

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

CAMPAIGN FOR WORKING FAMILIES

ADDRESS (number and street) 2800 SHIRLINGTON ROAD, SUITE 930

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

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C 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 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)
 - Mar 20 (M3)
 - Apr 20 (M4)
 - May 20 (M5)
 - Jun 20 (M6)
 - Jul 20 (M7)
 - Aug 20 (M8)
 - Sep 20 (M9)
 - Oct 20 (M10)
 - Nov 20 (M11) (Non-Election Year Only)
 - Dec 20 (M12) (Non-Election Year Only)
 - Jan 31 (YE)

- (c) 12-Day PRE-Election Report for the:
- Primary (12P)
 - General (12G)
 - Runoff (12R)
 - Convention (12C)
 - Special (12S)

Election on [MM] / [DD] / [YYYY] in the State of []

- (d) 30-Day POST-Election Report for the:
- General (30G)
 - Runoff (30R)
 - Special (30S)

Election on [MM] / [DD] / [YYYY] in the State of []

5. Covering Period [MM] / [DD] / [YYYY] 03 / 01 / 2016 through [MM] / [DD] / [YYYY] 03 / 31 / 2016

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

Type or Print Name of Treasurer Dorie Velezis

Signature of Treasurer *Dorie Velezis* [Electronically Filed] Date 04 / 20 / 2016

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

Office Use Only									
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**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

CAMPAIGN FOR WORKING FAMILIES

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>	<input type="text" value="359098.56"/>	<input type="text" value="359098.56"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="333159.75"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="30628.63"/>	<input type="text" value="60019.44"/>
(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="363788.38"/>	<input type="text" value="419118.00"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="21881.03"/>	<input type="text" value="77210.65"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="341907.35"/>	<input type="text" value="341907.35"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="6083.77"/>	

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. 06/2004)

Write or Type Committee Name

CAMPAIGN FOR WORKING FAMILIES

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	16192.00	23864.00
(ii) Unitemized	14435.77	23450.16
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	30627.77	47314.16
(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)	30627.77	47314.16
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.).....	0.86	12705.28
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))..... ▶	30628.63	60019.44
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	30628.63	60019.44

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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	20881.03	73210.65
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	20881.03	73210.65
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1000.00	4000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (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) 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)) ..	21881.03	77210.65
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	21881.03	77210.65

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	30627.77	47314.16
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	30627.77	47314.16
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	20881.03	73210.65
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	20881.03	73210.65

**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 54
(check only one)

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

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

NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

A. MRS LISA B ANDERSON
Full Name (Last, First, Middle Initial)
Mailing Address 3455 CHRYSLER DR
City JACKSONVILLE State FL Zip Code 32257
FEC ID number of contributing federal political committee. C
Name of Employer N/A Occupation HOME MAKER
Receipt For: 2016
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 14 / 2016
Transaction ID : SA11AI.17309
Amount of Each Receipt this Period 200.00
 Memo Item
CONTRIBUTION

B. MR CHARLES D AYRES
Full Name (Last, First, Middle Initial)
Mailing Address 4911 CASA ORO DR
City YORBA LINDA State CA Zip Code 92886
FEC ID number of contributing federal political committee. C
Name of Employer RETIRED Occupation RETIRED
Receipt For: 2016
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 21 / 2016
Transaction ID : SA11AI.17608
Amount of Each Receipt this Period 100.00
 Memo Item
CONTRIBUTION

C. NATE BERTRAM
Full Name (Last, First, Middle Initial)
Mailing Address 82 VALLEY VIEW LN
City ELKHORN State WV Zip Code 24831
FEC ID number of contributing federal political committee. C
Name of Employer MUSTARD SEEDS & MOUNTAINS (WWW.MU Occupation MISSIONARY (CHRISTIAN COMMUNITY DEV
Receipt For: 2016
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 13 / 2016
Transaction ID : SA11AI.17255
Amount of Each Receipt this Period 500.00
 Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 800.00
TOTAL This Period (last page this line number only)..... ▶

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.17309

0003538-0000090

Form/Schedule: SA11AI

Transaction ID: SA11AI.17608

0103804-0000375

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.17255

0111949-0000039

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 9 OF 54
	(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"/> 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. JACQUELINE CARDONE
Full Name (Last, First, Middle Initial)

Mailing Address 24 N BRYN MAWR AVE # 153

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

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

Name of Employer CARDONE INDUSTRIES	Occupation BOARD MEMBER
----------------------------------------	----------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	23	/	2016

Transaction ID : SA11AI.17236

Amount of Each Receipt this Period
2500.00

Memo Item
CONTRIBUTION

B. KATHLEEN ECHELBARGER
Full Name (Last, First, Middle Initial)

Mailing Address 620 SUNSET AVENUE NORTH

City EDMONDS	State WA	Zip Code 98020
-----------------	-------------	-------------------

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

Name of Employer SELF	Occupation HOMEMAKER
--------------------------	-------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	15	/	2016

Transaction ID : SA11AI.17639

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

C. KATHLEEN ECHELBARGER
Full Name (Last, First, Middle Initial)

Mailing Address 620 SUNSET AVENUE NORTH

City EDMONDS	State WA	Zip Code 98020
-----------------	-------------	-------------------

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

Name of Employer SELF	Occupation HOMEMAKER
--------------------------	-------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
850.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	16	/	2016

Transaction ID : SA11AI.17640

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	2850.00
TOTAL This Period (last page this line number only).....▶	

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.17236

0111104-0000020

Form/Schedule: SA11AI

Transaction ID: SA11AI.17639

0111888-0000405

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.17640

0111888-0000406

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 54
<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. MR DONALD E HARRISON
 Full Name (Last, First, Middle Initial)
 Mailing Address 5382 MEADOW BROOK RD
 City BIRMINGHAM State AL Zip Code 35242
 FEC ID number of contributing federal political committee. C
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 23 / 2016
Transaction ID : SA11AI.17336
 Amount of Each Receipt this Period 200.00
 Memo Item
 CONTRIBUTION

B. CATHLEEN HEDRICK
 Full Name (Last, First, Middle Initial)
 Mailing Address 2200 CENTREPARK WEST DRIVE #100
 City WEST PALM BEACH State FL Zip Code 33409
 FEC ID number of contributing federal political committee. C
 Name of Employer HOMEMAKER Occupation HOMEMAKER
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 07 / 2016
Transaction ID : SA11AI.17322
 Amount of Each Receipt this Period 1000.00
 Memo Item
 CONTRIBUTION

C. MRS SHARON HERSCHEND
 Full Name (Last, First, Middle Initial)
 Mailing Address 1144 LAKESIDE DR
 City BRANSON State MO Zip Code 65616
 FEC ID number of contributing federal political committee. C
 Name of Employer HERSCHEND FAMILY ENTR. CORP. Occupation RETIRED
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 21 / 2016
Transaction ID : SA11AI.17475
 Amount of Each Receipt this Period 1000.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	2200.00
TOTAL This Period (last page this line number only).....	

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.17336

0106489-0000117

Form/Schedule: SA11AI

Transaction ID: SA11AI.17322

0047814-0000103

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.17475

0101332-0000249

Form/Schedule:

Transaction ID:

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

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

FOR LINE NUMBER: PAGE 15 OF 54
(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. MR JAMES J KAZMIERZAK
Full Name (Last, First, Middle Initial)
Mailing Address 11808 EAGLE VIEW CT
City FORT WAYNE State IN Zip Code 46814
FEC ID number of contributing federal political committee. C
Name of Employer SELF Occupation SALES
Receipt For: 2016
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 366.00

Date of Receipt 03 / 21 / 2016
Transaction ID : SA11AI.17386
Amount of Each Receipt this Period 122.00
 Memo Item
CONTRIBUTION

B. JOCELYN MANULLANG
Full Name (Last, First, Middle Initial)
Mailing Address 8303 121ST AVE SE
City NEWCASTLE State WA Zip Code 98056
FEC ID number of contributing federal political committee. C
Name of Employer NONE Occupation HOMEMAKER/HOMESCHOOLING PARENT
Receipt For: 2016
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 550.00

Date of Receipt 03 / 08 / 2016
Transaction ID : SA11AI.17641
Amount of Each Receipt this Period 250.00
 Memo Item
CONTRIBUTION

C. MRS LYNDA R MCCONNELL
Full Name (Last, First, Middle Initial)
Mailing Address 524 MARLOWE ROAD
City RALEIGH State NC Zip Code 27609
FEC ID number of contributing federal political committee. C
Name of Employer HOMEMAKER Occupation HOMEMAKER
Receipt For: 2016
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 21 / 2016
Transaction ID : SA11AI.17266
Amount of Each Receipt this Period 250.00
 Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶ 622.00
TOTAL This Period (last page this line number only).....▶

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.17386

0111250-0000168

Form/Schedule: SA11AI

Transaction ID: SA11AI.17641

0107670-0000408

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.17266

0111954-0000049

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 54
	<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. MR ROBERT L MITCHELL
 Full Name (Last, First, Middle Initial)
 Mailing Address 4127 BEECHWOOD DR NW
 City ATLANTA State GA Zip Code 30327
 FEC ID number of contributing federal political committee. **C**
 Name of Employer APPLIED CERAMICS Occupation ENGINEER
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 14 / 2016
Transaction ID : SA11AI.17297
 Amount of Each Receipt this Period
 500.00
 Memo Item
 CONTRIBUTION

B. BRUCE MOLEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 2232 S LEGACY DR
 City ST GEORGE State UT Zip Code 84770
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MOLEN ORTHODONTICS Occupation ORTHODONTIST
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 10 / 2016
Transaction ID : SA11AI.17560
 Amount of Each Receipt this Period
 500.00
 Memo Item
 CONTRIBUTION

C. WILLIAM MORGAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 3110 DEL RIO PIKE
 City FRANKLIN State TN Zip Code 37069
 FEC ID number of contributing federal political committee. **C**
 Name of Employer JOHN BOUCHARD & SONS CO. Occupation MANAGEMENT
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 14 / 2016
Transaction ID : SA11AI.17347
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION

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

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.17297

0101506-0000076

Form/Schedule: SA11AI

Transaction ID: SA11AI.17560

0111227-0000324

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.17347

0111400-0000129

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 54
	<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. DR DAVID MORRISON
Full Name (Last, First, Middle Initial)

Mailing Address 1802 CROOM DR

City MONTGOMERY State AL Zip Code 36106

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

Name of Employer SELF Occupation PHYSICIAN

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 09 / 2016

Transaction ID : SA11AI.17341

Amount of Each Receipt this Period
 250.00

Memo Item
CONTRIBUTION

B. MR JOHN NICHOLS JR
Full Name (Last, First, Middle Initial)

Mailing Address 1654 LA JOLLA RANCHO RD

City LA JOLLA State CA Zip Code 92037

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

Name of Employer SELF Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 09 / 2016

Transaction ID : SA11AI.17580

Amount of Each Receipt this Period
 500.00

Memo Item
CONTRIBUTION

C. ALAN PARK
Full Name (Last, First, Middle Initial)

Mailing Address 1501 SAN ELIJO RD S

City SAN MARCOS State CA Zip Code 92078

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

Name of Employer NONE Occupation UNEMPLOYED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 14 / 2016

Transaction ID : SA11AI.17582

Amount of Each Receipt this Period
 100.00

Memo Item
CONTRIBUTION

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

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.17341

0003940-0000123

Form/Schedule: SA11AI

Transaction ID: SA11AI.17580

0105158-0000347

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.17582

0111845-0000350

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 54
	<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. Dr. ROBERT PFLEDERER
Full Name (Last, First, Middle Initial)

Mailing Address 66 FORESTVIEW RD

City MORTON State IL Zip Code 61550

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 14 / 2016
Transaction ID : SA11AI.17463

Amount of Each Receipt this Period
 250.00

Memo Item
CONTRIBUTION

B. MR DAVID G POPE
Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 8823

City HORSESHOE BAY State TX Zip Code 78657

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 08 / 2016
Transaction ID : SA11AI.17535

Amount of Each Receipt this Period
 200.00

Memo Item
CONTRIBUTION

C. MR RONALD RASMUSSEN
Full Name (Last, First, Middle Initial)

Mailing Address 9095 N OAKWOOD AVE

City NEENAH State WI Zip Code 54956

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

Name of Employer PRO AIRE CARGO & CONSULTING/MAXAIR Occupation AVIATOR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 10 / 2016
Transaction ID : SA11AI.17424

Amount of Each Receipt this Period
 1000.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	1450.00
TOTAL This Period (last page this line number only).....▶	

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.17463

0101268-0000236

Form/Schedule: SA11AI

Transaction ID: SA11AI.17535

0105049-0000300

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.17424

0106773-0000202

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 54
	<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. MS BETH L REED
 Full Name (Last, First, Middle Initial)
 Mailing Address 3613 LITTLE RD
 City LUTZ State FL Zip Code 33548
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF Occupation HOMEMAKER
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 09 / 2016
Transaction ID : SA11AI.17325
 Amount of Each Receipt this Period
 500.00
 Memo Item
 CONTRIBUTION

B. MR MIKE D RISINGER
 Full Name (Last, First, Middle Initial)
 Mailing Address 421 E GREENWOOD ST
 City MORTON State IL Zip Code 61550
 FEC ID number of contributing federal political committee. **C**
 Name of Employer STATE OF IL Occupation JUDGE
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 06 / 2016
Transaction ID : SA11AI.17464
 Amount of Each Receipt this Period
 600.00
 Memo Item
 CONTRIBUTION

C. JEREMY ROHANE
 Full Name (Last, First, Middle Initial)
 Mailing Address 7602 SOUTHWOOD DRIVE
 City AMARILLO State TX Zip Code 79119
 FEC ID number of contributing federal political committee. **C**
 Name of Employer WESTERN BUILDERS OF AMARILLO- INC. Occupation PRESIDENT
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 10 / 2016
Transaction ID : SA11AI.17538
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION

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

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.17325

0101144-0000106

Form/Schedule: SA11AI

Transaction ID: SA11AI.17464

0103251-0000238

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.17538

0111930-0000303

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 54
	<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. KEVIN SCHOONHOVEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 4836 GEORGIA STREET
 City VALLEJO State CA Zip Code 94591
 FEC ID number of contributing federal political committee. C
 Name of Employer INTERWEST INSURANCE SERVICES Occupation INSURANCE AGENCY PRINCIPAL
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 14 / 2016
Transaction ID : SA11AI.17622
 Amount of Each Receipt this Period
 1000.00
 Memo Item
 CONTRIBUTION

B. MR THOMAS M SEAVER
 Full Name (Last, First, Middle Initial)
 Mailing Address 2886 EASTWOOD DR
 City KIMBALL State MI Zip Code 48074
 FEC ID number of contributing federal political committee. C
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 23 / 2016
Transaction ID : SA11AI.17391
 Amount of Each Receipt this Period
 300.00
 Memo Item
 CONTRIBUTION

C. CHERYL SHULER
 Full Name (Last, First, Middle Initial)
 Mailing Address 4632 IVYGATE CIR SE
 City ATLANTA State GA Zip Code 30339
 FEC ID number of contributing federal political committee. C
 Name of Employer SELF EMPLOYED Occupation ACCOUNTANT
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 13 / 2016
Transaction ID : SA11AI.17298
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	1550.00
TOTAL This Period (last page this line number only).....▶	

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.17622

0111961-0000389

Form/Schedule: SA11AI

Transaction ID: SA11AI.17391

0012537-0000172

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.17298

0105627-0000078

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 54
	<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. MR JONATHAN R SISK
 Full Name (Last, First, Middle Initial)
 Mailing Address 1509 LAKEWOOD DR
 City LEXINGTON State KY Zip Code 40502
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF Occupation BUSINESS OWNER
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 14 / 2016
Transaction ID : SA11AI.17365
 Amount of Each Receipt this Period
 500.00
 Memo Item
 CONTRIBUTION

B. SUSAN STAFFEL
 Full Name (Last, First, Middle Initial)
 Mailing Address 503 AVENUE A
 City SAN ANTONIO State TX Zip Code 78215
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation MOTHER
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 15 / 2016
Transaction ID : SA11AI.17527
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION

C. MRS BARBARA STILSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 26501 BROKEN BIT LN
 City LAGUNA HILLS State CA Zip Code 92653
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GOD Occupation HOMEMAKER
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 09 / 2016
Transaction ID : SA11AI.17598
 Amount of Each Receipt this Period
 100.00
 Memo Item
 CONTRIBUTION

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

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.17365

0098658-0000148

Form/Schedule: SA11AI

Transaction ID: SA11AI.17527

0111967-0000291

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.17598

0016854-0000365

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 54
	<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. MR JOHN W TIMMONS
Full Name (Last, First, Middle Initial)

Mailing Address 1444 BETHEL CHURCH RD

City ELKTON State VA Zip Code 22827

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

Name of Employer VALLEY HEALTH Occupation PHYSICIAN-HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
520.00

Date of Receipt
03 / 22 / 2016
Transaction ID : SA11AI.17248

Amount of Each Receipt this Period
520.00

Memo Item
CONTRIBUTION

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

Mailing Address 19361 BROOKHURST ST SPC 148

City HUNTINGTON BEACH State CA Zip Code 92646

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
03 / 10 / 2016
Transaction ID : SA11AI.17595

Amount of Each Receipt this Period
200.00

Memo Item
CONTRIBUTION

C. MR JIM M WEISERT
Full Name (Last, First, Middle Initial)

Mailing Address 6535 E SANTA AURELIA

City TUCSON State AZ Zip Code 85715

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

Name of Employer PROVIDENCE THREE Occupation SELF EMPLOYED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
03 / 17 / 2016
Transaction ID : SA11AI.17567

Amount of Each Receipt this Period
300.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 1020.00

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

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.17248

0002694-0000032

Form/Schedule: SA11AI

Transaction ID: SA11AI.17595

0100452-0000361

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.17567

0104406-0000333

Form/Schedule:

Transaction ID:

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

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

FOR LINE NUMBER: PAGE 39 OF 54
(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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

A. MR DOUG WERK
Full Name (Last, First, Middle Initial)
Mailing Address 116 COLLINS AVE
City NEWPORT BEACH State CA Zip Code 92662
FEC ID number of contributing federal political committee. C
Name of Employer SELF EMPLOYED Occupation SELF EMPLOYED
Receipt For: 2016
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
03 / 11 / 2016
Transaction ID : SA11AI.17599
Amount of Each Receipt this Period
1000.00
 Memo Item
CONTRIBUTION

B. MR TIM WINN
Full Name (Last, First, Middle Initial)
Mailing Address 3325 CAMINO VALLAREAL
City ESCONDIDO State CA Zip Code 92029
FEC ID number of contributing federal political committee. C
Name of Employer N/A Occupation RETIRED
Receipt For: 2016
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
03 / 11 / 2016
Transaction ID : SA11AI.17579
Amount of Each Receipt this Period
300.00
 Memo Item
CONTRIBUTION

C. MR STEVEN E WINTER
Full Name (Last, First, Middle Initial)
Mailing Address 2104 BENTHAM WAY
City YUKON State OK Zip Code 73099
FEC ID number of contributing federal political committee. C
Name of Employer FAA / MUSTANG PUBLIC SCHOOLS Occupation RETIRED AVIATION SAFETY INSPECTOR /
Receipt For: 2016
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
03 / 15 / 2016
Transaction ID : SA11AI.17497
Amount of Each Receipt this Period
100.00
 Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	1400.00
TOTAL This Period (last page this line number only).....▶	16192.00

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.17599

0104822-0000366

Form/Schedule: SA11AI

Transaction ID: SA11AI.17579

0103506-0000345

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.17497

0111547-0000267

Form/Schedule:

Transaction ID:

**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)

A. 1st VIRGINIA COMMUNITY BANK

Mailing Address 11325 RANDOM HILLS RD

City State Zip Code
FAIRFAX VA 22030

Purpose of Disbursement
BANK FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 02 / 2016

Transaction ID : SB21B.17648

Amount of Each Disbursement this Period

74.50

Memo Item

Full Name (Last, First, Middle Initial)

B. AMERICAN VALUES

Mailing Address 2800 S SHIRLINGTON RD #950

City State Zip Code
ARLINGTON VA 22206

Purpose of Disbursement
RENT

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 31 / 2016

Transaction ID : SB21B.17666

Amount of Each Disbursement this Period

533.34

Memo Item

Full Name (Last, First, Middle Initial)

C. GARY BAUER

Mailing Address 2800 S SHIRLINGTON RD #930

City State Zip Code
ARLINGTON VA 22206

Purpose of Disbursement
PAC CONSULTING POLITICAL AND ADMIN

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 31 / 2016

Transaction ID : SB21B.17671

Amount of Each Disbursement this Period

6750.00

Memo Item

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

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

7357.84

**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)

A. BB&T

Mailing Address 2800 S Quincy St.

City Arlington State VA Zip Code 22206

Purpose of Disbursement
BANK FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
03 / 15 / 2016

Transaction ID : SB21B.17651

Amount of Each Disbursement this Period

416.51

Memo Item

Full Name (Last, First, Middle Initial)

B. BB&T

Mailing Address 2800 S Quincy St.

City Arlington State VA Zip Code 22206

Purpose of Disbursement
BANK FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
03 / 21 / 2016

Transaction ID : SB21B.17646

Amount of Each Disbursement this Period

78.50

Memo Item

Full Name (Last, First, Middle Initial)

C. CASTLE STRATEGIES

Mailing Address 11105 HARROWFIELD ROAD

City CHARLOTTE State NC Zip Code 28226

Purpose of Disbursement
PAC SOCIAL MEDIA CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
03 / 04 / 2016

Transaction ID : SB21B.17653

Amount of Each Disbursement this Period

2500.00

Memo Item

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

2995.01

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

Full Name (Last, First, Middle Initial)

A. COMCAST

Mailing Address P.O. BOX 3005

City State Zip Code
SOUTHEASTERN PA 19398

Purpose of Disbursement
COMPUTER SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB21B.17654**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. COMCAST

Mailing Address P.O. BOX 3005

City State Zip Code
SOUTHEASTERN PA 19398

Purpose of Disbursement
COMPUTER SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB21B.17672**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. DC TREASURER

Mailing Address P.O. BOX 679

City State Zip Code
WASHINGTON DC 20044

Purpose of Disbursement
TAXES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB21B.17657**

Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

Full Name (Last, First, Middle Initial)

A. INTERNAL REVENUE SERVICE

Mailing Address 1111 CONSTITUTION AVE NW

City WASHINGTON State DC Zip Code 20004

Purpose of Disbursement
TAXES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
03 / 15 / 2016

Transaction ID : SB21B.17652

Amount of Each Disbursement this Period

1506.30

Memo Item

Full Name (Last, First, Middle Initial)

B. IRON MOUNTAIN

Mailing Address P.O. BOX 27128

City NEW YORK State NY Zip Code 10087

Purpose of Disbursement
STORAGE FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
03 / 16 / 2016

Transaction ID : SB21B.17661

Amount of Each Disbursement this Period

346.84

Memo Item

Full Name (Last, First, Middle Initial)

C. LPS

Mailing Address P.O. BOX 2325

City FAIRFAX State VA Zip Code 22031

Purpose of Disbursement
PAC DATA PROCESSING SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
03 / 04 / 2016

Transaction ID : SB21B.17673

Amount of Each Disbursement this Period

518.47

Memo Item

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

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

2371.61

**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)

A. LPS

Mailing Address P.O. BOX 2325

City FAIRFAX State VA Zip Code 22031

Purpose of Disbursement
PAC DATA PROCESSING SERVICES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
03 / 04 / 2016

Transaction ID : SB21B.17676

Amount of Each Disbursement this Period

30.00

Memo Item

Full Name (Last, First, Middle Initial)

B. LPS

Mailing Address P.O. BOX 2325

City FAIRFAX State VA Zip Code 22031

Purpose of Disbursement
PAC DATA PROCESSING SERVICES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
03 / 16 / 2016

Transaction ID : SB21B.17674

Amount of Each Disbursement this Period

100.00

Memo Item

Full Name (Last, First, Middle Initial)

C. LPS

Mailing Address P.O. BOX 2325

City FAIRFAX State VA Zip Code 22031

Purpose of Disbursement
PAC DATA PROCESSING SERVICES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
03 / 16 / 2016

Transaction ID : SB21B.17678

Amount of Each Disbursement this Period

21.91

Memo Item

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

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

151.91

**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)

A. LPS

Mailing Address P.O. BOX 2325

City State Zip Code
FAIRFAX VA 22031

Purpose of Disbursement
PAC DATA PROCESSING SERVICES

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 31 / 2016

Transaction ID : SB21B.17681

Amount of Each Disbursement this Period

564.05

Memo Item

Full Name (Last, First, Middle Initial)

B. BILL MOELLER

Mailing Address 2800 S SHIRLINGTON RD #930

City State Zip Code
ARLINGTON VA 22206

Purpose of Disbursement
PAC CONSULTING RESEARCHER/WRITER

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 31 / 2016

Transaction ID : SB21B.17667

Amount of Each Disbursement this Period

2250.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Dorie Velez

Mailing Address 2800 S Shirlington Rd #930

City State Zip Code
Arlington VA 22206

Purpose of Disbursement
PAC CONSULTING COMPLIANCE

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 31 / 2016

Transaction ID : SB21B.17668

Amount of Each Disbursement this Period

2250.00

Memo Item

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

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

5064.05

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

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

FOR LINE NUMBER:
(check only one)

<input 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)

A. Dorie Velezis

Mailing Address 2800 S Shirlington Rd #930

City Arlington State VA Zip Code 22206

Purpose of Disbursement
POSTAGE REIMBURSEMENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
03 / 31 / 2016

Transaction ID : **SB21B.17669**

Amount of Each Disbursement this Period

1.40

Memo Item

Full Name (Last, First, Middle Initial)

B. VERIZON

Mailing Address P.O. BOX 17577

City BALTIMORE State MD Zip Code 21297

Purpose of Disbursement
TELEPHONE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
03 / 16 / 2016

Transaction ID : **SB21B.17663**

Amount of Each Disbursement this Period

413.53

Memo Item

Full Name (Last, First, Middle Initial)

C. DEAN VIRAG

Mailing Address 14511 RILLHURST DR

City CULPEPER State VA Zip Code 22701

Purpose of Disbursement
PAC WEBSITE CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
03 / 04 / 2016

Transaction ID : **SB21B.17655**

Amount of Each Disbursement this Period

500.00

Memo Item

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

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

914.93

**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)

A. WASHINGTON INTELLIGENCE BUREAU

Mailing Address 4128 PEPSI PLACE

City CHANTILLY State VA Zip Code 20151

Purpose of Disbursement
PAC CAGING AND DATA ENTRY SERVICES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
03 / 16 / 2016

Transaction ID : SB21B.17679

Amount of Each Disbursement this Period

525.20

Memo Item

Full Name (Last, First, Middle Initial)

B. WEST

Mailing Address P.O. Box 6292

City CAROL STREAM State IL Zip Code 60197

Purpose of Disbursement
DUES & SUBSCRIPTIONS

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
03 / 23 / 2016

Transaction ID : SB21B.17665

Amount of Each Disbursement this Period

335.50

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

Memo Item

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

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

860.70

20668.97

**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)

A. KING FOR CONGRESS

Mailing Address 202 W 2ND ST.
PO BOX 398

City WALL LAKE State IA Zip Code 51466

Purpose of Disbursement
CONTRIBUTION

Candidate Name
KING FOR CONGRESS

Office Sought: House
 Senate
 President
State: IA District: 04

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB23.17658

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Memo Item

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

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

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 51 OF 54
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor AMERICA DIRECT	Nature of Debt (Purpose): PAC DIRECT MAIL PRODUCTION
Mailing Address 1272 CORPORATE PARK DR	
City State Zip Code FOREST VA 24511	

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

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

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

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

Outstanding Balance Beginning This Period 618.47	Transaction ID : SD10.17213	
Amount Incurred This Period 0.00	Payment This Period 618.47	Outstanding Balance at Close of This Period 0.00

1) SUBTOTALS This Period This Page (optional)..... ▶	3178.42
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 52 OF 54
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

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

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.17675	
Amount Incurred This Period 30.00	Payment This Period 30.00	Outstanding Balance at Close of This Period 0.00

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

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.17677	
Amount Incurred This Period 21.91	Payment This Period 21.91	Outstanding Balance at Close of This Period 0.00

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

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.17680	
Amount Incurred This Period 564.05	Payment This Period 564.05	Outstanding Balance at Close of This Period 0.00

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

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 53 OF 54
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor MWM DIRECT MARKETING SERVICES	Nature of Debt (Purpose): PAC DIRECT MAIL
Mailing Address 8048 HILLRISE COURT	
City State Zip Code ELKRIDGE MD 21075	

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

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor STEPHENSON PRINTING INC	Nature of Debt (Purpose): DIRECT MAIL POSTAGE
Mailing Address 5731 GENERAL WASHINGTON DRIVE	
City State Zip Code ALEXANDRIA VA 22312	

Outstanding Balance Beginning This Period 0.30	Transaction ID : SD10.16859	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 0.30

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

Outstanding Balance Beginning This Period 525.20	Transaction ID : SD10.17215	
Amount Incurred This Period 0.00	Payment This Period 525.20	Outstanding Balance at Close of This Period 0.00

1) SUBTOTALS This Period This Page (optional)..... ▶	2321.20
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 54 OF 54
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

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

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.17686	
Amount Incurred This Period 584.15	Payment This Period 0.00	Outstanding Balance at Close of This Period 584.15

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)..... ▶	584.15
2) TOTALS This Period (last page this line number only)..... ▶	6083.77
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	6083.77