

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
Campaign for Working Families

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

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

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

5. Covering Period 09 01 2006 through 09 30 2006

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

Type or Print Name of Treasurer Amy Myers

Signature of Treasurer Electronically Filed by Amy Myers Date 10 20 2006

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
Campaign for Working Families

Report Covering the Period: From: 

M	M
0	9

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		982491.24
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period .....	1022369.44									
(c) Total Receipts (from Line 19) .....	66931.85	467037.46								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	1089301.29	1449528.70								
7. Total Disbursements (from Line 31) .....	72261.88	432489.29								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	1017039.41	1017039.41								
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) .....	30277.35									

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	9

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	6

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	51128.20	303073.70
(i) Itemized (use Schedule A) .....	15230.43	146673.43
(ii) Unitemized .....	66358.63	449747.13
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	66358.63	449747.13
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	1017.80
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	573.22	16272.53
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	66931.85	467037.46
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	66931.85	467037.46

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	28761.88	289999.29
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	28761.88	289999.29
22. Transfers to Affiliated/Other Party Committees.....	0.00	5500.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	43500.00	110500.00
24. Independent Expenditure (use Schedule E) .....	0.00	26490.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	72261.88	432489.29
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	72261.88	432489.29

**DETAILED SUMMARY PAGE**  
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	66358.63	449747.13
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	66358.63	449747.13
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	28761.88	289999.29
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	1017.80
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	28761.88	288981.49

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 66
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Campaign for Working Families

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

Mailing Address 4911 CASA ORO DR

City State Zip Code  
YORBA LINDA CA 92886

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 08 / 2006

Transaction ID: SA11A1.67930

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
MR RAYMOND PIERRE BARES

Mailing Address PO BOX 742  
214 S E ST

City State Zip Code  
VIRGINIA CITY NV 89440

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

Name of Employer Occupation  
UNEMPLOYED UNEMPLOYED

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 28 / 2006

Transaction ID: SA11A1.67891

Amount of Each Receipt this Period  
80.00

**C.** Full Name (Last, First, Middle Initial)  
MRS ANNALYNE H BARNETT

Mailing Address 4734 TALLEYBROOK DR NW

City State Zip Code  
KENNESAW GA 30152

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

Name of Employer Occupation  
HOMEMAKER HOMEMAKER

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 28 / 2006

Transaction ID: SA11A1.67520

Amount of Each Receipt this Period  
50.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	230.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 66
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Campaign for Working Families

**A.** Full Name (Last, First, Middle Initial)  
MRS ORVELLA M BATCHELDER

Mailing Address 2205 HADDINGTON RD

City SAINT PAUL State MN Zip Code 55113

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 08 / 2006

**Transaction ID:** SA11A1.67683

Amount of Each Receipt this Period  
 400.00

**B.** Full Name (Last, First, Middle Initial)  
MR RAY W BEALL

Mailing Address 1604 OKEEFE RD # R-8

City JACKSONVILLE State TX Zip Code 75766

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 19 / 2006

**Transaction ID:** SA11A1.67820

Amount of Each Receipt this Period  
 200.00

**C.** Full Name (Last, First, Middle Initial)  
DR DUANE BERKOMPAS

Mailing Address 3889 BRECKINRIDGE DR

City OKEMOS State MI Zip Code 48864

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

Name of Employer THORACIC & CARDIOVASCULAR INST Occupation PHYSICIAN

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 08 / 2006

**Transaction ID:** SA11A1.67645

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) ..... ►

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 66
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Campaign for Working Families

**A.** Full Name (Last, First, Middle Initial)  
MARY BERRYMAN

Mailing Address 12137 CRESCENT COVE CT

City State Zip Code  
WINDERMERE FL 34786

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 19 / 2006

Transaction ID: SA11A1.67553

Amount of Each Receipt this Period  
5000.00

**B.** Full Name (Last, First, Middle Initial)  
MR RAY BERRYMAN

Mailing Address 12137 CRESCENT COVE CT

City State Zip Code  
WINDERMERE FL 34786

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

Name of Employer Occupation  
SELF BERRYMAN & HENIGAR

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 19 / 2006

Transaction ID: SA11A1.67554

Amount of Each Receipt this Period  
5000.00

**C.** Full Name (Last, First, Middle Initial)  
MRS EVANGELINE BILLING

Mailing Address 738 LINMUTH CT W

City State Zip Code  
SPRINGFIELD OH 45503

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

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

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 27 / 2006

Transaction ID: SA11A1.67609

Amount of Each Receipt this Period  
100.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	10100.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 66
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Campaign for Working Families

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

Mailing Address 15144 LARRY ST

City POWAY State CA Zip Code 92064

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

Name of Employer RIVERSIDE COUNTY Occupation PHARMACIST

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 315.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 06 / 2006

Transaction ID: SA11A1.67912

Amount of Each Receipt this Period  
 35.00

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

Mailing Address 10 SHALLOWBROOK DR

City O FALLON State IL Zip Code 62269

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

Name of Employer USAF Occupation US MILITARY

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 06 / 2006

Transaction ID: SA11A1.67749

Amount of Each Receipt this Period  
 50.00

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

Mailing Address 1901 CANTERBURY COURT CV

City CORDOVA State TN Zip Code 38018

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

Name of Employer ST FRANCIS HOSPITAL Occupation IT MANAGER

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 21 / 2006

Transaction ID: SA11A1.67571

Amount of Each Receipt this Period  
 25.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	110.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 66
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Campaign for Working Families

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

Mailing Address 977 COACHWAY

City State Zip Code  
ANNAPOLIS MD 21401

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
700.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 29 / 2006

Transaction ID: SA11A1.67466

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
MR. LAYNE KIRK BOYER

Mailing Address 2167 SPRING HILL CIR

City State Zip Code  
SPRING HILL TN 37174

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

Name of Employer Occupation  
LYRIC STREET RECORDS DIRECTOR

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 05 / 2006

Transaction ID: SA11A1.67563

Amount of Each Receipt this Period  
25.00

**C.** Full Name (Last, First, Middle Initial)  
MR TERRY 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  
SELF ASSET MGR

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 06 / 2006

Transaction ID: SA11A1.67864

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **175.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 66
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Campaign for Working Families

**A.** Full Name (Last, First, Middle Initial)  
MR WENDELL E BROWN

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 SELF Occupation ACCOUNTANT

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 06 / 2006

Transaction ID: SA11A1.67478

Amount of Each Receipt this Period  
 25.00

**B.** Full Name (Last, First, Middle Initial)  
MR RUSSELL CARDENAS

Mailing Address 510 E SUNSHINE DR

City SAN ANTONIO State TX Zip Code 78228

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

Name of Employer INFO REQUESTED Occupation INFO REQUESTED

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 06 / 2006

Transaction ID: SA11A1.67844

Amount of Each Receipt this Period  
 40.00

**C.** Full Name (Last, First, Middle Initial)  
MR STEPHEN M CAVANNA

Mailing Address 2 CHRISTOPHER RD

City BRANFORD State CT Zip Code 06405

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

Name of Employer SARGENT MFG COMPANY Occupation DIRECTOR OF OPERATIONS

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 216.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 20 / 2006

Transaction ID: SA11A1.67415

Amount of Each Receipt this Period  
 24.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	89.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 66
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Campaign for Working Families

**A.** Full Name (Last, First, Middle Initial)  
GORDON CHAN

Mailing Address 1023 NE 98TH ST

City State Zip Code  
SEATTLE WA 98115

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

Name of Employer Occupation  
NORTHWEST HOSP C T TECHNOLOGIST

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 06 / 2006

Transaction ID: SA11A1.67996

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
MR E M WOODY CLARK

Mailing Address PO BOX 1306

City State Zip Code  
PENDLETON OR 97801

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

Name of Employer Occupation  
WOODPECKER TRUCK TRUCK SALES

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
800.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 18 / 2006

Transaction ID: SA11A1.67990

Amount of Each Receipt this Period  
300.00

**C.** Full Name (Last, First, Middle Initial)  
MRS S IDELLE COLLINS

Mailing Address PO BOX 849

City State Zip Code  
SHADY COVE OR 97539

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

Name of Employer Occupation  
HOUSEWIFE HOUSEWIFE

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
4500.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 15 / 2006

Transaction ID: SA11A1.67987

Amount of Each Receipt this Period  
2000.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2350.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 66
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Campaign for Working Families

**A.** Full Name (Last, First, Middle Initial)  
MRS ELIZABETH CRAINE

Mailing Address 8547 GILLET RD

City State Zip Code  
ZEPHYRHILLS FL 33544

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

Name of Employer Occupation  
UNIVERSITY COMM HOSPITAL RN

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 25 / 2006

Transaction ID: SA11A1.67546

Amount of Each Receipt this Period  
30.00

**B.** Full Name (Last, First, Middle Initial)  
MR JAMES F DAUGHTERY

Mailing Address 2000 OUTRIGGER DR

City State Zip Code  
EL DORADO HLS CA 95762

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

Name of Employer Occupation  
FAR WEST BUSINESS SYSTEMS BUSINESS OWNER

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 19 / 2006

Transaction ID: SA11A1.67963

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
MR TOM DEHM

Mailing Address 3374 NW CONRAD DR

City State Zip Code  
BEND OR 97701

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 29 / 2006

Transaction ID: SA11A1.67989

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1280.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 66
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Campaign for Working Families

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

Mailing Address 2 SYLDEO DR

City PARSIPPANY State NJ Zip Code 07054

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

Name of Employer FLOWERS & GIFTS INC Occupation FLORIST

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 06 / 2006

Transaction ID: SA11A1.67417

Amount of Each Receipt this Period  
 50.00

**B.** Full Name (Last, First, Middle Initial)  
MR FRANKLIN L DEREMER

Mailing Address 8 S CIRCLE DR

City SANTA CRUZ State CA Zip Code 95060

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

Name of Employer ARC INTERNATIONAL Occupation EXECUTIVE

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 626.20

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 06 / 2006

Transaction ID: SA11A1.67949

Amount of Each Receipt this Period  
 126.20

**C.** Full Name (Last, First, Middle Initial)  
MR OSCAR DE VRIES

Mailing Address 48026 OAK TRAIL PL

City SIOUX FALLS State SD Zip Code 57108

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

Name of Employer OWNER/THE INSURANCE CONNE- CTION Occupation INSURANCE AGENT

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 29 / 2006

Transaction ID: SA11A1.67708

Amount of Each Receipt this Period  
 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	426.20
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 66
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Campaign for Working Families

**A.** Full Name (Last, First, Middle Initial)  
MRS KATHY DUDLEY

Mailing Address 1131 BAYOU RD

City State Zip Code  
BEAUMONT TX 77705

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

Name of Employer  
INFO REQUESTED- NOT RECD

Occupation  
INFO REQUESTED- NOT RECD

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 15 / 2006

Transaction ID: SA11A1.67840

Amount of Each Receipt this Period  
200.00

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

Mailing Address PO BOX 1

City State Zip Code  
LYNNWOOD WA 98046

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

Name of Employer  
ECHELBARGER INVESTMENTS

Occupation  
REAL ESTATE DEVELOPEMENT

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2750.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 14 / 2006

Transaction ID: SA11A1.67995

Amount of Each Receipt this Period  
500.00

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

Mailing Address 302 CINDI CT

City State Zip Code  
LONGVIEW TX 75605

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

Name of Employer  
MISSIONARY TECH TEAM

Occupation  
ENGINEER

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 06 / 2006

Transaction ID: SA11A1.67819

Amount of Each Receipt this Period  
150.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 66
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Campaign for Working Families

**A.** Full Name (Last, First, Middle Initial)  
MR SHERMAN EWING

Mailing Address 15 PROSPECT DR

City State Zip Code  
GREAT FALLS MT 59405

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 12 / 2006

Transaction ID: SA11A1.67717

Amount of Each Receipt this Period  
200.00

**B.** Full Name (Last, First, Middle Initial)  
MR MAYNARD MEYESTONE

Mailing Address 19334 KINGS GARDEN DR N APT 112  
APT 112

City State Zip Code  
SHORELINE WA 98133

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
320.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 11 / 2006

Transaction ID: SA11A1.68001

Amount of Each Receipt this Period  
20.00

**C.** Full Name (Last, First, Middle Initial)  
MRS SHARON FINSTROM

Mailing Address PO BOX 456

City State Zip Code  
KERKHOVEN MN 56252

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

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

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 08 / 2006

Transaction ID: SA11A1.67703

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	720.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 66
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Campaign for Working Families

**A.** Full Name (Last, First, Middle Initial)  
MR JODY FOUNTAIN

Mailing Address 7909 FARNHAM CT

City State Zip Code  
RALEIGH NC 27615

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

Name of Employer  
SENSORS SAFETY PRODUCTS INC

Occupation  
BUSINESS OWNER

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 05 / 2006

Transaction ID: SA11A1.67494

Amount of Each Receipt this Period  
200.00

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

Mailing Address 2125 LUANN LN APT 6

City State Zip Code  
MADISON WI 53713

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

Name of Employer  
INTERVARSITY

Occupation  
MANAGER

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 06 / 2006

Transaction ID: SA11A1.67675

Amount of Each Receipt this Period  
50.00

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

Mailing Address PO BOX 342

City State Zip Code  
HATHAWAY PNES CA 95233

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

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
260.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 05 / 2006

Transaction ID: SA11A1.67952

Amount of Each Receipt this Period  
25.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	275.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 66
	<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

Full Name (Last, First, Middle Initial) <b>A. MR NELSON GEMMEN</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006	
Mailing Address 11516 68TH AVE # 57		<b>Transaction ID: SA11A1.67653</b>	
City ALLENDALE	State MI	Zip Code 49401	Amount of Each Receipt this Period 120.00
FEC ID number of contributing federal political committee. C			
Name of Employer INFO REQUESTED		Occupation INFO REQUESTED	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00		

Full Name (Last, First, Middle Initial) <b>B. MS JEAN GERSTNER</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 05 / 2006	
Mailing Address 351 E JOSEPH WAY		<b>Transaction ID: SA11A1.67882</b>	
City GILBERT	State AZ	Zip Code 85296	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C			
Name of Employer SELF-EMPLOYED		Occupation SELF EMPLOYED	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

Full Name (Last, First, Middle Initial) <b>C. MR WILLIAM P GILMORE</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 21 / 2006	
Mailing Address 102 FRENCH AVE		<b>Transaction ID: SA11A1.67406</b>	
City BROCKTON	State MA	Zip Code 02301	Amount of Each Receipt this Period 75.00
FEC ID number of contributing federal political committee. C			
Name of Employer GARVEY TRANSPORT INC.		Occupation RATE CLERK	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	245.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 19 / 66
	(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.** Full Name (Last, First, Middle Initial)  
MR DENNIS A GOLDENMAN

Mailing Address 2016 18TH AVE

City State Zip Code  
MONROE WI 53566

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

Name of Employer Occupation  
THE SWISS COLONY INC ACCOUNTANT

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
825.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 15 / 2006

Transaction ID: SA11A1.67674

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
MR JOHN M GORDON, JR

Mailing Address 1145 AUTUMN RDG NE

City State Zip Code  
ADA MI 49301

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

Name of Employer Occupation  
GORDON FOOD SERVICE INC TREASURER

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 19 / 2006

Transaction ID: SA11A1.67651

Amount of Each Receipt this Period  
1500.00

**C.** Full Name (Last, First, Middle Initial)  
MR MICHAEL A GUERRERO

Mailing Address 11 SWALLOWS LN

City State Zip Code  
TRABUCO CYN CA 92679

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

Name of Employer Occupation  
REVIEW CO SALES

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 18 / 2006

Transaction ID: SA11A1.67923

Amount of Each Receipt this Period  
1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2750.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 66
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Campaign for Working Families

**A.** Full Name (Last, First, Middle Initial)  
MR 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  
FED EX PILOT

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1450.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 06 / 2006

Transaction ID: SA11A1.67790

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
MRS EVENELLE B HAMLIN

Mailing Address 3401 IRVING AVE N

City State Zip Code  
MINNEAPOLIS MN 55412

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

Name of Employer Occupation  
HOMEMAKER HOMEMAKER

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 19 / 2006

Transaction ID: SA11A1.67689

Amount of Each Receipt this Period  
200.00

**C.** Full Name (Last, First, Middle Initial)  
MRS RUTH DAHLGREN HARTMAN

Mailing Address 1213 N VUECREST

City State Zip Code  
ELLENSBURG WA 98926

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

Name of Employer Occupation  
INFO REQUESTED INFO REQUESTED

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 19 / 2006

Transaction ID: SA11A1.68012

Amount of Each Receipt this Period  
50.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 66
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Campaign for Working Families

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

Mailing Address 101 EMERALD HIGHLANDS WAY

City State Zip Code  
SEQUIM WA 98382

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

Name of Employer Occupation  
INFO REQUESTED INFO REQUESTED

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 29 / 2006

Transaction ID: SA11A1.68006

Amount of Each Receipt this Period  
30.00

**B.** Full Name (Last, First, Middle Initial)  
MR PAUL L HERTENSTEIN

Mailing Address 5145 NW 80TH AVENUE RD

City State Zip Code  
OCALA FL 34482

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 14 / 2006

Transaction ID: SA11A1.67551

Amount of Each Receipt this Period  
150.00

**C.** Full Name (Last, First, Middle Initial)  
MRS BABETTE HILL

Mailing Address 157 NE COAL LN

City State Zip Code  
TRENTON MO 64683

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

Name of Employer Occupation  
HOME FAMILY MANAGER

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
900.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 21 / 2006

Transaction ID: SA11A1.67760

Amount of Each Receipt this Period  
300.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	480.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 66
	<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

Full Name (Last, First, Middle Initial) <b>A. MR ALAN HOKANSON</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 06 / 2006	
Mailing Address 152 GRANDE VISTA WAY		<b>Transaction ID: SA11A1.67555</b>	
City State Zip Code CHELSEA AL 35043	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer BIOHORIZONS IMPLANT SYSTE-MS INC	Occupation VP OPERATIONS		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00		

Full Name (Last, First, Middle Initial) <b>B. MR MARK A HOLMES</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 22 / 2006	
Mailing Address 6035 S VIVIAN ST		<b>Transaction ID: SA11A1.67857</b>	
City State Zip Code LITTLETON CO 80127	Amount of Each Receipt this Period 2500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer BAMBRO BCT INC	Occupation REGULATORY AFFAIRS		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3300.00		

Full Name (Last, First, Middle Initial) <b>C. MR LARRY J HONEA</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 22 / 2006	
Mailing Address 6707 MEADOW RD		<b>Transaction ID: SA11A1.67816</b>	
City State Zip Code DALLAS TX 75230	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer INFO REQUESTED- NOT RECD	Occupation REAL ESTATE		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2950.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 66
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Campaign for Working Families

**A.** Full Name (Last, First, Middle Initial)  
MR DAVID A HONSINGER

Mailing Address 1028 COLUMBINE ST

City WENATCHEE State WA Zip Code 98801

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

Name of Employer WASHINGTON STATE DOT Occupation CIVIL ENGINEER

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 06 / 2006

Transaction ID: SA11A1.68011

Amount of Each Receipt this Period  
 25.00

**B.** Full Name (Last, First, Middle Initial)  
MR ROBERT M HOOVER

Mailing Address 210 E CURLING DR

City BOISE State ID Zip Code 83702

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

Name of Employer SELF EMPLOYED Occupation CERTIFIED FINANCIAL PLANNER

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 06 / 2006

Transaction ID: SA11A1.67875

Amount of Each Receipt this Period  
 25.00

**C.** Full Name (Last, First, Middle Initial)  
MRS SHIRLEY HUMPHRIES

Mailing Address 1897 GREENPINE DR

City CINCINNATI State OH Zip Code 45231

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

Name of Employer LANDMARK CHRISTIAN ACADEMY Occupation R N

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 14 / 2006

Transaction ID: SA11A1.67602

Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 300.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 66
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Campaign for Working Families

**A.** Full Name (Last, First, Middle Initial)  
DR CURTIS R IMEL

Mailing Address 9 COUNTRYSIDE AVE

City State Zip Code  
OTTAWA IL 61350

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

Name of Employer Occupation  
SELF EMPLOYED ORTHRODONTIST

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 15 / 2006

Transaction ID: SA11A1.67743

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
MRS CYNTHIA J JOHNSON

Mailing Address 614 MEADOW LN

City State Zip Code  
ALLEN TX 75002

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

Name of Employer Occupation  
N TEXAS REG CANCER CTR MEDICAL TECHNOLOGIST

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 28 / 2006

Transaction ID: SA11A1.67795

Amount of Each Receipt this Period  
500.00

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

Mailing Address 350 E HENSCHEN ST

City State Zip Code  
GARNER IA 50438

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
700.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 08 / 2006

Transaction ID: SA11A1.67660

Amount of Each Receipt this Period  
100.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1100.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 66
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Campaign for Working Families

**A.** Full Name (Last, First, Middle Initial)  
MR GUY KEITH

Mailing Address 4195 VIKING WAY #150

City State Zip Code  
LONG BEACH CA 90808

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

Name of Employer Occupation  
APMC SALES

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 29 / 2006

Transaction ID: SA11A1.67903

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
MR HERMAN KERKSTRA

Mailing Address 6612 SKY VIEW DR

City State Zip Code  
BAKERSFIELD CA 93307

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
480.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 08 / 2006

Transaction ID: SA11A1.67937

Amount of Each Receipt this Period  
60.00

**C.** Full Name (Last, First, Middle Initial)  
MR ROBERT M KISER

Mailing Address 9106 BEDFORD DR

City State Zip Code  
ODESSA TX 79764

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 15 / 2006

Transaction ID: SA11A1.67853

Amount of Each Receipt this Period  
100.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	660.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 26 / 66
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Campaign for Working Families

**A.** Full Name (Last, First, Middle Initial)  
MRS PAULINE H KREIDER

Mailing Address 760 HOSTETTER RD

City State Zip Code  
MANHEIM PA 17545

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 18 / 2006

Transaction ID: SA11A1.67451

Amount of Each Receipt this Period  
300.00

**B.** Full Name (Last, First, Middle Initial)  
MR JAMES D KUEMMEL

Mailing Address 20 PATRICIA CT

City State Zip Code  
LULING LA 70070

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

Name of Employer Occupation  
INFO REQUESTED INFO REQUESTED

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 21 / 2006

Transaction ID: SA11A1.67785

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
MR ROBERT LAKE

Mailing Address 2721 18TH ST

City State Zip Code  
BAKERSFIELD CA 93301

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

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

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 08 / 2006

Transaction ID: SA11A1.67936

Amount of Each Receipt this Period  
50.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	450.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 66
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Campaign for Working Families

**A.** Full Name (Last, First, Middle Initial)  
DR JAMES B LAWSON

Mailing Address 904 13TH AVE NE

City State Zip Code  
DEVILS LAKE ND 58301

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

Name of Employer Occupation  
INFO REQUESTED INFO REQUESTED

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 27 / 2006

Transaction ID: SA11A1.67711

Amount of Each Receipt this Period  
75.00

**B.** Full Name (Last, First, Middle Initial)  
MR JOHN LEMMONS

Mailing Address 1973 ROSE VALLEY RD

City State Zip Code  
KELSO WA 98626

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

Name of Employer Occupation  
PACIFIC FIBRE PRODUCTS INC EXECUTIVE

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 12 / 2006

Transaction ID: SA11A1.68009

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
MRS JANE R MARSH

Mailing Address 412 SHOSHONE AVE

City State Zip Code  
NAMPA ID 83651

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

Name of Employer Occupation  
INFO REQUESTED INFO REQUESTED

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
255.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 12 / 2006

Transaction ID: SA11A1.67874

Amount of Each Receipt this Period  
30.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 66
	<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

<b>A.</b> Full Name (Last, First, Middle Initial) DR ROY V MAXSON		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2006	
Mailing Address 5785 E 500 S		<b>Transaction ID:</b> SA11A1.67617	
City WHITESTOWN	State IN	Zip Code 46075	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer RETIRED	Occupation RETIRED PHYSICIAN		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1400.00		

<b>B.</b> Full Name (Last, First, Middle Initial) DR JON TOM MCANEAR		Date of Receipt M M / D D / Y Y Y Y 09 / 06 / 2006	
Mailing Address 306 ZORNIA DR		<b>Transaction ID:</b> SA11A1.67843	
City SAN ANTONIO	State TX	Zip Code 78213	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer INFO REQUESTED- NOT RECD	Occupation INFO REQUESTED- NOT RECD		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

<b>C.</b> Full Name (Last, First, Middle Initial) MR PHILIP E MCDANIEL		Date of Receipt M M / D D / Y Y Y Y 09 / 06 / 2006	
Mailing Address 4208 SCOOTER LN		<b>Transaction ID:</b> SA11A1.67536	
City MILTON	State FL	Zip Code 32583	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1525.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 66
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Campaign for Working Families

**A.** Full Name (Last, First, Middle Initial)  
MR DAVID E 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: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
290.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 11 / 2006

Transaction ID: SA11A1.67714

Amount of Each Receipt this Period  
30.00

**B.** Full Name (Last, First, Middle Initial)  
MR MICHAEL W MCRAE

Mailing Address 4710 PAULA WAY

City State Zip Code  
FAIR OAKS CA 95628

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

Name of Employer Occupation  
SMUD ENGINEER

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2293.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 21 / 2006

Transaction ID: SA11A1.67962

Amount of Each Receipt this Period  
1168.00

**C.** Full Name (Last, First, Middle Initial)  
MR DAVID MEHL

Mailing Address 7598 N SECRET CANYON DR

City State Zip Code  
TUCSON AZ 85718

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

Name of Employer Occupation  
COTTONWOOD PROPERTIES BUSINESS OWNER

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 21 / 2006

Transaction ID: SA11A1.67885

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1698.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 66
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Campaign for Working Families

**A.** Full Name (Last, First, Middle Initial)  
MR RICHARD D MERILLAT

Mailing Address 2600 GORDON DR

City State Zip Code  
NAPLES FL 34102

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10000.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 25 / 2006

Transaction ID: SA11A1.67550

Amount of Each Receipt this Period  
5000.00

**B.** Full Name (Last, First, Middle Initial)  
MR JEFFREY N MILLER

Mailing Address 104 FRIARS CT

City State Zip Code  
WILLIAMSBURG VA 23185

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

Name of Employer Occupation  
JEFFREY MILLER BUILDER IN-C. BUILDER

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 08 / 2006

Transaction ID: SA11A1.67484

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
MR WILLIAM T MILLS, III

Mailing Address PO BOX 52592

City State Zip Code  
LAFAYETTE LA 70505

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

Name of Employer Occupation  
THE NEW LIFE FOUNDATION SELF

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 08 / 2006

Transaction ID: SA11A1.67786

Amount of Each Receipt this Period  
5000.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	10100.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 66
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Campaign for Working Families

**A.** Full Name (Last, First, Middle Initial)  
MR ROBERT L MILNE

Mailing Address 2517 BRENTWOOD DR

City State Zip Code  
ABILENE TX 79605

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

Name of Employer INFO REQUESTED Occupation INFO REQUESTED

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 19 / 2006

Transaction ID: SA11A1.67852

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
MR JOHN NEPERMANN

Mailing Address 12N860 US HIGHWAY 20

City State Zip Code  
ELGIN IL 60123

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

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

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 19 / 2006

Transaction ID: SA11A1.67727

Amount of Each Receipt this Period  
300.00

**C.** Full Name (Last, First, Middle Initial)  
JOHN NICHOLS

Mailing Address 1654 LA JOLLA RANCHO RD

City State Zip Code  
LA JOLLA CA 92037

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
325.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 06 / 2006

Transaction ID: SA11A1.67910

Amount of Each Receipt this Period  
25.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	425.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 32 / 66
	(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

Full Name (Last, First, Middle Initial) <b>A. MR JEFF J NORKUS</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 22 / 2006	
Mailing Address 20 EAGLE CLAW DR		<b>Transaction ID: SA11A1.67510</b>	
City State Zip Code HILTON HEAD SC 29926	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer IBM	Occupation PLANNING		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00		

Full Name (Last, First, Middle Initial) <b>B. MR ELIOT K NYMEYER</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 19 / 2006	
Mailing Address 25508 S KLEMME RD		<b>Transaction ID: SA11A1.67734</b>	
City State Zip Code CRETE IL 60417	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer INFO REQUESTED- NOT RECD	Occupation INFO REQUESTED- NOT RECD		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) <b>C. MRS VIOLA PANMAN</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 05 / 2006	
Mailing Address 1152 CALLE MARIA		<b>Transaction ID: SA11A1.67913</b>	
City State Zip Code SAN MARCOS CA 92069	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer HOMEMAKER	Occupation HOMEMAKER		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	550.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 33 / 66						
	(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

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NAME OF COMMITTEE (In Full)  
Campaign for Working Families

Full Name (Last, First, Middle Initial) <b>A. MR LINTON PARK</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 19 / 2006	
Mailing Address 1630 EASTLAKE CIR		<b>Transaction ID: SA11A1.67953</b>	
City State Zip Code TRACY CA 95304	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer TERADYNE INC	Occupation ENGINEER		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) <b>B. MR RONALD W PHARRIS</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2006	
Mailing Address 130 EL DORADO LN		<b>Transaction ID: SA11A1.67928</b>	
City State Zip Code ANAHEIM CA 92807	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer SELF	Occupation REAL ESTATE		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

Full Name (Last, First, Middle Initial) <b>C. MR RICK RACITI</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 19 / 2006	
Mailing Address 325 LAUREL AVE APT 107		<b>Transaction ID: SA11A1.67682</b>	
City State Zip Code SAINT PAUL MN 55102	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer INFO REQUESTED- NOT RECD	Occupation INFO REQUESTED- NOT RECD		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 66
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Campaign for Working Families

**A.** Full Name (Last, First, Middle Initial)  
MR RUSSEL E RHOADS

Mailing Address 4913 W RICHARDSON RD

City PASCO State WA Zip Code 99301

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

Name of Employer BATTELLE MEMORIAL INSTITUTE Occupation ENGINEER

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 11 / 2006

Transaction ID: SA11A1.68015

Amount of Each Receipt this Period  
 500.00

**B.** Full Name (Last, First, Middle Initial)  
MR DAVID A ROST

Mailing Address 4116 KYLE RD

City CEDARVILLE State OH Zip Code 45314

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

Name of Employer SELF Occupation INVESTMENT MGR

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 14 / 2006

Transaction ID: SA11A1.67604

Amount of Each Receipt this Period  
 300.00

**C.** Full Name (Last, First, Middle Initial)  
MS HELEN H SATHER

Mailing Address PO BOX 74

City ROUND LAKE State MN Zip Code 56167

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 19 / 2006

Transaction ID: SA11A1.67701

Amount of Each Receipt this Period  
 500.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 66
	<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

Full Name (Last, First, Middle Initial) <b>A. DAVE SCHMITT</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 18 / 2006	
Mailing Address 1460 SENECA RD NW		<b>Transaction ID: SA11A1.67668</b>	
City <b>SWISHER</b>	State <b>IA</b>	Zip Code <b>52338</b>	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer DAVE SCHMITT CONST G INC.		Occupation <b>CONTRACTOR</b>	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. MR DOUGLAS M SCHROEDER</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 25 / 2006	
Mailing Address 15720 52ND AVE N		<b>Transaction ID: SA11A1.67690</b>	
City <b>MINNEAPOLIS</b>	State <b>MN</b>	Zip Code <b>55446</b>	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer NORTHWESTERN		Occupation <b>CFO</b>	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 450.00	

Full Name (Last, First, Middle Initial) <b>C. MS DORY SCOTT</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 18 / 2006	
Mailing Address 3700 BARBARA PL		<b>Transaction ID: SA11A1.67781</b>	
City <b>METAIRIE</b>	State <b>LA</b>	Zip Code <b>70002</b>	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer E N BISSO & SON INC		Occupation <b>HARBOR TOWAGE</b>	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 350.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	600.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 66
	<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

Full Name (Last, First, Middle Initial) <b>A. GARY SELF</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 14 / 2006
Mailing Address 8508 YORKSHIRE DR		<b>Transaction ID: SA11A1.67839</b>
City ORANGE State TX Zip Code 77632	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer WAL-MART	Occupation PHARMACIST	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	

Full Name (Last, First, Middle Initial) <b>B. WARREN SIMANDLE</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 06 / 2006
Mailing Address 2322 VISTA MADERA		<b>Transaction ID: SA11A1.67932</b>
City SANTA BARBARA State CA Zip Code 93101	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer SANTA BARBARA HIGH SCHOOL DIST	Occupation PUBLIC SCHOOL TEACHER	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) <b>C. MR JONATHAN SISK</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2006
Mailing Address 2048 MERCER RD		<b>Transaction ID: SA11A1.67577</b>
City LEXINGTON State KY Zip Code 40511	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer AUDIO AUTHORITY CORP	Occupation SMALL BUSINESS OWNER	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1075.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 66
	<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

Full Name (Last, First, Middle Initial) <b>A. NICK SKERIOTIS</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 19 / 2006	
Mailing Address 967 TERSHELL TRL		<b>Transaction ID: SA11A1.67587</b>	
City State Zip Code MOGADORE OH 44260		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation SEK ASPHALT & CONCRETE INC ASPHALT & CONCRETE PAVING			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. RANDALL SKOV</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 06 / 2006	
Mailing Address 115 TALL TIMBER CT		<b>Transaction ID: SA11A1.67521</b>	
City State Zip Code FAYETTEVILLE GA 30215		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation US AIR FORCE WEATHER OFFICER			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 450.00	

Full Name (Last, First, Middle Initial) <b>C. MRS DEBORAH E SMITH</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 06 / 2006	
Mailing Address 3360 E TERRELL BRANCH CT SE		<b>Transaction ID: SA11A1.67513</b>	
City State Zip Code MARIETTA GA 30067		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation HOMEMAKER HOMEMAKER			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 450.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	575.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 / 66
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Campaign for Working Families

**A.** Full Name (Last, First, Middle Initial)  
MR J HALSEY SMITH, JR

Mailing Address 139 CHESTNUT ST

City State Zip Code  
RAMSEY NJ 07446

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 19 / 2006

Transaction ID: SA11A1.67419

Amount of Each Receipt this Period  
150.00

**B.** Full Name (Last, First, Middle Initial)  
MR PATRICK SPRUNGER

Mailing Address 5915 HEYWOOD CV

City State Zip Code  
FORT WAYNE IN 46815

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

Name of Employer Occupation  
SIMPLEX GEN MGR

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 21 / 2006

Transaction ID: SA11A1.67624

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
MRS ESTHER R STEEGE

Mailing Address 4600 FOREST AVE SE

City State Zip Code  
MERCER ISLAND WA 98040

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

Name of Employer Occupation  
HOMEMAKER HOMEMAKER

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
800.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 01 / 2006

Transaction ID: SA11A1.67994

Amount of Each Receipt this Period  
200.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1350.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 / 66
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Campaign for Working Families

**A.** Full Name (Last, First, Middle Initial)  
MS ELAINE STEITZ

Mailing Address 3418 HAYMAN DR

City State Zip Code  
GARLAND TX 75043

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

Name of Employer Occupation  
CAMPUS CRUSADE FOR CHRIST MENTOR

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 29 / 2006

Transaction ID: SA11A1.67803

Amount of Each Receipt this Period  
300.00

**B.** Full Name (Last, First, Middle Initial)  
MR WILLIAM C STEWART

Mailing Address 5114 KINGFISHER DR

City State Zip Code  
HOUSTON TX 77035

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

Name of Employer Occupation  
INFO REQUESTED INFO REQUESTED

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
325.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 21 / 2006

Transaction ID: SA11A1.67827

Amount of Each Receipt this Period  
75.00

**C.** Full Name (Last, First, Middle Initial)  
MR STEPHEN STUDE

Mailing Address 32797 820TH ST

City State Zip Code  
BREWSTER MN 56119

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

Name of Employer Occupation  
SELF EMPLOYED FARMER

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 06 / 2006

Transaction ID: SA11A1.67698

Amount of Each Receipt this Period  
25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **400.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 / 66
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Campaign for Working Families

**A.** Full Name (Last, First, Middle Initial)  
MR G EDWARD SUITER

Mailing Address 2025 LAMBERT CT

City PLANO State TX Zip Code 75075

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 14 / 2006

Transaction ID: SA11A1.67808

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
MR BRIAN C SWARTZ

Mailing Address PO BOX 770162

City MEMPHIS State TN Zip Code 38177

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

Name of Employer INFO REQUESTED Occupation INFO REQUESTED

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 15 / 2006

Transaction ID: SA11A1.67573

Amount of Each Receipt this Period  
50.00

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

Mailing Address 24902 N POINTE PL

City KATY State TX Zip Code 77494

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

Name of Employer AVIARA ENERGY Occupation ENGINEER

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 06 / 2006

Transaction ID: SA11A1.67834

Amount of Each Receipt this Period  
50.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	600.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 / 66
	<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

Full Name (Last, First, Middle Initial) <b>A. DR JAMES P SYVRUD</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 08 / 2006	
Mailing Address 8225 BRUTON RD		Transaction ID: SA11A1.67814	
City DALLAS	State TX	Zip Code 75217	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			
Name of Employer OWNER & LIBERTY HEALTHCARE	Occupation CHIROPRACTOR		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00		

Full Name (Last, First, Middle Initial) <b>B. MRS MARY I THAYER</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 21 / 2006	
Mailing Address 8801 FORD RD S		Transaction ID: SA11A1.67630	
City MOUNT VERNON	State IN	Zip Code 47620	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			
Name of Employer INFO REQUESTED	Occupation INFO REQUESTED		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) <b>C. MRS HARRIET THEUNE</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006	
Mailing Address PO BOX 306		Transaction ID: SA11A1.67669	
City OOSTBURG	State WI	Zip Code 53070	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C			
Name of Employer UNEMPLOYED	Occupation UNEMPLOYED		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 / 66
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Campaign for Working Families

**A.** Full Name (Last, First, Middle Initial)  
MS CAROLE TOWNSEND

Mailing Address 30 LONE PINE WAY

City State Zip Code  
COLORADO SPGS CO 80919

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

Name of Employer Occupation  
INFO REQUESTED INFO REQUESTED

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
325.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 18 / 2006

Transaction ID: SA11A1.67869

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
MR CLIFFORD F TRACY

Mailing Address 18747 SAN FELIPE ST

City State Zip Code  
FOUNTAIN VLY CA 92708

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 01 / 2006

Transaction ID: SA11A1.67926

Amount of Each Receipt this Period  
200.00

**C.** Full Name (Last, First, Middle Initial)  
MR KENTON H UNDERWOOD

Mailing Address 106 HONEYSUCKLE DR

City State Zip Code  
BOALSBURG PA 16827

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1325.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 21 / 2006

Transaction ID: SA11A1.67446

Amount of Each Receipt this Period  
450.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	750.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 / 66
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Campaign for Working Families

**A.** Full Name (Last, First, Middle Initial)  
MRS POLLY URQUHART

Mailing Address 5964 MELETIO LN

City State Zip Code  
DALLAS TX 75230

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

Name of Employer Occupation  
HOMEMAKER HOMEMAKER

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
700.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 08 / 2006

Transaction ID: SA11A1.67817

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
MRS THEADORA VAN FLEEREN

Mailing Address 14253 QUINCY ST

City State Zip Code  
HOLLAND MI 49424

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

Name of Employer Occupation  
INFO REQUESTED INFO REQUESTED

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 06 / 2006

Transaction ID: SA11A1.67654

Amount of Each Receipt this Period  
120.00

**C.** Full Name (Last, First, Middle Initial)  
MR DAVE VOGT

Mailing Address 3225 GRAHAM RD

City State Zip Code  
FALLS CHURCH VA 22042

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

Name of Employer Occupation  
AXA FINANCIAL ADVISOR

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1250.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 19 / 2006

Transaction ID: SA11A1.67475

Amount of Each Receipt this Period  
1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1620.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 44 / 66
	(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

Full Name (Last, First, Middle Initial) <b>A. MRS DONALD A WHITE, JR</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 11 / 2006	
Mailing Address 9412 ROCKY HILLS DR		<b>Transaction ID: SA11A1.67572</b>	
City State Zip Code CORDOVA TN 38018	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer HOMEMAKER	Occupation HOMEMAKER		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00		

Full Name (Last, First, Middle Initial) <b>B. MRS LOIS WIERENGA</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 06 / 2006	
Mailing Address 3442 OLDERIDGE DR NE		<b>Transaction ID: SA11A1.67655</b>	
City State Zip Code GRAND RAPIDS MI 49525	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer GRAND RAPIDS PUBLIC SCHOOLS	Occupation TEACHER		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00		

Full Name (Last, First, Middle Initial) <b>C. MR WILLIAM J WILLIS</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 14 / 2006	
Mailing Address 1194 DUNBROOKE LN		<b>Transaction ID: SA11A1.67522</b>	
City State Zip Code DUNWOODY GA 30338	Amount of Each Receipt this Period 240.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer INFO REQUESTED- NOT RECD	Occupation INFO REQUESTED- NOT RECD		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	290.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 / 66
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Campaign for Working Families

**A.** Full Name (Last, First, Middle Initial)  
MRS IRENE MA WONG

Mailing Address 711 NOME AVE

City State Zip Code  
MODESTO CA 95350

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

Name of Employer Occupation  
SUTTER GOULD MED FOUNDATI- ON CLINICAL LAB SCIENTIST

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 21 / 2006

Transaction ID: SA11A1.67955

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
MS DOROTHY V WRAY

Mailing Address 1416 GRAND AVE

City State Zip Code  
SWEETWATER TX 79556

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

Name of Employer Occupation  
HOMEMAKER HOMEMAKER

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 06 / 2006

Transaction ID: SA11A1.67851

Amount of Each Receipt this Period  
70.00

**C.** Full Name (Last, First, Middle Initial)  
MRS CAROLE D WRIGHT

Mailing Address 940 HAMILTON RIDGE RD

City State Zip Code  
KNOXVILLE TX 78631

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 06 / 2006

Transaction ID: SA11A1.67846

Amount of Each Receipt this Period  
25.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>345.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 46 / 66	
	(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

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NAME OF COMMITTEE (In Full)  
Campaign for Working Families

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

Mailing Address 2261 WARREN DR

City State Zip Code  
MORRISTOWN TN 37814

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
295.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	4	/	2	0	0	6

Transaction ID: SA11A1.67567

Amount of Each Receipt this Period  
30.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	30.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	51128.20

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 47 / 66
	(check only one)
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Campaign for Working Families

**A.** Full Name (Last, First, Middle Initial)  
ALLFIRST BANK

Mailing Address 1800 K Street

City State Zip Code  
Washington DC 20002

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
15828.56

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	0	6

Transaction ID: SA17.68077

Amount of Each Receipt this Period  
129.25

INTEREST INCOME

**B.** Full Name (Last, First, Middle Initial)  
Suntrust

Mailing Address P.O. Box 622227

City State Zip Code  
Orlando FL 32862

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
485.97

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	0	6

Transaction ID: SA17.68078

Amount of Each Receipt this Period  
443.97

INTEREST INCOME

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	573.22
<b>TOTAL</b> This Period (last page this line number only) .....	▶	573.22

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Campaign for Working Families

Full Name (Last, First, Middle Initial) <b>A. ALLFIRST BANK</b>		<b>Transaction ID: SB21B.68022</b>	
Mailing Address 1800 K Street		Date of Disbursement 09 / 10 / 2006	
City Washington	State DC	Zip Code 20002	Amount of Each Disbursement this Period 624.61
Purpose of Disbursement BANK FEES		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. ALLFIRST BANK</b>		<b>Transaction ID: SB21B.68076</b>	
Mailing Address 1800 K Street		Date of Disbursement 09 / 30 / 2006	
City Washington	State DC	Zip Code 20002	Amount of Each Disbursement this Period 5.37
Purpose of Disbursement BANK FEES		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Gary Bauer</b>		<b>Transaction ID: SB21B.68061</b>	
Mailing Address 2800 Shirlington Road		Date of Disbursement 09 / 26 / 2006	
City Arlington	State VA	Zip Code 22206	Amount of Each Disbursement this Period 7200.00
Purpose of Disbursement CONSULTING - POLITICAL AND ADMIN		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

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

**7829.98**

**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 / 66

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

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NAME OF COMMITTEE (In Full)  
Campaign for Working Families

Full Name (Last, First, Middle Initial) <b>A. CAPITOL ADVANTAGE</b>		<b>Transaction ID:</b> SB21B.68057 Date of Disbursement
Mailing Address P.O. 1223		<input type="text" value="09"/> <input type="text" value="26"/> / <input type="text" value="20"/> <input type="text" value="06"/>
City McLean	State VA	Zip Code 22101
Purpose of Disbursement DUES AND SUBSCRIPTIONS	<input type="text" value="1500.00"/>	
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:		

Full Name (Last, First, Middle Initial) <b>B. DEER PARK</b>		<b>Transaction ID:</b> SB21B.68031 Date of Disbursement
Mailing Address P.O. Box 52271		<input type="text" value="09"/> <input type="text" value="06"/> / <input type="text" value="20"/> <input type="text" value="06"/>
City Phoenix	State AZ	Zip Code 85072
Purpose of Disbursement OFFICE EXPENSE	<input type="text" value="14.30"/>	
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:		

Full Name (Last, First, Middle Initial) <b>C. DISCOVER FINANCIAL SERVICES</b>		<b>Transaction ID:</b> SB21B.68024 Date of Disbursement
Mailing Address P.O. Box 8181		<input type="text" value="09"/> <input type="text" value="01"/> / <input type="text" value="20"/> <input type="text" value="06"/>
City Grey	State TN	Zip Code 37615
Purpose of Disbursement BANK FEES	<input type="text" value="9.95"/>	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	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) .....	<input type="text" value="1524.25"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Campaign for Working Families

Full Name (Last, First, Middle Initial) <b>A. DISCOVER FINANCIAL SERVICES</b>		<b>Transaction ID:</b> SB21B.68025																					
Mailing Address P.O. Box 8181		Date of Disbursement																					
City Grey State TN Zip Code 37615		<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>9</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	6		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	9		0	6		2	0	0	6														
Purpose of Disbursement BANK FEES		Amount of Each Disbursement this Period																					
Candidate Name		<table border="1"> <tr> <td colspan="10">2.04</td> </tr> </table>		2.04																			
2.04																							
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General																					
State: District:		<input type="checkbox"/> Other (specify) ▼																					

Full Name (Last, First, Middle Initial) <b>B. DISCOVER FINANCIAL SERVICES</b>		<b>Transaction ID:</b> SB21B.68026																					
Mailing Address P.O. Box 8181		Date of Disbursement																					
City Grey State TN Zip Code 37615		<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>9</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	4		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	9		1	4		2	0	0	6														
Purpose of Disbursement BANK FEES		Amount of Each Disbursement this Period																					
Candidate Name		<table border="1"> <tr> <td colspan="10">8.91</td> </tr> </table>		8.91																			
8.91																							
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General																					
State: District:		<input type="checkbox"/> Other (specify) ▼																					

Full Name (Last, First, Middle Initial) <b>C. DISCOVER FINANCIAL SERVICES</b>		<b>Transaction ID:</b> SB21B.68028																					
Mailing Address P.O. Box 8181		Date of Disbursement																					
City Grey State TN Zip Code 37615		<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>9</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	9		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	9		1	9		2	0	0	6														
Purpose of Disbursement BANK FEES		Amount of Each Disbursement this Period																					
Candidate Name		<table border="1"> <tr> <td colspan="10">6.62</td> </tr> </table>		6.62																			
6.62																							
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General																					
State: District:		<input type="checkbox"/> Other (specify) ▼																					

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	<table border="1"><tr><td>17.57</td></tr></table>	17.57
17.57			
<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

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NAME OF COMMITTEE (In Full)  
Campaign for Working Families

**A. DISCOVER FINANCIAL SERVICES**

Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 8181

City Grey State TN Zip Code 37615

Purpose of Disbursement  
BANK FEES

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

**Transaction ID: SB21B.68079**

Date of Disbursement

09 / 22 / 2006

Amount of Each Disbursement this Period

8.91

**B. DISCOVER FINANCIAL SERVICES**

Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 8181

City Grey State TN Zip Code 37615

Purpose of Disbursement  
BANK FEES

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

**Transaction ID: SB21B.68029**

Date of Disbursement

09 / 29 / 2006

Amount of Each Disbursement this Period

12.11

**C. F&M BANK**

Full Name (Last, First, Middle Initial)

Mailing Address 4117 Chain Bridge Road

City Fairfax State VA Zip Code 22030

Purpose of Disbursement  
BANK FEES

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

**Transaction ID: SB21B.68027**

Date of Disbursement

09 / 15 / 2006

Amount of Each Disbursement this Period

532.65

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

553.67

**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)

PAGE 52 / 66

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

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NAME OF COMMITTEE (In Full)  
Campaign for Working Families

Full Name (Last, First, Middle Initial) <b>A. LASER AGE INC.</b>		<b>Transaction ID:</b> SB21B.68062 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 6
Mailing Address 7210-E Gary Road		Amount of Each Disbursement this Period 252.00
City Manassas State VA Zip Code 20109	Purpose of Disbursement OFFICE SUPPLIES Candidate Name <input type="text"/> 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) ▼	

Full Name (Last, First, Middle Initial) <b>B. LEXIS NEXIS</b>		<b>Transaction ID:</b> SB21B.68080 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 6
Mailing Address P.O. Box 7247-7090		Amount of Each Disbursement this Period 350.00
City Philadelphia State PA Zip Code 19170	Purpose of Disbursement DUES AND SUBSCRIPTIONS Candidate Name <input type="text"/> 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) ▼	

Full Name (Last, First, Middle Initial) <b>C. MGP Shirlington Gateway</b>		<b>Transaction ID:</b> SB21B.68054 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 6
Mailing Address P.O. Box 201630		Amount of Each Disbursement this Period 2278.36
City Dallas State TX Zip Code 75320	Purpose of Disbursement RENT Candidate Name <input type="text"/> 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) ..... ▶	2880.36
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	<input type="text"/>

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 53 / 66

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

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NAME OF COMMITTEE (In Full)  
Campaign for Working Families

Full Name (Last, First, Middle Initial) <b>A. MILLERS OFFICE SUPPLY</b>		<b>Transaction ID:</b> SB21B.68032 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 0 6 / 2 0 0 6
Mailing Address P.O. Box 990098		Amount of Each Disbursement this Period 74.27
City Hartford State CT Zip Code 06199	Purpose of Disbursement OFFICE SUPPLIES 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) ▼	Category/Type

Full Name (Last, First, Middle Initial) <b>B. Bill Moeller</b>		<b>Transaction ID:</b> SB21B.68056 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 6
Mailing Address 2800 Shirlington Road #930		Amount of Each Disbursement this Period 2150.00
City Arlington State VA Zip Code 22206	Purpose of Disbursement CONSULTING - POLITICAL 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) ▼	Category/Type

Full Name (Last, First, Middle Initial) <b>C. NATIONAL JOURNAL</b>		<b>Transaction ID:</b> SB21B.68065 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 6
Mailing Address 1501 M Street, NW		Amount of Each Disbursement this Period 1597.50
City Washington State DC Zip Code 20005	Purpose of Disbursement DUES AND SUBSCRIPTIONS Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>3821.77</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)

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

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NAME OF COMMITTEE (In Full)  
Campaign for Working Families

Full Name (Last, First, Middle Initial) <b>A. Ohioans for Blackwell</b>		<b>Transaction ID:</b> SB21B.68068 <b>Date of Disbursement</b> MM / DD / YYYY 09 / 26 / 2006
Mailing Address 172 East State Street #203		Amount of Each Disbursement this Period 5000.00
City Columbus State OH Zip Code 43215	Purpose of Disbursement CONTRIBUTION	
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) ▼	

Full Name (Last, First, Middle Initial) <b>B. RECORDS MGMT INC</b>		<b>Transaction ID:</b> SB21B.68055 <b>Date of Disbursement</b> MM / DD / YYYY 09 / 26 / 2006
Mailing Address 7726 Southern Drive		Amount of Each Disbursement this Period 160.80
City Springfield State VA Zip Code 22150	Purpose of Disbursement STORAGE FEES	
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) ▼	

Full Name (Last, First, Middle Initial) <b>C. SOUTHWEST PUBLISHING</b>		<b>Transaction ID:</b> SB21B.68071 <b>Date of Disbursement</b> MM / DD / YYYY 09 / 22 / 2006
Mailing Address 2600 NW Topeka Blvd.		Amount of Each Disbursement this Period 3651.84
City Topeka State KS Zip Code 66617	Purpose of Disbursement PAC - DIRECT MAIL POSTAGE	
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) ..... ▶	8812.64
<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 55 / 66

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

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NAME OF COMMITTEE (In Full)  
Campaign for Working Families

Full Name (Last, First, Middle Initial) <b>A. SPRINT</b>		<b>Transaction ID:</b> SB21B.68066	
Mailing Address P.O. Box 530503		Date of Disbursement 09 / 26 / 2006	
City Atlanta	State GA	Zip Code 30353	Amount of Each Disbursement this Period 55.81
Purpose of Disbursement TELEPHONE	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) ▼		

Full Name (Last, First, Middle Initial) <b>B. Suntrust</b>		<b>Transaction ID:</b> SB21B.68023	
Mailing Address P.O. Box 622227		Date of Disbursement 09 / 30 / 2006	
City Orlando	State FL	Zip Code 32862	Amount of Each Disbursement this Period 100.10
Purpose of Disbursement BANK 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) ▼		

Full Name (Last, First, Middle Initial) <b>C. U.S. Newswire</b>		<b>Transaction ID:</b> SB21B.68033	
Mailing Address National Press Building, Suite 127		Date of Disbursement 09 / 06 / 2006	
City Washington	State DC	Zip Code 20045	Amount of Each Disbursement this Period 150.00
Purpose of Disbursement OFFICE EXPENSE	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) .....	<b>305.91</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 56 / 66

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

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NAME OF COMMITTEE (In Full)  
Campaign for Working Families

Full Name (Last, First, Middle Initial) <b>A. Dorie Velezis</b>		<b>Transaction ID:</b> SB21B.68059 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 6
Mailing Address 2800 Shirlington Road #930		Amount of Each Disbursement this Period 2000.00
City Arlington State VA Zip Code 22206	Purpose of Disbursement ACCOUNTING 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) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>B. VERIZON</b>		<b>Transaction ID:</b> SB21B.68067 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 6
Mailing Address P.O. Box 17577		Amount of Each Disbursement this Period 416.46
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) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>C. Dean Virag</b>		<b>Transaction ID:</b> SB21B.68030 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 0 6 / 2 0 0 6
Mailing Address 14039 Westwind Lane		Amount of Each Disbursement this Period 350.00
City Culpeper State VA Zip Code 22701	Purpose of Disbursement COMPUTER 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) ▼	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>2766.46</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>28512.61</b>

# 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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Campaign for Working Families

Full Name (Last, First, Middle Initial) <b>A. BACHMANN FOR CONGRESS</b>		Transaction ID: SB23.68037 Date of Disbursement 09 / 14 / 2006	
Mailing Address    BOX 49756		Amount of Each Disbursement this Period 5000.00	
City BLAINE	State MN		Zip Code 55449
Purpose of Disbursement CONTRIBUTION			Category/ Type
Candidate Name BACHMANN FOR CONGRESS			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:    2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: MN    District: 06			

Full Name (Last, First, Middle Initial) <b>B. DAVID MCSWEENEY FOR CONGRESS 2006 INC</b>		Transaction ID: SB23.68043 Date of Disbursement 09 / 14 / 2006	
Mailing Address    8 Hubbell Court		Amount of Each Disbursement this Period 5000.00	
City Barrington	State IL		Zip Code 60010
Purpose of Disbursement CONTRIBUTIONS			Category/ Type
Candidate Name DAVID MCSWEENEY FOR CONGRESS 2006 INC			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:    2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: IL    District: 8			

Full Name (Last, First, Middle Initial) <b>C. GRAF FOR CONGRESS</b>		Transaction ID: SB23.68034 Date of Disbursement 09 / 07 / 2006	
Mailing Address    287 W EL NOPAL		Amount of Each Disbursement this Period 5000.00	
City GREEN VALLEY	State AZ		Zip Code 85614
Purpose of Disbursement CONTRIBUTION			Category/ Type
Candidate Name GRAF FOR CONGRESS			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:    2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: AZ    District: 08			

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	15000.00
<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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Campaign for Working Families

Full Name (Last, First, Middle Initial) <b>A. JON KYL FOR U S SENATE</b>		<b>Transaction ID: SB23.68035</b> Date of Disbursement 09 / 07 / 2006
Mailing Address PO BOX 10246		Amount of Each Disbursement this Period 5000.00
City PHOENIX	State AZ	
Zip Code 85064		
Purpose of Disbursement CONTRIBUTION		
Candidate Name JON KYL FOR U S SENATE		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: AZ District: 00		

Full Name (Last, First, Middle Initial) <b>B. KING FOR CONGRESS</b>		<b>Transaction ID: SB23.68050</b> Date of Disbursement 09 / 20 / 2006
Mailing Address 126 N DES MOINES STREET PO BOX 576		Amount of Each Disbursement this Period 1000.00
City ODEBOLT	State IA	
Zip Code 51458		
Purpose of Disbursement CONTRIBUTION		
Candidate Name KING FOR CONGRESS		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: IA District: 05		

Full Name (Last, First, Middle Initial) <b>C. LAMBERTI FOR CONGRESS</b>		<b>Transaction ID: SB23.68044</b> Date of Disbursement 09 / 14 / 2006
Mailing Address PO BOX 785		Amount of Each Disbursement this Period 5000.00
City ANKENY	State IA	
Zip Code 50021		
Purpose of Disbursement CONTRIBUTION		
Candidate Name LAMBERTI FOR CONGRESS		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: IA District: 3		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	11000.00
<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 59 / 66

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

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NAME OF COMMITTEE (In Full)  
Campaign for Working Families

Full Name (Last, First, Middle Initial) <b>A. LAMBORN FOR CONGRESS</b>		Transaction ID: SB23.68046 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 4 / 2 0 0 6
Mailing Address 5170 NORTH UNION BLVD		Amount of Each Disbursement this Period 5000.00
City COLORADO SPRINGS State CO Zip Code 80918	Category/ Type	
Purpose of Disbursement CONTRIBUTION		
Candidate Name LAMBORN FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 05	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. MUSGRAVE FOR CONGRESS</b>		Transaction ID: SB23.68051 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6
Mailing Address 15484 RD 18 1/2		Amount of Each Disbursement this Period 5000.00
City FORT MORGAN State CO Zip Code 80701	Category/ Type	
Purpose of Disbursement CONTRIBUTION		
Candidate Name MUSGRAVE FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 04	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. SALI FOR CONGRESS</b>		Transaction ID: SB23.68048 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 4 / 2 0 0 6
Mailing Address PO Box 71		Amount of Each Disbursement this Period 2500.00
City KUNA State ID Zip Code 83634	Category/ Type	
Purpose of Disbursement CONTRIBUTION		
Candidate Name SALI FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ID District: 01	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	12500.00
<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 60 / 66

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

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NAME OF COMMITTEE (In Full)  
Campaign for Working Families

**A.** Full Name (Last, First, Middle Initial)  
WALBERG FOR CONGRESS

Mailing Address 6769 Teachout Road

City Tipton State MI Zip Code 49287

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
WALBERG FOR CONGRESS

Office Sought:  House  
 Senate  
 President

State: MI District: 07

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB23.68049

Date of Disbursement

<sup>M</sup>	<sup>M</sup>	/	<sup>D</sup>	<sup>D</sup>	/	<sup>Y</sup>	<sup>Y</sup>	<sup>Y</sup>	<sup>Y</sup>
0	9		1	4		2	0	0	6

Amount of Each Disbursement this Period

5000.00
---------

Category/ Type
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**SUBTOTAL** of Disbursements This Page (optional) ..... ►

5000.00
---------

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

43500.00
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**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.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor CAPITOL ADVANTAGE	Nature of Debt (Purpose): Dues and Subscriptions
Mailing Address P.O. 1223	
City State ZIP Code McLean VA 22101	

Outstanding Balance Beginning This Period 1500.00	<b>Transaction ID:</b> SD10.66612	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1500.00

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor COVINGTON & BURLING	Nature of Debt (Purpose): LEGAL FEES
Mailing Address 1201 Pennsylvania Ave., NW	
City State ZIP Code Washington DC 20044	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID:</b> SD10.68072	
Amount Incurred This Period 7389.97	Payment This Period 0.00	Outstanding Balance at Close of This Period 7389.97

<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor DIRECTECH, INC	Nature of Debt (Purpose): Caging & Data Processing
Mailing Address 8595 Grovemont Circle	
City State ZIP Code Gaithersburg MD 20877	

Outstanding Balance Beginning This Period 223.11	<b>Transaction ID:</b> SD10.42032	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 223.11

<b>1) SUBTOTALS</b> This Period This Page (optional).....	<b>9113.08</b>
<b>2) TOTALS</b> This Period (last page this line number only).....	
<b>3) TOTALS OUTSTANDING LOANS</b> from Schedule C (last page only).....	
<b>4) 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)	PAGE 62 / 66
	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, INC	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 <input type="text" value="845.11"/>	<b>Transaction ID:</b> SD10.67400	
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="845.11"/>

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor DIRECTECH, INC	Nature of Debt (Purpose): CAGING AND DATA ENTRY FEES
Mailing Address 8595 Grovemont Circle	
City State ZIP Code Gaithersburg MD 20877	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	<b>Transaction ID:</b> SD10.68075	
Amount Incurred This Period <input type="text" value="694.42"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="694.42"/>

<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor INKWELL, INC	Nature of Debt (Purpose): PAC - Direct Mail Product- ion
Mailing Address 1973 COUNTY ROAD C2 WEST	
City State ZIP Code ROSEVILLE MN 55113	

Outstanding Balance Beginning This Period <input type="text" value="6233.37"/>	<b>Transaction ID:</b> SD10.66609	
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="6233.37"/>

<b>1) SUBTOTALS</b> This Period This Page (optional).....	<input type="text" value="7772.90"/>
<b>2) TOTALS</b> This Period (last page this line number only).....	<input type="text"/>
<b>3) TOTALS 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 63 / 66
	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 MWM Direct Marketing Services	Nature of Debt (Purpose): Direct Mail
Mailing Address 8048 Hillrise Court	
City State ZIP Code Elkridge MD 21075	

Outstanding Balance Beginning This Period 2320.90	<b>Transaction ID: SD10.15344</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2320.90

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor NATIONAL JOURNAL	Nature of Debt (Purpose): DUES AND SUBSCRIPTIONS
Mailing Address 1501 M Street, NW	
City State ZIP Code Washington DC 20005	

Outstanding Balance Beginning This Period 1597.50	<b>Transaction ID: SD10.67398</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1597.50

<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Seckman Printing	Nature of Debt (Purpose): Printing & Mailing
Mailing Address 305 Enterprise Drive	
City State ZIP Code Forest VA 24551	

Outstanding Balance Beginning This Period -450.00	<b>Transaction ID: SD10.15354</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period -450.00

<b>1) SUBTOTALS</b> This Period This Page (optional).....	<b>3468.40</b>
<b>2) TOTALS</b> This Period (last page this line number only).....	
<b>3) TOTALS OUTSTANDING LOANS</b> from Schedule C (last page only).....	
<b>4) 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> SOUTHWEST PUBLISHING			Nature of Debt (Purpose): PAC - POSTAGE FOR DIRECT MAIL
Mailing Address 2600 NW Topeka Blvd.			
City State ZIP Code Topeka KS 66617			

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>		<b>Transaction ID: SD10.68069</b>	
Amount Incurred This Period <input type="text" value="3651.84"/>	Payment This Period <input type="text" value="3651.84"/>	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> SOUTHWEST PUBLISHING			Nature of Debt (Purpose): PAC - DIRECT MAIL PRODUCT-ION
Mailing Address 2600 NW Topeka Blvd.			
City State ZIP Code Topeka KS 66617			

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>		<b>Transaction ID: SD10.68070</b>	
Amount Incurred This Period <input type="text" value="4923.97"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="4923.97"/>	

<b>C. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> THE LUKENS COMPANY			Nature of Debt (Purpose): Direct Mail
Mailing Address 2800 Shirlington Road 9th Floor			
City State ZIP Code Arlington VA 22206			

Outstanding Balance Beginning This Period <input type="text" value="1022.32"/>		<b>Transaction ID: SD10.15340</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="1022.32"/>	

<b>1) SUBTOTALS</b> This Period This Page (optional).....	<input type="text" value="5946.29"/>
<b>2) TOTALS</b> This Period (last page this line number only).....	<input type="text"/>
<b>3) TOTALS 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)

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)  
Campaign for Working Families

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor THE LUKENS COMPANY'	Nature of Debt (Purpose): Credit for Error in Billi- ng
Mailing Address 2800 Shirlington Road 9th Floor	
City State ZIP Code Arlington VA 22206	

Outstanding Balance Beginning This Period -1022.32	<b>Transaction ID:</b> SD10.15509	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period -1022.32

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor THE LUKENS COMPANY'	Nature of Debt (Purpose): PAC - DIRECT MAIL CONSULT- ING
Mailing Address 2800 Shirlington Road 9th Floor	
City State ZIP Code Arlington VA 22206	

Outstanding Balance Beginning This Period 2399.00	<b>Transaction ID:</b> SD10.67397	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2399.00

<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor THE LUKENS COMPANY'	Nature of Debt (Purpose): PAC - DIRECT MAIL CONSULT- ING
Mailing Address 2800 Shirlington Road 9th Floor	
City State ZIP Code Arlington VA 22206	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID:</b> SD10.68074	
Amount Incurred This Period 2600.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2600.00

<b>1) SUBTOTALS</b> This Period This Page (optional).....	▶	3976.68
<b>2) TOTALS</b> This Period (last page this line number only).....	▶	30277.35
<b>3) TOTALS OUTSTANDING LOANS</b> from Schedule C (last page only).....	▶	
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	▶	

Image# 26950657207

Form/Schedule: **SA11A1** REDESIGNATION PAPERWORK SENT TO TRANSFER OUT EXCESS CONTRIBUTION  
Transaction ID: **SA11A1.67550**

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