt this Period
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/>
		<input type="text"/> 250.00	<input type="text"/> 50.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 200.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

A. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.52810**

0103804-0000138

B. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.52775**

0104630-0000103

C. Form/Schedule : **SA11AI**

0002355-0000015

Transaction ID : **SA11AI.52687**

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 60  
(check only one)

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A.** Full Name (Last, First, Middle Initial)  
MRS JUDITH BIRDSEYE

Mailing Address 15816 197TH PL NE

City State Zip Code  
WOODINVILLE WA 98077

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

Name of Employer Occupation  
THE EVANS CO. ASSISTANT CONTROLLER

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
MM / DD / YYYY  
08 / 15 / 2011

**Transaction ID:** SA11AI.52828

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
DR GARY R BISHOP

Mailing Address 15144 LARRY ST

City State Zip Code  
POWAY CA 92064

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

Name of Employer Occupation  
RIVERSIDE COUNTY PHARMACIST

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
280.00

Date of Receipt  
MM / DD / YYYY  
08 / 05 / 2011

**Transaction ID:** SA11AI.52804

Amount of Each Receipt this Period  
35.00

**C.** Full Name (Last, First, Middle Initial)  
MR KENNETH N BLACKBURN

Mailing Address 10 SHALLOWBROOK DR

City State Zip Code  
O FALLON IL 62269

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

Name of Employer Occupation  
AIRTRAN AIRWAYS PILOT

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1300.00

Date of Receipt  
MM / DD / YYYY  
08 / 17 / 2011

**Transaction ID:** SA11AI.52758

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **185.00**

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

A. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.52828**

0107438-0000156

B. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.52804**

0009108-0000132

C. Form/Schedule : **SA11AI**

0014063-0000086

Transaction ID : **SA11AI.52758**

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

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

FOR LINE NUMBER: PAGE 12 / 60  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
CAMPAIGN FOR WORKING FAMILIES

**A.** Full Name (Last, First, Middle Initial)  
MR PHIL BOLLINGER

Mailing Address 1901 CANTERBURY COURT CV

City State Zip Code  
CORDOVA TN 38016

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

Name of Employer Occupation  
DELL IT MANAGER

Receipt For: 2012  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  

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

**Transaction ID:** SA11AI.52722

Amount of Each Receipt this Period  
25.00

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

Mailing Address 344 E FOOTHILLS PKWY  
RED ROOM 9-W

City State Zip Code  
FORT COLLINS CO 80525

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

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

Receipt For: 2012  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

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

**Transaction ID:** SA11AI.52792

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
MR DEL C BROOKS

Mailing Address 12789 MUIRFIELD BOULEVARD N

City State Zip Code  
JACKSONVILLE FL 32225

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

Name of Employer Occupation  
SMURFIT STORE CONT. CORP GEN MGR

Receipt For: 2012  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
425.00

Date of Receipt  

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

**Transaction ID:** SA11AI.52714

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **125.00**

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

A. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.52722**

0109177-0000049

B. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.52792**

0024811-0000120

C. Form/Schedule : **SA11AI**

0012784-0000041

Transaction ID : **SA11AI.52714**

**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 / 60
	<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	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) MR WILLIAM P BUCK, JR		Date of Receipt
	Mailing Address 2084 BROOK HIGHLAND RDG		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 08 / 24 / 2011
	City	State	Zip Code
	BIRMINGHAM	AL	35242
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.52718
Name of Employer UNIVERSITY OF ALABAMA		Occupation MOM	Amount of Each Receipt this Period
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 100.00
		<input type="text"/> 800.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) MR GORDON CHAN		Date of Receipt
	Mailing Address 1023 NE 98TH ST		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 08 / 05 / 2011
	City	State	Zip Code
	SEATTLE	WA	98115
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.52829
Name of Employer NORTHWEST HOSP		Occupation C. T. TECHNOLOGIST	Amount of Each Receipt this Period
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 50.00
		<input type="text"/> 400.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) MR LEONARD A DEO		Date of Receipt
	Mailing Address 2 SYLDEO DR		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 08 / 05 / 2011
	City	State	Zip Code
	PARSIPPANY	NJ	07054
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.52676
Name of Employer FLOWERS & GIFTS- INC.		Occupation FLORIST	Amount of Each Receipt this Period
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 50.00
		<input type="text"/> 400.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 200.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

A. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.52718**

0101854-0000045

B. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.52829**

0032286-0000157

C. Form/Schedule : **SA11AI**

0001536-0000004

Transaction ID : **SA11AI.52676**

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 60  
(check only one)

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
CAMPAIGN FOR WORKING FAMILIES

**A.** Full Name (Last, First, Middle Initial)  
MR CRAIG W EGLOFF

Mailing Address 27001 HIGHWAY 128

City YORKVILLE State CA Zip Code 95494

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

Name of Employer JAYMES & JAYMES Occupation INSURANCE BROKER

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt: 08 / 24 / 2011  
**Transaction ID: SA11AI.52817**  
 Amount of Each Receipt this Period: 100.00

**B.** Full Name (Last, First, Middle Initial)  
MR JAMES S ENGLUND

Mailing Address 302 CINDI CT

City LONGVIEW State TX Zip Code 75605

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

Name of Employer RETIRED Occupation ENGINEER

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1600.00

Date of Receipt: 08 / 12 / 2011  
**Transaction ID: SA11AI.52778**  
 Amount of Each Receipt this Period: 500.00

**C.** Full Name (Last, First, Middle Initial)  
MR FRED B FRANK

Mailing Address 501 VIA JUAREZ

City SAN CLEMENTE State CA Zip Code 92673

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

Name of Employer COMFORT MUSIC Occupation RECORD PRODUCER

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt: 08 / 15 / 2011  
**Transaction ID: SA11AI.52809**  
 Amount of Each Receipt this Period: 100.00

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

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

A. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.52817**

0101847-0000145

B. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.52778**

0014348-0000106

C. Form/Schedule : **SA11AI**

0102190-0000137

Transaction ID : **SA11AI.52809**

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

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

FOR LINE NUMBER: PAGE 21 / 60  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
CAMPAIGN FOR WORKING FAMILIES

**A.** Full Name (Last, First, Middle Initial)  
MRS PHYLLIS L GUNTER

Mailing Address 12939 JULINGTON RIDGE DR E

City State Zip Code  
JACKSONVILLE FL 32258

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2012  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  

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

**Transaction ID:** SA11AI.52715

Amount of Each Receipt this Period  
30.00

**B.** Full Name (Last, First, Middle Initial)  
MRS PHYLLIS L GUNTER

Mailing Address 12939 JULINGTON RIDGE DR E

City State Zip Code  
JACKSONVILLE FL 32258

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2012  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	6	/	2	0	1	1

**Transaction ID:** SA11AI.52716

Amount of Each Receipt this Period  
30.00

**C.** Full Name (Last, First, Middle Initial)  
MRS CARL W GUSTKE

Mailing Address 233 STATON RD

City State Zip Code  
CABOT AR 72023

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

Name of Employer Occupation  
FEDERAL EX - (WIFE) REBSA-MEN R. H. PILOT - WIFE DEBORAH-RN

Receipt For: 2012  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

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

**Transaction ID:** SA11AI.52768

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **110.00**

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

A. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.52715**

0107460-0000042

B. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.52716**

0107460-0000043

C. Form/Schedule : **SA11AI**

0022519-0000096

Transaction ID : **SA11AI.52768**

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

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

FOR LINE NUMBER: PAGE 24 / 60  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
CAMPAIGN FOR WORKING FAMILIES

**A.** Full Name (Last, First, Middle Initial)  
MR MICHAEL A HODGE  
 Mailing Address 610 PORTLAND LN  
 City State Zip Code  
GALT CA 95632  
 Date of Receipt  
MM / DD / YYYY  
08 / 05 / 2011  
**Transaction ID:** SA11AI.52818  
 Amount of Each Receipt this Period  
25.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
SELF EMPLOYED SEMI RETIRED SELF EMPLOYED SEMI RETIRED  
 Receipt For: 2012  
 Primary    General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
225.00

**B.** Full Name (Last, First, Middle Initial)  
MRS REBECCA E HOMME  
 Mailing Address PO BOX 156  
 City State Zip Code  
SPICER MN 56288  
 Date of Receipt  
MM / DD / YYYY  
08 / 12 / 2011  
**Transaction ID:** SA11AI.52753  
 Amount of Each Receipt this Period  
150.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
INFO REQUESTED- NOT RECD INFO REQUESTED- NOT RECD  
 Receipt For: 2012  
 Primary    General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
450.00

**C.** Full Name (Last, First, Middle Initial)  
MR FLOYD R JUMP  
 Mailing Address 350 E HENSCHEN ST  
 City State Zip Code  
GARNER IA 50438  
 Date of Receipt  
MM / DD / YYYY  
08 / 26 / 2011  
**Transaction ID:** SA11AI.52740  
 Amount of Each Receipt this Period  
100.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
RETIRED RETIRED  
 Receipt For: 2012  
 Primary    General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
850.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **275.00**  
**TOTAL** This Period (last page this line number only) ..... ►

A. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.52818**

0010944-0000146

B. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.52753**

0108832-0000080

C. Form/Schedule : **SA11AI**

0103497-0000066

Transaction ID : **SA11AI.52740**

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 60  
(check only one)

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
CAMPAIGN FOR WORKING FAMILIES

**A.**

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

Mailing Address 350 E HENSCHEN ST

City State Zip Code  
GARNER IA 50438

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
950.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 8 / 2 6 / 2 0 1 1

**Transaction ID:** SA11AI.52741

Amount of Each Receipt this Period  
100.00

**B.**

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

Mailing Address 350 E HENSCHEN ST

City State Zip Code  
GARNER IA 50438

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1050.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 8 / 2 6 / 2 0 1 1

**Transaction ID:** SA11AI.52742

Amount of Each Receipt this Period  
100.00

**C.**

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

Mailing Address 35 ERICA LN

City State Zip Code  
BELEN NM 87002

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

Name of Employer Occupation  
SAIC SCIENTIST

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
370.00

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

**Transaction ID:** SA11AI.52798

Amount of Each Receipt this Period  
40.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **240.00**

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

A. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.52741**

0103497-000067

B. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.52742**

0103497-000068

C. Form/Schedule : **SA11AI**

0100128-0000126

Transaction ID : **SA11AI.52798**

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 / 60  
(check only one)

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)  
MR HENDRICK KERKSTRA

Mailing Address 1711 TOURS COURT

City State Zip Code  
BAKERSFIELD CA 93311

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
08 / 12 / 2011

Transaction ID: SA11AI.52813

Amount of Each Receipt this Period  
60.00

**B.**

Full Name (Last, First, Middle Initial)  
WANDA LATHROPE

Mailing Address 2029 PTARMIGAN DR APT 2

City State Zip Code  
WALNUT CREEK CA 94595

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

Name of Employer Occupation  
LIBERTY UNION HIGH SCHOOL DISTRICT RETIRED

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
230.00

Date of Receipt  
MM / DD / YYYY  
08 / 24 / 2011

Transaction ID: SA11AI.52816

Amount of Each Receipt this Period  
30.00

**C.**

Full Name (Last, First, Middle Initial)  
GARY W LOCKE, JR

Mailing Address 2602 BOOGER HILL RD

City State Zip Code  
DANIELSVILLE GA 30633

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

Name of Employer Occupation  
USN/STATE OF GEORGIA RETIRED

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
08 / 15 / 2011

Transaction ID: SA11AI.52711

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **190.00**

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

A. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.52813**

0108310-0000141

B. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.52816**

0108766-0000144

C. Form/Schedule : **SA11AI**

0102864-0000038

Transaction ID : **SA11AI.52711**

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 33 / 60  
(check only one)

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)  
MR CHRIS LOUGHRIDGE

Mailing Address 712 MONTEREY DR

City State Zip Code  
ENDICOTT NY 13760

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

Name of Employer Occupation  
INFO REQUESTED- NOT RECD BANKING

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
08 / 12 / 2011

Transaction ID: SA11AI.52682

Amount of Each Receipt this Period  
500.00

**B.**

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

Mailing Address 4273 BRISTOL DR

City State Zip Code  
DAYTON OH 45440

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

Name of Employer Occupation  
USAF INFO REQUESTED- NOT RECD

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
MM / DD / YYYY  
08 / 23 / 2011

Transaction ID: SA11AI.52727

Amount of Each Receipt this Period  
50.00

**C.**

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

Mailing Address 515 11TH AVE NE

City State Zip Code  
MINOT ND 58703

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
375.00

Date of Receipt  
MM / DD / YYYY  
08 / 12 / 2011

Transaction ID: SA11AI.52754

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **600.00**

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

A. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.52682**

0109176-000009

B. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.52727**

0101785-0000054

C. Form/Schedule : **SA11AI**

0101794-0000081

Transaction ID : **SA11AI.52754**

**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 / 60
	<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	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) MR EDWARD M NICHOLS		Date of Receipt
	Mailing Address 500 SUMMIT LAKE DR STE 120		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 08 / 23 / 2011
	City	State	Zip Code
	VALHALLA	NY	10595
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.52680
		Amount of Each Receipt this Period	<input type="text"/> 50.00
Name of Employer FUSION FINANCIAL GROUP		Occupation FINANCIAL PLANNER	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 400.00

<b>B.</b>	Full Name (Last, First, Middle Initial) MR THOMAS L OSTENSON		Date of Receipt
	Mailing Address 1020 LAKE WINDWARD OVERLOOK		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 08 / 05 / 2011
	City	State	Zip Code
	ALPHARETTA	GA	30005
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.52704
		Amount of Each Receipt this Period	<input type="text"/> 100.00
Name of Employer AON CORPORATION		Occupation ATTORNEY	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 350.00

<b>C.</b>	Full Name (Last, First, Middle Initial) MR MIKE D RISINGER		Date of Receipt
	Mailing Address 421 E GREENWOOD ST		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 08 / 20 / 2011
	City	State	Zip Code
	MORTON	IL	61550
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.52757
		Amount of Each Receipt this Period	<input type="text"/> 300.00
Name of Employer STATE		Occupation JUDGE	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 2400.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 450.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

A. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.52680**

0108914-0000008

B. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.52704**

0103361-0000031

C. Form/Schedule : **SA11AI**

0103251-0000084

Transaction ID : **SA11AI.52757**

**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 / 60
	<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	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) MRS JOANNE M SCHROEDER		Date of Receipt	
	Mailing Address 15720 52ND AVE N		M M / D D / Y Y Y Y 08 / 24 / 2011	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.52745
	PLYMOUTH	MN	55446	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		50.00	
Name of Employer NORTHWESTERN COLLEGE		Occupation CFO		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) MR GARY J SELF		Date of Receipt	
	Mailing Address 8508 YORKSHIRE DR		M M / D D / Y Y Y Y 08 / 05 / 2011	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.52786
	ORANGE	TX	77632	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		20.00	
Name of Employer WAL-MART		Occupation PHARMACIST		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 310.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) MRS BEVERLY ANN SHARPF		Date of Receipt	
	Mailing Address 10819 S W CANTERBURY LANE STE 101		M M / D D / Y Y Y Y 08 / 05 / 2011	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.52822
	TIGARD	OR	97224	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		50.00	
Name of Employer NOT EMPLOYED		Occupation RETIRED		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	120.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

A. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.52745**

0105676-0000072

B. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.52786**

0013298-0000114

C. Form/Schedule : **SA11AI**

0001231-0000150

Transaction ID : **SA11AI.52822**

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 42 / 60  
(check only one)

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)  
MR RICK B SKINNER

Mailing Address 19111 SCENIC HIGHWAY 98

City State Zip Code  
FAIRHOPE AL 36532

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

Name of Employer Occupation  
RETIRED RETIRED ENGINEER

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 23 / 2011

Transaction ID: SA11AI.52720

Amount of Each Receipt this Period  
50.00

**B.**

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

Mailing Address 115 TALL TIMBER CT

City State Zip Code  
FAYETTEVILLE GA 30215

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

Name of Employer Occupation  
US AIR FORCE WEATHER OFFICER

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 05 / 2011

Transaction ID: SA11AI.52708

Amount of Each Receipt this Period  
50.00

**C.**

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

Mailing Address PO BOX 203

City State Zip Code  
KAAAWA HI 96730

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

Name of Employer Occupation  
STATE OF HAWAII TEACHER

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 08 / 2011

Transaction ID: SA11AI.52819

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **150.00**

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

A. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.52720**

0012916-0000047

B. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.52708**

0014942-0000035

C. Form/Schedule : **SA11AI**

0103927-0000147

Transaction ID : **SA11AI.52819**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 45 / 60	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial) MR MARK SWISHER	
Mailing Address 24902 N POINT PL	
City KATY	State Zip Code TX 77494
FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer AVIARA ENERGY CORPORATION	Occupation ENGINEER
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y 08 / 05 / 2011
Transaction ID: SA11AI.52785
Amount of Each Receipt this Period 50.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	50.00
<b>TOTAL</b> This Period (last page this line number only) .....	3595.00

A. Form/Schedule : **SA11AI**

0048257-0000113

Transaction ID : **SA11AI.52785**

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 47 / 60

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
CAMPAIGN FOR WORKING FAMILIES

A.	Full Name (Last, First, Middle Initial) 1st Virginia Community Bank  Mailing Address 11325 Random Hills Road  City Fairfax State VA Zip Code 22030  Purpose of Disbursement BANK FEES Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.52841 Date of Disbursement 08 / 02 / 2011  Amount of Each Disbursement this Period 61.65
B.	Full Name (Last, First, Middle Initial) American Express  Mailing Address P.O. Box 981540  City El Paso State TX Zip Code 79998  Purpose of Disbursement BANK FEES Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.52838 Date of Disbursement 08 / 01 / 2011  Amount of Each Disbursement this Period 1.60
C.	Full Name (Last, First, Middle Initial) American Express  Mailing Address P.O. Box 981540  City El Paso State TX Zip Code 79998  Purpose of Disbursement BANK FEES Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.52839 Date of Disbursement 08 / 02 / 2011  Amount of Each Disbursement this Period 4.95

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	68.20
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 48 / 60

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
CAMPAIGN FOR WORKING FAMILIES

<p><b>A.</b> Full Name (Last, First, Middle Initial) American Express</p> <p>Mailing Address P.O. Box 981540</p> <p>City El Paso State TX Zip Code 79998</p> <p>Purpose of Disbursement BANK FEES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.52842</p> <p>Date of Disbursement 08 / 05 / 2011</p> <p>Amount of Each Disbursement this Period 162.47</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Authorize.net</p> <p>Mailing Address 808 East Utah Valley Drive</p> <p>City American Fork State UT Zip Code 84003</p> <p>Purpose of Disbursement BANK FEES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.52840</p> <p>Date of Disbursement 08 / 02 / 2011</p> <p>Amount of Each Disbursement this Period 43.35</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) BB&amp; T Bank</p> <p>Mailing Address 2700 S. Quincy Street</p> <p>City Arlington State VA Zip Code 22206</p> <p>Purpose of Disbursement BANK FEES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.52843</p> <p>Date of Disbursement 08 / 15 / 2011</p> <p>Amount of Each Disbursement this Period 885.06</p>

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

1090.88

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 49 / 60

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
CAMPAIGN FOR WORKING FAMILIES

A.	Full Name (Last, First, Middle Initial) CHOI COMPANIES	Transaction ID: SB21B.52862
	Mailing Address 5999 STEVENSON AVE #310	Date of Disbursement 08 / 30 / 2011
	City ALEXANDRIA State VA Zip Code 22304	Amount of Each Disbursement this Period 2860.44
	Purpose of Disbursement RENT	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) CITY OF ALEXANDRIA	Transaction ID: SB21B.52863
	Mailing Address P.O. BOX 178	Date of Disbursement 08 / 30 / 2011
	City ALEXANDRIA State VA Zip Code 22313	Amount of Each Disbursement this Period 202.18
	Purpose of Disbursement PERSONAL PROP TAXES	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) COVAD COMMUNICATIONS	Transaction ID: SB21B.52847
	Mailing Address P.O. BOX 39000	Date of Disbursement 08 / 03 / 2011
	City SAN FRANCISCO State CA Zip Code 94139	Amount of Each Disbursement this Period 114.18
	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3176.80</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 50 / 60

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
CAMPAIGN FOR WORKING FAMILIES

A.	Full Name (Last, First, Middle Initial) FEDERAL EXPRESS	Transaction ID: SB21B.52850 Date of Disbursement																			
	Mailing Address P.O. BOX 1140	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>8</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	3		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		0	3		2	0	1	1												
	City MEMPHIS State TN Zip Code 38101	Amount of Each Disbursement this Period																			
	Purpose of Disbursement SHIPPING FEES	<table border="1"><tr><td>17.83</td></tr></table>	17.83																		
17.83																					
	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) ▼																			
	State: District:																				

B.	Full Name (Last, First, Middle Initial) FEDERAL EXPRESS	Transaction ID: SB21B.52851 Date of Disbursement																			
	Mailing Address P.O. BOX 1140	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>8</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	2		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	2		2	0	1	1												
	City MEMPHIS State TN Zip Code 38101	Amount of Each Disbursement this Period																			
	Purpose of Disbursement SHIPPING FEES	<table border="1"><tr><td>17.83</td></tr></table>	17.83																		
17.83																					
	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) ▼																			
	State: District:																				

C.	Full Name (Last, First, Middle Initial) FEDERAL EXPRESS	Transaction ID: SB21B.52864 Date of Disbursement																			
	Mailing Address P.O. BOX 1140	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>8</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		3	0		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		3	0		2	0	1	1												
	City MEMPHIS State TN Zip Code 38101	Amount of Each Disbursement this Period																			
	Purpose of Disbursement SHIPPING FEES	<table border="1"><tr><td>35.66</td></tr></table>	35.66																		
35.66																					
	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) ▼																			
	State: District:																				

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"><tr><td>71.32</td></tr></table>	71.32
71.32		
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"><tr><td></td></tr></table>	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
CAMPAIGN FOR WORKING FAMILIES

A.	Full Name (Last, First, Middle Initial) HELLER INFORMATION SERVICES	Transaction ID: SB21B.52852
	Mailing Address 12450 Parklawn Drive	Date of Disbursement 08 / 12 / 2011
	City Rockville State MD Zip Code 20852	Amount of Each Disbursement this Period 211.50
	Purpose of Disbursement COMPUTER SERVICES	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) IRON MOUNTAIN	Transaction ID: SB21B.52854
	Mailing Address 745 ATLANTIC AVE	Date of Disbursement 08 / 12 / 2011
	City BOSTON State MA Zip Code 02111	Amount of Each Disbursement this Period 769.45
	Purpose of Disbursement STORAGE FEES	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) LEXIS NEXIS	Transaction ID: SB21B.52856
	Mailing Address P.O. BOX 7247-7090	Date of Disbursement 08 / 12 / 2011
	City PHILADELPHIA State PA Zip Code 19170	Amount of Each Disbursement this Period 350.00
	Purpose of Disbursement DUES & SUBSCRIPTIONS	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1330.95
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
CAMPAIGN FOR WORKING FAMILIES

A.	Full Name (Last, First, Middle Initial) LPS	Transaction ID: SB21B.52855 Date of Disbursement 08 / 03 / 2011
	Mailing Address P.O. BOX 2325	Amount of Each Disbursement this Period 796.30
	City FAIRFAX State VA Zip Code 22031	
	Purpose of Disbursement PAC - DATA PROCESSING SERVICES	
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) LPS	Transaction ID: SB21B.52867 Date of Disbursement 08 / 30 / 2011
	Mailing Address P.O. BOX 2325	Amount of Each Disbursement this Period 251.29
	City FAIRFAX State VA Zip Code 22031	
	Purpose of Disbursement PAC DATA PROCESSING SERVICES	
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) OFFICE SHREDDERS	Transaction ID: SB21B.52857 Date of Disbursement 08 / 12 / 2011
	Mailing Address 6500 KANE WAY	Amount of Each Disbursement this Period 50.00
	City ELKRIDGE State MD Zip Code 21075	
	Purpose of Disbursement OFFICE EXPENSE	
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	1097.59
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
CAMPAIGN FOR WORKING FAMILIES

A.	Full Name (Last, First, Middle Initial) SPRINT Mailing Address P.O. BOX 530503 City ATLANTA State GA Zip Code 30353 Purpose of Disbursement TELEPHONE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.52859 Date of Disbursement 08 / 12 / 2011	Amount of Each Disbursement this Period 28.59
B.	Full Name (Last, First, Middle Initial) THE HARTFORD Mailing Address P.O. BOX 659519 City SAN ANTONIO State TX Zip Code 78265 Purpose of Disbursement INSURANCE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.52860 Date of Disbursement 08 / 12 / 2011	Amount of Each Disbursement this Period 126.00
C.	Full Name (Last, First, Middle Initial) VERIZON Mailing Address P.O. BOX 17577 City BALTIMORE State MD Zip Code 21297 Purpose of Disbursement TELEPHONE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.52865 Date of Disbursement 08 / 30 / 2011	Amount of Each Disbursement this Period 454.93

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

609.52

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
CAMPAIGN FOR WORKING FAMILIES

<b>A.</b> Full Name (Last, First, Middle Initial) DEAN VIRAG Mailing Address 15411 RILLHURST DR City CULPEPER State VA Zip Code 22701 Purpose of Disbursement WEBSITE SUPPORT Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.52848 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 1 1
	Amount of Each Disbursement this Period 500.00 Category/Type
<b>B.</b> Full Name (Last, First, Middle Initial) WASHINGTON INTELLIGENCE BUREAU Mailing Address 4128 PEPSI PLACE City CHANTILLY State VA Zip Code 20151 Purpose of Disbursement PAC CAGING & DATA ENTRY SERVICES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.52861 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 2 / 2 0 1 1
	Amount of Each Disbursement this Period 938.12 Category/Type

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

1438.12

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

8883.38

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 55 / 60
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
CAMPAIGN FOR WORKING FAMILIES

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

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

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor IRON MOUNTAIN	Nature of Debt (Purpose): STORAGE FEES
Mailing Address 745 ATLANTIC AVE	
City State ZIP Code BOSTON MA 02111	

Outstanding Balance Beginning This Period 769.45	<b>Transaction ID: SD10.52655</b>	
Amount Incurred This Period 0.00	Payment This Period 769.45	Outstanding Balance at Close of This Period 0.00

<b>C.</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 State ZIP Code FAIRFAX VA 22031	

Outstanding Balance Beginning This Period 796.30	<b>Transaction ID: SD10.52653</b>	
Amount Incurred This Period 0.00	Payment This Period 796.30	Outstanding Balance at Close of This Period 0.00

1) <b>SUBTOTALS</b> This Period This Page (optional).....	223.11
2) <b>TOTALS</b> This Period (last page this line number only).....	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

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

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)  
CAMPAIGN FOR WORKING FAMILIES

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

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>		<b>Transaction ID: SD10.52866</b>	
Amount Incurred This Period <input type="text" value="251.29"/>	Payment This Period <input type="text" value="251.29"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>	

<b>B. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> 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 <input type="text" value="2320.90"/>		<b>Transaction ID: SD10.4696</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="2320.90"/>	

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

Outstanding Balance Beginning This Period <input type="text" value="938.12"/>		<b>Transaction ID: SD10.52654</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="938.12"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>	

<b>1) SUBTOTALS</b> This Period This Page (optional).....	<input type="text" value="2320.90"/>
<b>2) TOTALS</b> This Period (last page this line number only).....	<input type="text"/>
<b>3) TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text"/>
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 57 / 60
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
CAMPAIGN FOR WORKING FAMILIES

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

Outstanding Balance Beginning This Period		<b>Transaction ID: SD10.52873</b>	
0.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
825.84	0.00	825.84	

1) <b>SUBTOTALS</b> This Period This Page (optional).....	825.84
2) <b>TOTALS</b> This Period (last page this line number only).....	3369.85
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	3369.85

**METHOD OF ALLOCATION FOR:**

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

NAME OF COMMITTEE (In Full)  
 CAMPAIGN FOR WORKING FAMILIES

USE ONLY ONE SECTION, A or B

**A. State and Local Party Committees**

**Fixed Percentage (select one)**

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

**B. Separate Segregated Funds and Nonconnected Committees**

**Flat Minimum Federal Percentage**

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

**or**

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

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

This ratio applies to (check all that apply):

Administrative  Generic Voter Drive  Public Communications Referencing Party Only

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

NAME OF COMMITTEE (In Full)  
 CAMPAIGN FOR WORKING FAMILIES

NAME OF ACCOUNT CAMPAIGN FOR WORKING FAMILIES	DATE OF RECEIPT M M / D D / Y Y Y Y 0 8 / 2 5 / 2 0 1 1	TOTAL AMOUNT TRANSFERRED 9375.00
--	---	-------------------------------------

**BREAKDOWN OF TRANSFER RECEIVED**

<b>i) Total Administrative</b> .....	9375.00	Transaction ID: H3.52871
<b>ii) Generic Voter Drive</b> .....		Transaction ID:
<b>iii) Exempt Activities</b> .....		Transaction ID:
<b>iv) Direct Fundraising</b> (List Activity or Event Identifier)		
a) _____		Transaction ID:
b) _____		Transaction ID:
c) Total Amount Transferred for Direct Fundraising .....		
<b>v) Direct Candidate Support</b> (List of Activity or Event Identifier)		
a) _____		Transaction ID:
b) _____		Transaction ID:
c) Total Amount Transferred For Direct Candidate Support .....		
<b>vi) Public Communications Referring Only to Party</b> (Made by PAC)		Transaction ID:

**TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED**

<b>TOTAL</b> This Period (Administrative) .....	9375.00
<b>TOTAL</b> This Period (Generic Voter Drive) .....	0.00
<b>TOTAL</b> This Period (Exempt Activities) .....	0.00
<b>TOTAL</b> This Period (Direct Fundraising) .....	0.00
<b>TOTAL</b> This Period (Direct Candidate Support) .....	0.00
<b>TOTAL</b> This Period (Public Communications Referring Only to Party) .....	0.00
<b>TOTAL</b> This Period (Total Amount Transferred) .....	9375.00

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

NAME OF COMMITTEE (In Full)  
CAMPAIGN FOR WORKING FAMILIES

<b>A. Full Name (Last, First, Middle Initial)</b> GARY BAUER			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 2800 SHIRLINGTON ROAD #930			Allocated Activity or Event Year-To-Date 146500.00		
City ARLINGTON	State VA	Zip Code 22206	Date <input type="text" value="08"/> / <input type="text" value="25"/> / <input type="text" value="2011"/>		
Purpose of Disbursement: PAC CONSULTING POLITICAL AND GEN ADMIN			Transaction ID: H4.52844		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
6625.00		6625.00		13250.00

<b>B. Full Name (Last, First, Middle Initial)</b> BILL MOELLER			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 2800 SHIRLINGTON ROAD #930			Allocated Activity or Event Year-To-Date 149250.00		
City ARLINGTON	State VA	Zip Code 22206	Date <input type="text" value="08"/> / <input type="text" value="25"/> / <input type="text" value="2011"/>		
Purpose of Disbursement: PAC CONSULTING RESEARCHER/WRITER			Transaction ID: H4.52845		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1375.00		1375.00		2750.00

<b>C. Full Name (Last, First, Middle Initial)</b> Dorie Velezis			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 2800 S. Shirlington Road, #930			Allocated Activity or Event Year-To-Date 152000.00		
City Arlington	State VA	Zip Code 22206	Date <input type="text" value="08"/> / <input type="text" value="25"/> / <input type="text" value="2011"/>		
Purpose of Disbursement: PAC CONSULTING ACCOUNTING SERVICES			Transaction ID: H4.52846		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1375.00		1375.00		2750.00

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
9375.00		9375.00		18750.00

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

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT
9375.00		9375.00		18750.00