

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

AMERICAN WORKING FAMILIES

ADDRESS (number and street)

107 SOUTH WEST STREET #527

Check if different  
than previously  
reported. (ACC)

ALEXANDRIA

VA

22314

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00511915

3. IS THIS  
REPORTNEW  
(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  
Year-End 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)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

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

Jackson, Bud, , ,

Type or Print Name of Treasurer

Signature of Treasurer

Jackson, Bud, , ,

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 05/2016

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

AMERICAN WORKING FAMILIES

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2020"/>		<input type="text" value="1382.47"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="56556.39"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="683031.00"/>	<input type="text" value="1113549.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="739587.39"/>	<input type="text" value="1114931.47"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="725976.93"/>	<input type="text" value="1101321.01"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="13610.46"/>	<input type="text" value="13610.46"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	



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

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

**AMERICAN WORKING FAMILIES**

Report Covering the Period:

From:

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

To:

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	245000.00	365500.00
(ii) Unitemized .....	531.00	549.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	245531.00	366049.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	437500.00	747500.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	683031.00	1113549.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	683031.00	1113549.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	683031.00	1113549.00

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	24401.81	84295.89
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	24401.81	84295.89
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	4000.00
24. Independent Expenditures (use Schedule E) .....	701575.12	1013025.12
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	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 (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	725976.93	1101321.01
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	725976.93	1101321.01

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	683031.00	1113549.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	683031.00	1113549.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....▶	24401.81	84295.89
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....▶	24401.81	84295.89

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

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

FOR LINE NUMBER: PAGE 6 OF 29

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN WORKING FAMILIES**

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

## **A. American Federal of Teachers**

Mailing Address 555 New Jersey Ave NW

City  
Washington

State  
DC

Zip Code  
20001

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 21 / 2020

Transaction ID : SA11AI.4921

Amount of Each Receipt this Period

10000.00

☐ Memo Item

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

## **B. American Property Casualty**

Mailing Address 444 North Capitol St NW  
#801

City  
Washington

State  
DC

Zip Code  
20001

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 18 / 2020

Transaction ID : SA11AI.4900

Amount of Each Receipt this Period

25000.00

☐ Memo Item

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

## **C. AMR Holdo, Inc.**

Mailing Address 6363 Fiddlers Green Circle

City  
Greenwood Village

State  
CO

Zip Code  
80111

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 26 / 2020

Transaction ID : SA11AI.4947

Amount of Each Receipt this Period

10000.00

☐ Memo Item

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

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

45000.00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 OF 29

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN WORKING FAMILIES

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

A. Beradi, Eugene and Lillian, , ,

Mailing Address 75 Burgevin St.

City  
KingstonState  
NYZip Code  
12401FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 25 / 2020

Transaction ID : SA11AI.4932

Amount of Each Receipt this Period

2500.00

☐ Memo Item

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

B. Dominion Energy Services

Mailing Address 400 North Capitol Street, NW

City  
WashingtonState  
DCZip Code  
20001FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 18 / 2020

Transaction ID : SA11AI.4902

Amount of Each Receipt this Period

20000.00

☐ Memo Item

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

C. DTE Energy Corporate Services, LLC

Mailing Address One Energy Plaza

City  
DetroitState  
MIZip Code  
48226FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 27 / 2020

Transaction ID : SA11AI.4949

Amount of Each Receipt this Period

15000.00

☐ Memo Item

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

37500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 8 OF 29

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**AMERICAN WORKING FAMILIES**

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

## **A. Edison Electric Institute**

Mailing Address 701 Pennsylvania Avenue, N.Wf

City  
Washington

State  
DC

Zip Code  
20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50000.00

Date of Receipt

08 / 14 / 2020

Transaction ID : SA11AI.4892

Amount of Each Receipt this Period

50000.00

☐ Memo Item

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

## **B. Excel Dryer Inc.**

Mailing Address 357 Chestnut Street

City  
East Longmeadow

State  
MA

Zip Code  
01028

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

08 / 24 / 2020

Transaction ID : SA11AI.4927

Amount of Each Receipt this Period

10000.00

☐ Memo Item

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

## **C. Fish, John, , ,**

Mailing Address 776 Boylston Street

City  
Boston

State  
MA

Zip Code  
02199

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Suffolk Construction

Occupation (for Individual)  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

08 / 26 / 2020

Transaction ID : SA11AI.4945

Amount of Each Receipt this Period

5000.00

☐ Memo Item

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

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

65000.00



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

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 9 OF 29

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN WORKING FAMILIES**

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

**A. Getz, Malcolm, , ,**

Mailing Address 16 Oldfield Farms

City  
Enfield

State  
CT

Zip Code  
06082

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not Employed

Occupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 25 / 2020

Transaction ID : SA11AI.4940

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

**B. Grinspoon, Harold, , ,**

Mailing Address 380 Union Street  
Suite 300

City

West Springfield

State

MA

Zip Code

01089

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Retired

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 21 / 2020

Transaction ID : SA11AI.4925

Amount of Each Receipt this Period

10000.00

☐ Memo Item

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

**C. Haber, Bob, , ,**

Mailing Address 36 ridge hill farm rd

City

Wellesley

State

MA

Zip Code

02482

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Proficio Capital LLC

Occupation (for Individual)  
Money Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 19 / 2020

Transaction ID : SA11AI.4962

Amount of Each Receipt this Period

1500.00

☐ Memo Item

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

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

12500.00

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

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 10 OF 29

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN WORKING FAMILIES**

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

**A. Hough, Edward and Joyce, , ,**

Mailing Address 19 Apple Hill Rd

City  
Wilbraham

State  
MA

Zip Code  
01096

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 08 / 2020

Transaction ID : SA11AI.4953

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

**B. Kraft, Dan, , ,**

Mailing Address 66 Montrose Street

City  
Newton

State  
MA

Zip Code  
02458

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Kraft Group

Occupation (for Individual)  
President - International

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 13 / 2020

Transaction ID : SA11AI.4845

Amount of Each Receipt this Period

1500.00

☐ Memo Item

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

**C. Kraft, Jonathan, , ,**

Mailing Address 1 Patriot Place

City  
Foxborough

State  
MA

Zip Code  
02035

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Kraft Group

Occupation (for Individual)  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 13 / 2020

Transaction ID : SA11AI.4847

Amount of Each Receipt this Period

1500.00

☐ Memo Item

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

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

4000.00

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 11 OF 29

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN WORKING FAMILIES**

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

**A. Kraft, Robert, , ,**

Mailing Address 1 Patriot Place

City

Foxborough

State

MA

Zip Code

02035

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

The Kraft Group

Occupation (for Individual)

Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

08 / 17 / 2020

Transaction ID : SA11AI.4849

Amount of Each Receipt this Period

5000.00

☐ Memo Item

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

**B. Kurinsky, Debbie, , ,**

Mailing Address 1 Bridle Trail Road

City

Needham

State

MA

Zip Code

02492

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not Employed

Occupation (for Individual)

Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

08 / 13 / 2020

Transaction ID : SA11AI.4843

Amount of Each Receipt this Period

1500.00

☐ Memo Item

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

**C. Picknelly, Lauryn, , ,**

Mailing Address 330 Park Drive

City

Springfield

State

MA

Zip Code

01106

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Peter Pan Bus Lines

Occupation (for Individual)

Assistant Controller

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 25 / 2020

Transaction ID : SA11AI.4934

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

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

7500.00

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

Use separate schedule(s)  
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FOR LINE NUMBER:  
(check only one)

PAGE 12 OF 29

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN WORKING FAMILIES**

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

**A. Picknelly, Mary Jean, , ,**

Mailing Address 333 Ardsley Road

City

Longmeadow

State

MA

Zip Code

01106

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Peter Pan Bus Lines

Occupation (for Individual)

Executive Director

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 25 / 2020

Transaction ID : SA11AI.4938

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

**B. Picknelly, Peter, , ,**

Mailing Address 330 Park Drive

City

Springfield

State

MA

Zip Code

01106

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Peter Pan Bus Lines

Occupation (for Individual)

Executive

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 25 / 2020

Transaction ID : SA11AI.4942

Amount of Each Receipt this Period

10000.00

☐ Memo Item

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

**C. Picknelly, Thomas, , ,**

Mailing Address 22 Powder Hill Rd

City

East Longmeadow

State

MA

Zip Code

01028

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Peter Pan Bus Lines

Occupation (for Individual)

President & CFO

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 25 / 2020

Transaction ID : SA11AI.4936

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

12000.00

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

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

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

FOR LINE NUMBER: PAGE 13 OF 29

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN WORKING FAMILIES**

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

**A. Prucker, Michael, , ,**

Mailing Address 4700 Connecticut Avenue N.W. Apt.

City  
Washington

State  
DC

Zip Code  
20008

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NCPSSM

Occupation (for Individual)  
COO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 23 / 2020

Transaction ID : SA11AI.4964

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

**B. Retired State, County and Municipal Employees Assoc. of Mass.**

Mailing Address 11 Beacon Street

City  
Boston

State  
MA

Zip Code  
02108

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

18000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 19 / 2020

Transaction ID : SA11AI.4913

Amount of Each Receipt this Period

8000.00

☐ Memo Item

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

**C. Reynolds, Robert, , ,**

Mailing Address 153 Garfield Rd

City  
Concord

State  
MA

Zip Code  
01742

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Putnam Investments

Occupation (for Individual)  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 19 / 2020

Transaction ID : SA11AI.4909

Amount of Each Receipt this Period

10000.00

☐ Memo Item

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

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

19000.00

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

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

FOR LINE NUMBER: PAGE 14 OF 29

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN WORKING FAMILIES**

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

**A. Rice, Carrie, , ,**

Mailing Address 4401 Fairfax Dr Ste 600

City  
Arlington

State  
VA

Zip Code  
22203

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
American Retirement Associatio

Occupation (for Individual)  
CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

08 / 18 / 2020

Transaction ID : SA11AI.4956

Amount of Each Receipt this Period

25000.00

☐ Memo Item

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

**B. Xcel Energy Services**

Mailing Address 414 Nicollet Mall

City  
Minneapolis

State  
MN

Zip Code  
55401

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

08 / 19 / 2020

Transaction ID : SA11AI.4907

Amount of Each Receipt this Period

15000.00

☐ Memo Item

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

**C. Yee, Andrew and Sarah, , ,**

Mailing Address 17 S Sycamore Knolls

City  
South Hadley

State  
MA

Zip Code  
01075

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Bean Group

Occupation (for Individual)  
Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

09 / 08 / 2020

Transaction ID : SA11AI.4951

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

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

41000.00

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

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

FOR LINE NUMBER: PAGE 15 OF 29

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN WORKING FAMILIES**

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

**A. Zachs, Eric, , ,**

Mailing Address 53 Norwood Rd

City  
West Hartford

State  
CT

Zip Code  
06117

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MCM Holdings LLC

Occupation (for Individual)  
Investments

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 17 / 2020

Transaction ID : SA11AI.4851

Amount of Each Receipt this Period

1500.00

☐ Memo Item

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

**B.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

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

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

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

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

1500.00

245000.00

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

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

FOR LINE NUMBER: PAGE 16 OF 29

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☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN WORKING FAMILIES**

**A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name**  
**1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND**

Mailing Address 330 WEST 42ND STREET, 7TH FLOOR

City  
NEW YORK

State  
NY

Zip Code  
10036

FEC ID number of contributing  
federal political committee.

**C** C00348540

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100000.00

Date of Receipt

**08** / **18** / **2020**

**Transaction ID : SA11C.4896**

Amount of Each Receipt this Period

100000.00

☐ Memo Item

**B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name**  
**AMERICAN BUS ASSOCIATION POLITICAL ACTION COMMITTEE**

Mailing Address 111 K STREET NE  
9TH FLOOR

City  
WASHINGTON

State  
DC

Zip Code  
20002

FEC ID number of contributing  
federal political committee.

**C** C00004879

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

**08** / **25** / **2020**

**Transaction ID : SA11C.4930**

Amount of Each Receipt this Period

2500.00

☐ Memo Item

**C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name**  
**AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE**

Mailing Address 1061 AMERICAN LANE

City  
SCHAUMBURG

State  
IL

Zip Code  
60173

FEC ID number of contributing  
federal political committee.

**C** C00255752

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

100000.00

Date of Receipt

**08** / **19** / **2020**

**Transaction ID : SA11C.4905**

Amount of Each Receipt this Period

25000.00

☐ Memo Item

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

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

127500.00



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

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

FOR LINE NUMBER:  
(check only one)

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☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN WORKING FAMILIES**

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

## **A. COLLEGE OF AMERICAN PATHOLOGISTS POLITICAL ACTION COMMITTEE**

Mailing Address 1001 G STREET NW  
SUITE 425 WEST

City  
WASHINGTON

State  
DC

Zip Code  
20001

FEC ID number of contributing  
federal political committee.

**C** C00274944

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

**08** / **20** / **2020**

**Transaction ID : SA11C.4914**

Amount of Each Receipt this Period

10000.00

☐ Memo Item

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

## **B. MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY POLITICAL ACTION COMMITTEE**

Mailing Address 1295 STATE STREET

City

SPRINGFIELD

State

MA

Zip Code

01111

FEC ID number of contributing  
federal political committee.

**C** C00118943

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

**08** / **20** / **2020**

**Transaction ID : SA11C.4916**

Amount of Each Receipt this Period

10000.00

☐ Memo Item

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

## **C. NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION PAC**

Mailing Address 1325 MASSACHUSETTS AVE., NW

City

WASHINGTON

State

DC

Zip Code

20005

FEC ID number of contributing  
federal political committee.

**C** C00238725

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

**08** / **21** / **2020**

**Transaction ID : SA11C.4919**

Amount of Each Receipt this Period

25000.00

☐ Memo Item

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

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

45000.00

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

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

FOR LINE NUMBER: PAGE 18 OF 29

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN WORKING FAMILIES**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
NATIONAL EMERGENCY MEDICINE POLITICAL ACTION COMMITTEE / AMERICAN COLLEGE OF EMERGENCY PHY

Mailing Address 4950 W ROYAL LANE

City  
IRVING

State  
TX

Zip Code  
75038

FEC ID number of contributing  
federal political committee.

**C** C00140061

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30000.00

Date of Receipt

**08** / **18** / **2020**

**Transaction ID : SA11C.4898**

Amount of Each Receipt this Period

30000.00

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**PROGRESS UNITED PAC**

Mailing Address 2308 MT VERNON AVENUE SUITE 222

City

ALEXANDRIA

State

VA

Zip Code

22301

FEC ID number of contributing  
federal political committee.

**C** C00616730

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

150000.00

Date of Receipt

**08** / **14** / **2020**

**Transaction ID : SA11C.4890**

Amount of Each Receipt this Period

150000.00

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**PROGRESS UNITED PAC**

Mailing Address 2308 MT VERNON AVENUE SUITE 222

City

ALEXANDRIA

State

VA

Zip Code

22301

FEC ID number of contributing  
federal political committee.

**C** C00616730

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

175000.00

Date of Receipt

**08** / **19** / **2020**

**Transaction ID : SA11C.4904**

Amount of Each Receipt this Period

25000.00

☐ Memo Item

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

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

205000.00

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

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

FOR LINE NUMBER: PAGE 19 OF 29

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN WORKING FAMILIES**

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

## **A. PROGRESS UNITED PAC**

Mailing Address 2308 MT VERNON AVENUE SUITE 222

City  
ALEXANDRIA

State  
VA

Zip Code  
22301

FEC ID number of contributing  
federal political committee.

**C** C00616730

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

185000.00

Date of Receipt

**08** / **25** / **2020**

**Transaction ID : SA11C.4944**

Amount of Each Receipt this Period

10000.00

☐ Memo Item

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

## **B. THE BOEING COMPANY POLITICAL ACTION COMMITTEE**

Mailing Address 929 LONG BRIDGE DRIVE

City  
ARLINGTON

State  
VA

Zip Code  
22202

FEC ID number of contributing  
federal political committee.

**C** C00142711

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50000.00

Date of Receipt

**08** / **21** / **2020**

**Transaction ID : SA11C.4923**

Amount of Each Receipt this Period

50000.00

☐ Memo Item

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

## **C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

☐ Memo Item

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

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

60000.00

437500.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 20 OF 29

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

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

NAME OF COMMITTEE (In Full)

**AMERICAN WORKING FAMILIES**

Full Name (Last, First, Middle Initial)

**A. ActBlue Technical Services**

Mailing Address 366 Summer Street

City  
SomervilleState  
MAZip Code  
02144

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2020

FEC Identification Number

**C****Transaction ID : SB21B.4967**

Amount of Each Disbursement this Period

1541.81

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Bank of America**

Mailing Address 600 North Washington Street

City  
AlexandriaState  
VAZip Code  
22314Purpose of Disbursement  
Bank Charges

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		14		2020

FEC Identification Number

**C****Transaction ID : SB21B.4881**

Amount of Each Disbursement this Period

30.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Bank of America**

Mailing Address 600 North Washington Street

City  
AlexandriaState  
VAZip Code  
22314Purpose of Disbursement  
Bank Charges

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		17		2020

FEC Identification Number

**C****Transaction ID : SB21B.4882**

Amount of Each Disbursement this Period

15.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1586.81

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 21 OF 29

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

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NAME OF COMMITTEE (In Full)

**AMERICAN WORKING FAMILIES**

Full Name (Last, First, Middle Initial)

**A. Bank of America**

Mailing Address 600 North Washington Street

City  
AlexandriaState  
VAZip Code  
22314Purpose of Disbursement  
Bank Charges

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		18		2020

FEC Identification Number

**C****Transaction ID : SB21B.4883**

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Bank of America**

Mailing Address 600 North Washington Street

City  
AlexandriaState  
VAZip Code  
22314Purpose of Disbursement  
Bank Charges

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		19		2020

FEC Identification Number

**C****Transaction ID : SB21B.4884**

Amount of Each Disbursement this Period

75.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Bank of America**

Mailing Address 600 North Washington Street

City  
AlexandriaState  
VAZip Code  
22314Purpose of Disbursement  
Bank Charges

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		20		2020

FEC Identification Number

**C****Transaction ID : SB21B.4885**

Amount of Each Disbursement this Period

30.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

110.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 22 OF 29

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

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

NAME OF COMMITTEE (In Full)

**AMERICAN WORKING FAMILIES**

Full Name (Last, First, Middle Initial)

**A. Bank of America**

Mailing Address 600 North Washington Street

City  
AlexandriaState  
VAZip Code  
22314Purpose of Disbursement  
Bank Charges

Candidate Name

 Office Sought: ☐ House  
☐ Senate  
☐ President

 Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		24		2020

FEC Identification Number

**C****Transaction ID : SB21B.4886**

Amount of Each Disbursement this Period

35.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Bank of America**

Mailing Address 600 North Washington Street

City  
AlexandriaState  
VAZip Code  
22314Purpose of Disbursement  
Bank Charges

Candidate Name

 Office Sought: ☐ House  
☐ Senate  
☐ President

 Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		25		2020

FEC Identification Number

**C****Transaction ID : SB21B.4887**

Amount of Each Disbursement this Period

45.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Bank of America**

Mailing Address 600 North Washington Street

City  
AlexandriaState  
VAZip Code  
22314Purpose of Disbursement  
Bank Charges

Candidate Name

 Office Sought: ☐ House  
☐ Senate  
☐ President

 Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		01		2020

FEC Identification Number

**C****Transaction ID : SB21B.4880**

Amount of Each Disbursement this Period

15.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

95.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 23 OF 29

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

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

NAME OF COMMITTEE (In Full)

**AMERICAN WORKING FAMILIES**

Full Name (Last, First, Middle Initial)

**A. Bank of America**

Mailing Address 600 North Washington Street

City  
AlexandriaState  
VAZip Code  
22314Purpose of Disbursement  
Bank Charges

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

**C****Transaction ID : SB21B.4888**

Amount of Each Disbursement this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. CK Strategies**

Mailing Address 15 Broad St. Suite 610

City  
BostonState  
MAZip Code  
02109Purpose of Disbursement  
Fundraising Consulting

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			1	7			2	0	2	0		

FEC Identification Number

**C****Transaction ID : SB21B.4918**

Amount of Each Disbursement this Period

10000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Lake Research**Mailing Address 1726 M Street, NW  
Suite 1100City  
WashingtonState  
DCZip Code  
20036Purpose of Disbursement  
Polling

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

**C****Transaction ID : SB21B.4879**

Amount of Each Disbursement this Period

12600.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

22610.00

24401.81

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

 PAGE 24 OF 29  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>AMERICAN WORKING FAMILIES</b>				<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="font-size: 1.5em; margin-right: 5px;">C</span> <span>C00511915</span> </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="margin-left: 20px;">New report</span> <span style="margin-left: 20px;">Amends report filed on</span>				<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Full Name of Payee <span style="float: right;"><input type="checkbox"/> Memo Item</span> <b>A4 Media</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>		
Mailing Address <b>PO Box 392090</b>			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">25000.00</div>		
City <b>Pittsburgh</b>		State <b>PA</b>	Zip Code <b>15251</b>	<b>Transaction ID : SE.4856</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure <b>Digital Advertising</b>		Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div>			
Name of Federal Candidate: <b>MORSE, ALEX, , ,</b>			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: <b>01</b> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>MA</b>	
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; text-align: right;">486450.00</div>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <span style="float: right;"><input type="checkbox"/> Memo Item</span> <b>A4 Media</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>		
Mailing Address <b>PO Box 392090</b>			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">8000.00</div>		
City <b>Pittsburgh</b>		State <b>PA</b>	Zip Code <b>15251</b>	<b>Transaction ID : SE.4859</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure <b>Digital Advertising</b>		Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div>			
Name of Federal Candidate: <b>NEAL, RICHARD E MR., , ,</b>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: <b>01</b> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>MA</b>	
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; text-align: right;">494450.00</div>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
<b>(a) SUBTOTAL of Itemized Independent Expenditures .....</b>				<div style="border: 1px solid black; padding: 2px; text-align: right;">33000.00</div>	
<b>(b) SUBTOTAL of Unitemized Independent Expenditures.....</b>				<div style="border: 1px solid black; padding: 2px; text-align: right;"></div>	
<b>(c) TOTAL Independent Expenditures .....</b>				<div style="border: 1px solid black; padding: 2px; text-align: right;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Jackson, Bud, , ,</u>			Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>		[Electronically Filed]



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

 PAGE 25 OF 29  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>AMERICAN WORKING FAMILIES</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00511915	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span>	
Full Name of Payee <b>A4 Media</b> <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 08 / 26 / 2020		
Mailing Address PO Box 392090			Amount <span style="border: 1px solid black; padding: 2px;">13000.00</span>		
City Pittsburgh	State PA	Zip Code 15251	Transaction ID : <b>SE.4866</b>		
Purpose of Expenditure Digital Advertising		Category/ Type <span style="border: 1px solid black; padding: 2px;"> </span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 08 / 26 / 2020		
Name of Federal Candidate: MORSE, ALEX, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MA		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">991125.12</span>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>A4 Media</b> <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 08 / 26 / 2020		
Mailing Address PO Box 392090			Amount <span style="border: 1px solid black; padding: 2px;">5000.00</span>		
City Pittsburgh	State PA	Zip Code 15251	Transaction ID : <b>SE.4867</b>		
Purpose of Expenditure Digital Advertising		Category/ Type <span style="border: 1px solid black; padding: 2px;"> </span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 08 / 26 / 2020		
Name of Federal Candidate: NEAL, RICHARD E MR., , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MA		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">996125.12</span>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;">18000.00</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<span style="border: 1px solid black; padding: 2px;"> </span>		
(c) TOTAL Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;"> </span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Jackson, Bud, , , Signature		[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 12 / 22 / 2020	

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

 PAGE 26 OF 29  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>AMERICAN WORKING FAMILIES</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00511915	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span>	
Full Name of Payee <b>Jackson Group Media, LLC</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 08 / 26 / 2020		
Mailing Address 206 North Washington Street Suite 10			Amount <span style="border: 1px solid black; padding: 2px;">9675.12</span>		
City Alexandria	State VA	Zip Code 22314	Transaction ID : <b>SE.4865</b>		
Purpose of Expenditure Media Production and Delivery		Category/ Type <span style="border: 1px solid black; padding: 2px;"> </span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 08 / 26 / 2020		
Name of Federal Candidate: MORSE, ALEX, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MA		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">978125.12</span>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Jackson Group Media, LLC</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 08 / 28 / 2020		
Mailing Address 206 North Washington Street Suite 10			Amount <span style="border: 1px solid black; padding: 2px;">1900.00</span>		
City Alexandria	State VA	Zip Code 22314	Transaction ID : <b>SE.4968</b>		
Purpose of Expenditure Ad Production		Category/ Type <span style="border: 1px solid black; padding: 2px;"> </span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 09 / 09 / 2020		
Name of Federal Candidate: MORSE, ALEX, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MA		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1013025.12</span>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;">11575.12</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<span style="border: 1px solid black; padding: 2px;"> </span>		
(c) TOTAL Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;"> </span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Jackson, Bud, , , Signature		[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 12 / 22 / 2020	

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

 PAGE 27 OF 29  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>AMERICAN WORKING FAMILIES</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00511915	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span>	
Full Name of Payee <b>Targeted Platform Media</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 08 / 18 / 2020		
Mailing Address PO Box 237			Amount <span style="border: 1px solid black; padding: 2px;">100000.00</span>		
City Crownsville		State MD	Zip Code 20132		Transaction ID : <b>SE.4837</b>
Purpose of Expenditure TV Advertising			Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 08 / 18 / 2020
Name of Federal Candidate: MORSE, ALEX, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MA		
Calendar Year-To-Date Per Election for Office Sought			<span style="border: 1px solid black; padding: 2px;">411450.00</span> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Targeted Platform Media</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 08 / 19 / 2020		
Mailing Address PO Box 237			Amount <span style="border: 1px solid black; padding: 2px;">50000.00</span>		
City Crownsville		State MD	Zip Code 20132		Transaction ID : <b>SE.4840</b>
Purpose of Expenditure TV Advertising			Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 08 / 19 / 2020
Name of Federal Candidate: MORSE, ALEX, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MA		
Calendar Year-To-Date Per Election for Office Sought			<span style="border: 1px solid black; padding: 2px;">461450.00</span> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;">150000.00</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<span style="border: 1px solid black; padding: 2px;"> </span>		
(c) TOTAL Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;"> </span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Jackson, Bud, , , Signature			[Electronically Filed] Date <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 12 / 22 / 2020		

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

 PAGE 28 OF 29  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>AMERICAN WORKING FAMILIES</b>				<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="font-size: 1.5em; margin-right: 5px;">C</span> <span>C00511915</span> </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="margin-left: 20px;">New report</span> <span style="margin-left: 20px;">Amends report filed on</span>				<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; width: 20%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 20%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 40%;">Y Y Y Y Y Y</div> </div>	
Full Name of Payee <span style="float: right;"><input type="checkbox"/> Memo Item</span> <b>Targeted Platform Media</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; width: 20%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 20%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 40%;">Y Y Y Y Y Y</div> </div>		
Mailing Address <b>PO Box 237</b>			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">334000.00</div>		
City <b>Crownsville</b>		State <b>MD</b>	Zip Code <b>20132</b>	<b>Transaction ID : SE.4862</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; width: 20%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 20%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 40%;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure <b>TV Advertising</b>		Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div>	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; width: 20%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 20%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 40%;">Y Y Y Y Y Y</div> </div>		
Name of Federal Candidate: <b>MORSE, ALEX, , ,</b>			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: <b>01</b> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>MA</b>	
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; text-align: right;">828450.00</div>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <span style="float: right;"><input type="checkbox"/> Memo Item</span> <b>Targeted Platform Media</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; width: 20%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 20%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 40%;">Y Y Y Y Y Y</div> </div>		
Mailing Address <b>PO Box 237</b>			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">90000.00</div>		
City <b>Crownsville</b>		State <b>MD</b>	Zip Code <b>20132</b>	<b>Transaction ID : SE.4863</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; width: 20%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 20%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 40%;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure <b>TV Advertising</b>		Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div>	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; width: 20%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 20%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 40%;">Y Y Y Y Y Y</div> </div>		
Name of Federal Candidate: <b>MORSE, ALEX, , ,</b>			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: <b>01</b> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>MA</b>	
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; text-align: right;">918450.00</div>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	
<b>(a) SUBTOTAL of Itemized Independent Expenditures .....</b>			<div style="border: 1px solid black; padding: 2px; text-align: right;">424000.00</div>		
<b>(b) SUBTOTAL of Unitemized Independent Expenditures.....</b>			<div style="border: 1px solid black; padding: 2px; text-align: right;"></div>		
<b>(c) TOTAL Independent Expenditures .....</b>			<div style="border: 1px solid black; padding: 2px; text-align: right;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Jackson, Bud, , , Signature			<b>[Electronically Filed]</b>	Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; width: 20%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 20%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 40%;">Y Y Y Y Y Y</div> </div>	

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

 PAGE 29 OF 29  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>AMERICAN WORKING FAMILIES</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00511915	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</span>	
Full Name of Payee <b>Targeted Platform Media</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</span> 08 / 26 / 2020		
Mailing Address PO Box 237			Amount <span style="border: 1px solid black; padding: 2px;">50000.00</span>		
City Crownsville		State MD	Zip Code 20132		Transaction ID : <b>SE.4864</b>
Purpose of Expenditure TV Advertising			Category/Type <span style="border: 1px solid black; padding: 2px;"></span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</span> 08 / 26 / 2020
Name of Federal Candidate: MORSE, ALEX, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 01 State: MA		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">968450.00</span>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Targeted Platform Media</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</span> 08 / 28 / 2020		
Mailing Address PO Box 237			Amount <span style="border: 1px solid black; padding: 2px;">15000.00</span>		
City Crownsville		State MD	Zip Code 20132		Transaction ID : <b>SE.4875</b>
Purpose of Expenditure TV Advertising			Category/Type <span style="border: 1px solid black; padding: 2px;"></span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</span> 08 / 27 / 2020
Name of Federal Candidate: MORSE, ALEX, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 01 State: MA		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">101125.12</span>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;">65000.00</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;">701575.12</span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Jackson, Bud, , , Signature		[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</span> 12 / 22 / 2020	