

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 02 01 2011 through 02 28 2011

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Dorie Velezis
Signature of Treasurer Electronically Filed by Dorie Velezis Date 03 17 2011

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

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

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
CAMPAIGN FOR WORKING FAMILIES

Report Covering the Period: From:

M	M
0	2

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	2

D	D
2	8

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	Y	Y	Y	Y	2	0	1	1		1167611.58
Y	Y	Y	Y							
2	0	1	1							
(b) Cash on Hand at Beginning of Reporting Period	1149865.13									
(c) Total Receipts (from Line 19)	48257.42	66098.63								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	1198122.55	1233710.21								
7. Total Disbursements (from Line 31)	33526.08	69113.74								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1164596.47	1164596.47								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	4515.87									

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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name
CAMPAIGN FOR WORKING FAMILIES

Report Covering the Period: From:

M	M
0	2

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	2

D	D
2	8

Y	Y	Y	Y
2	0	1	1

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	14600.00	19100.00
(ii) Unitemized	24204.99	28156.86
(iii) TOTAL (add Lines 11(a)(i) and (ii)	38804.99	47256.86
(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)	38804.99	47256.86
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.)	77.43	91.77
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	9375.00	18750.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	9375.00	18750.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	48257.42	66098.63
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	38882.42	47348.63

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	9375.00	18750.00
(ii) Non-Federal Share.....	9375.00	18750.00
(b) Other Federal Operating Expenditures.....	14776.08	31613.74
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	33526.08	69113.74
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	33526.08	69113.74
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	24151.08	50363.74

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	38804.99	47256.86
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	38804.99	47256.86
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	24151.08	50363.74
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	24151.08	50363.74

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

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

FOR LINE NUMBER: PAGE 6 / 30
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

A. Full Name (Last, First, Middle Initial)
MRS DEBORAH M BLACKMAR
 Mailing Address PO BOX 278
 City State Zip Code
 CATAULA GA 31804
 Date of Receipt
 M M / D D / Y Y Y Y
 0 2 / 1 7 / 2 0 1 1
Transaction ID: SA11AI.49243
 Amount of Each Receipt this Period
 1000.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 INFO REQUESTED- NOT RECD INFO REQUESTED- NOT RECD
 Receipt For: 2012
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

B. Full Name (Last, First, Middle Initial)
PAUL BROTHERS
 Mailing Address 4860 SOUTH LEWIS AVE
 City State Zip Code
 TULSA OK 74105
 Date of Receipt
 M M / D D / Y Y Y Y
 0 2 / 2 4 / 2 0 1 1
Transaction ID: SA11AI.49505
 Amount of Each Receipt this Period
 1000.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SELF ADVERTISING / MARKETING
 Receipt For: 2012
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

C. Full Name (Last, First, Middle Initial)
MR JOHN K COORS
 Mailing Address PO BOX 388
 City State Zip Code
 EVERGREEN CO 80437
 Date of Receipt
 M M / D D / Y Y Y Y
 0 2 / 2 4 / 2 0 1 1
Transaction ID: SA11AI.49575
 Amount of Each Receipt this Period
 1000.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 COORSTEK- INC. MANAGEMENT
 Receipt For: 2012
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

SUBTOTAL of Receipts This Page (optional) ► **3000.00**
TOTAL This Period (last page this line number only) ►

A. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.49243**

0108779-0000124

B. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.49505**

0108804-0000381

C. Form/Schedule : **SA11AI**

0101969-0000448

Transaction ID : **SA11AI.49575**

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 30
(check only one)

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

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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)
MR WILLIAM T HENRY, SR

Mailing Address 61 SOLOGNE CIR

City State Zip Code
LITTLE ROCK AR 72223

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

Name of Employer Occupation
RADIOLOGY CONSULTANTS PHYSICIAN

Receipt For: 2012
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
MM / DD / YYYY
02 / 10 / 2011

Transaction ID: SA11AI.49494

Amount of Each Receipt this Period
2000.00

B.

Full Name (Last, First, Middle Initial)
MR GUNNAR KLARR

Mailing Address 401 S OLD WOODWARD AVE STE 465

City State Zip Code
BIRMINGHAM MI 48009

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

Name of Employer Occupation
KINSHIP FOUNDATION DIR

Receipt For: 2012
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
02 / 24 / 2011

Transaction ID: SA11AI.49342

Amount of Each Receipt this Period
5000.00

C.

Full Name (Last, First, Middle Initial)
MR JOSEPH KRAUSE

Mailing Address PO BOX 189

City State Zip Code
WILLCOX AZ 85644

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

Name of Employer Occupation
SELF ENGINEER

Receipt For: 2012
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
02 / 24 / 2011

Transaction ID: SA11AI.49612

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **7500.00**

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

A. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.49494**

0007401-0000370

B. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.49342**

0005038-0000222

C. Form/Schedule : **SA11AI**

0108807-0000484

Transaction ID : **SA11AI.49612**

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 / 30
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

A.	Full Name (Last, First, Middle Initial) JOCELYN MANULLANG		Date of Receipt MM / DD / YYYY 02 / 24 / 2011		
	Mailing Address 8303 121ST AVE SE		Transaction ID: SA11AI.49717		
	City NEWCASTLE	State WA	Zip Code 98056	Amount of Each Receipt this Period 300.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer NONE	Occupation HOMEMAKER/HOMESCHOOLING PARENT			
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00			

B.	Full Name (Last, First, Middle Initial) MRS RUTH MERRITT		Date of Receipt MM / DD / YYYY 02 / 25 / 2011		
	Mailing Address 1675 SUGARLOAF CLUB DR		Transaction ID: SA11AI.49218		
	City DULUTH	State GA	Zip Code 30097	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer SELF EMPLOYED	Occupation COUNSELOR			
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

C.	Full Name (Last, First, Middle Initial) DR DAVID MORRISON		Date of Receipt MM / DD / YYYY 02 / 24 / 2011		
	Mailing Address 1802 CROOM DR		Transaction ID: SA11AI.49271		
	City MONTGOMERY	State AL	Zip Code 36106	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer SELF	Occupation PHYSICIAN			
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

SUBTOTAL of Receipts This Page (optional)	▶	1050.00
TOTAL This Period (last page this line number only)	▶	

A. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.49717**

0107670-0000584

B. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.49218**

0106689-0000101

C. Form/Schedule : **SA11AI**

0003940-0000154

Transaction ID : **SA11AI.49271**

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

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

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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

A.	Full Name (Last, First, Middle Initial) MR STEVE NOVARRO		Date of Receipt
	Mailing Address 712 N GARFIELD AVE		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 0 2 / 2 0 1 1
	City	State	Zip Code
	ALHAMBRA	CA	91801
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.49627
Name of Employer SELF		Occupation REAL ESTATE	Amount of Each Receipt this Period
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00

B.	Full Name (Last, First, Middle Initial) MYRA SCHLIESING		Date of Receipt
	Mailing Address 1765 EVANGELINE LN		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 2 5 / 2 0 1 1
	City	State	Zip Code
	ANCHORAGE	AK	99517
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.49734
Name of Employer RETIRED		Occupation RETIRED	Amount of Each Receipt this Period
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00

C.	Full Name (Last, First, Middle Initial) DR WILLIAM SCOTT		Date of Receipt
	Mailing Address 3061 E ARM RD		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 2 4 / 2 0 1 1
	City	State	Zip Code
	ELY	MN	55731
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.49419
Name of Employer SELF EMPLOYED		Occupation DENTIST	Amount of Each Receipt this Period
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 300.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1050.00
TOTAL This Period (last page this line number only)	<input type="text"/>

A. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.49627**

0013882-0000498

B. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.49734**

0107786-0000603

C. Form/Schedule : **SA11AI**

0079539-0000295

Transaction ID : **SA11AI.49419**

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 30

(check only one)

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

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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)
RONALD SCVHMITZ

Mailing Address 92 WHISKEY JAY HILL RD

City State Zip Code
EVERGREEN CO 80439

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2012
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
1000.00

Date of Receipt

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

Transaction ID: SA11AI.49577

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)
MR GREG L SIMONS

Mailing Address 11205 W 140TH PLACE

City State Zip Code
OVERLAND PARK KS 66221

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

Name of Employer Occupation
INFO REQUESTED- NOT RECD PROF SERVICES

Receipt For: 2012
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
500.00

Date of Receipt

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

Transaction ID: SA11AI.49477

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)
MS MARGO THELEN

Mailing Address 545 LANE ROAD

City State Zip Code
WOODLAND WA 98674

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

Name of Employer Occupation
WALGREENS PHARMACIST

Receipt For: 2012
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
500.00

Date of Receipt

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

Transaction ID: SA11AI.49731

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

14600.00

A. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.49577**

0108805-0000450

B. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.49477**

0015041-0000352

C. Form/Schedule : **SA11AI**

0009845-0000599

Transaction ID : **SA11AI.49731**

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

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

FOR LINE NUMBER: (check only one)

PAGE 22 / 30

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

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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

A.	Full Name (Last, First, Middle Initial) COVAD COMMUNICATIONS	Transaction ID: SB21B.49746 Date of Disbursement																			
	Mailing Address P.O. BOX 39000	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>2</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		0	9		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		0	9		2	0	1	1												
	City SAN FRANCISCO State CA Zip Code 94139	Amount of Each Disbursement this Period																			
	Purpose of Disbursement COMPUTER SERVICES	<table border="1"><tr><td>114.18</td></tr></table>	114.18																		
114.18																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General																			
	State: District:	<input type="checkbox"/> Other (specify) ▼																			

B.	Full Name (Last, First, Middle Initial) DESIGN 4 INC	Transaction ID: SB21B.49748 Date of Disbursement																			
	Mailing Address 2020 W BRANDON BLVD #202	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>2</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		0	9		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		0	9		2	0	1	1												
	City BRANDON State FL Zip Code 33511	Amount of Each Disbursement this Period																			
	Purpose of Disbursement PAC AD DESIGN	<table border="1"><tr><td>2150.00</td></tr></table>	2150.00																		
2150.00																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General																			
	State: District:	<input type="checkbox"/> Other (specify) ▼																			

C.	Full Name (Last, First, Middle Initial) HUMAN EVENTS	Transaction ID: SB21B.49749 Date of Disbursement																			
	Mailing Address P.O. Box 59733	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>2</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		0	9		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		0	9		2	0	1	1												
	City Potomac State MD Zip Code 20897	Amount of Each Disbursement this Period																			
	Purpose of Disbursement PAC ADVERTISING	<table border="1"><tr><td>1945.00</td></tr></table>	1945.00																		
1945.00																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General																			
	State: District:	<input type="checkbox"/> Other (specify) ▼																			

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>4209.18</td></tr></table>	4209.18
4209.18		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td></td></tr></table>	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 23 / 30

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

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

NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

A.	Full Name (Last, First, Middle Initial) IRON MOUNTAIN	Transaction ID: SB21B.49751
	Mailing Address 745 ATLANTIC AVE	Date of Disbursement MM / DD / YYYY 02 / 09 / 2011
	City BOSTON State MA Zip Code 02111	Amount of Each Disbursement this Period 249.13
	Purpose of Disbursement STORAGE FEES	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) LEXIS NEXIS	Transaction ID: SB21B.49752
	Mailing Address P.O. BOX 7247-7090	Date of Disbursement MM / DD / YYYY 02 / 09 / 2011
	City PHILADELPHIA State PA Zip Code 19170	Amount of Each Disbursement this Period 350.00
	Purpose of Disbursement DUES & SUBSCRIPTIONS	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) LPS	Transaction ID: SB21B.49755
	Mailing Address P.O. BOX 2325	Date of Disbursement MM / DD / YYYY 02 / 09 / 2011
	City FAIRFAX State VA Zip Code 22031	Amount of Each Disbursement this Period 893.87
	Purpose of Disbursement PAC DATA PROCESSING SERVICES	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	▶	1493.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 24 / 30

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

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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

A.	Full Name (Last, First, Middle Initial) THE LUKENS COMPANY <hr/> Mailing Address 2800 SHIRLINGTON ROAD #900 <hr/> City ARLINGTON State VA Zip Code 22206 <hr/> Purpose of Disbursement PAC DIRECT MAIL CONSULTING Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.49754 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 9 / 2 0 1 1 <hr/> Amount of Each Disbursement this Period 2800.00
B.	Full Name (Last, First, Middle Initial) VERIZON <hr/> Mailing Address P.O. BOX 17577 <hr/> City BALTIMORE State MD Zip Code 21297 <hr/> Purpose of Disbursement TELEPHONE Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.49764 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 8 / 2 0 1 1 <hr/> Amount of Each Disbursement this Period 452.09
C.	Full Name (Last, First, Middle Initial) DEAN VIRAG <hr/> Mailing Address 14039 WESTWIND LANE <hr/> City CULPEPER State VA Zip Code 22701 <hr/> Purpose of Disbursement WEBSITE SUPPORT Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.49761 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 8 / 2 0 1 1 <hr/> Amount of Each Disbursement this Period 500.00

SUBTOTAL of Disbursements This Page (optional) ▶

3752.09

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 25 / 30

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

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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

A. Full Name (Last, First, Middle Initial)
WASHINGTON INTELLIGENCE BUREAU

Mailing Address 4128 PEPSI PLACE

City CHANTILLY State VA Zip Code 20151

Purpose of Disbursement
PAC CAGING AND DATA ENTRY SERVICES

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B.49766

Date of Disbursement

MM / DD / YYYY
02 / 18 / 2011

Amount of Each Disbursement this Period

654.54

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

WEST

Mailing Address P.O. BOX 6292

City CAROL STREAM State IL Zip Code 60197

Purpose of Disbursement
DUES & SUBSCRIPTIONS

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B.49767

Date of Disbursement

MM / DD / YYYY
02 / 18 / 2011

Amount of Each Disbursement this Period

210.00

SUBTOTAL of Disbursements This Page (optional) ▶

864.54

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

14511.48

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor ADVANCED DIGITAL SOLUTIONS			Nature of Debt (Purpose): COMPUTER SUPPORT
Mailing Address 10680 MAIN STREET			
City FAIRFAX	State VA	ZIP Code 22030	

Outstanding Balance Beginning This Period 1215.00		Transaction ID: SD10.49098	
Amount Incurred This Period 0.00	Payment This Period 1215.00	Outstanding Balance at Close of This Period 0.00	

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

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

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

Outstanding Balance Beginning This Period 893.87		Transaction ID: SD10.49099	
Amount Incurred This Period 0.00	Payment This Period 893.87	Outstanding Balance at Close of This Period 0.00	

1) SUBTOTALS This Period This Page (optional).....	223.11
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)

FOR LINE NUMBER: (check only one)

9
 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 SERVI- CES
Mailing Address P.O. BOX 2325			
City FAIRFAX	State VA	ZIP Code 22031	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>		Transaction ID: SD10.49769	
Amount Incurred This Period <input type="text" value="577.94"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="577.94"/>	

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

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>		Transaction ID: SD10.49770	
Amount Incurred This Period <input type="text" value="398.33"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="398.33"/>	

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

Outstanding Balance Beginning This Period <input type="text" value="2320.90"/>		Transaction ID: SD10.4696	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="2320.90"/>	

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="3297.17"/>
2) TOTALS This Period (last page this line number only).....	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor THE LUKENS COMPANY			Nature of Debt (Purpose): PAC - DIRECT MAIL CONSULT- ING
Mailing Address 2800 SHIRLINGTON ROAD #900			
City	State	ZIP Code	
ARLINGTON	VA	22206	

Outstanding Balance Beginning This Period		Transaction ID: SD10.49101	
2800.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	2800.00	0.00	

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

Outstanding Balance Beginning This Period		Transaction ID: SD10.49102	
654.54			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	654.54	0.00	

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		Transaction ID: SD10.49771	
0.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
995.59	0.00	995.59	

1) SUBTOTALS This Period This Page (optional).....	▶	995.59
2) TOTALS This Period (last page this line number only).....	▶	4515.87
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)	▶	4515.87

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

NAME OF COMMITTEE (In Full)
 CAMPAIGN FOR WORKING FAMILIES

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

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative	9375.00	Transaction ID: H3.49768
ii) Generic Voter Drive		Transaction ID:
iii) Exempt Activities		Transaction ID:
iv) Direct Fundraising (List Activity or Event Identifier)		
a) _____		Transaction ID:
b) _____		Transaction ID:
c) Total Amount Transferred for Direct Fundraising		
v) Direct Candidate Support (List of Activity or Event Identifier)		
a) _____		Transaction ID:
b) _____		Transaction ID:
c) Total Amount Transferred For Direct Candidate Support		
vi) Public Communications Referring Only to Party (Made by PAC)		Transaction ID:

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

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

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

NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

A. Full Name (Last, First, Middle Initial) GARY BAUER			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC																							
Mailing Address 2800 SHIRLINGTON ROAD #930			Allocated Activity or Event Year-To-Date 32000.00																							
City	State	Zip Code	Date <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td></td><td>0</td><td>2</td><td>/</td><td>1</td><td>8</td><td>/</td><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>			M	M	/	D	D	/	Y	Y	Y	Y		0	2	/	1	8	/	2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y																	
	0	2	/	1	8	/	2	0	1	1																
ARLINGTON	VA	22206	Transaction ID: H4.49742																							
Purpose of Disbursement: PAC POLITICAL AND ADMIN CONSULTING			Category/Type																							
Activity or Event Identifier: Administrative																										

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
6625.00		6625.00		13250.00

B. Full Name (Last, First, Middle Initial) BILL MOELLER			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC																							
Mailing Address 2800 SHIRLINGTON ROAD #930			Allocated Activity or Event Year-To-Date 34750.00																							
City	State	Zip Code	Date <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td></td><td>0</td><td>2</td><td>/</td><td>1</td><td>8</td><td>/</td><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>			M	M	/	D	D	/	Y	Y	Y	Y		0	2	/	1	8	/	2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y																	
	0	2	/	1	8	/	2	0	1	1																
ARLINGTON	VA	22206	Transaction ID: H4.49743																							
Purpose of Disbursement: PAC CONSULTING WRITER/RESEARCHER			Category/Type																							
Activity or Event Identifier: Administrative																										

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1375.00		1375.00		2750.00

C. Full Name (Last, First, Middle Initial) Dorie Velezis			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC																							
Mailing Address 2800 S. Shirlington Road, #930			Allocated Activity or Event Year-To-Date 37500.00																							
City	State	Zip Code	Date <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td></td><td>0</td><td>2</td><td>/</td><td>1</td><td>8</td><td>/</td><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>			M	M	/	D	D	/	Y	Y	Y	Y		0	2	/	1	8	/	2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y																	
	0	2	/	1	8	/	2	0	1	1																
Arlington	VA	22206	Transaction ID: H4.49745																							
Purpose of Disbursement: PAC ACCOUNTNG SERIVCES			Category/Type																							
Activity or Event Identifier: Administrative																										

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1375.00		1375.00		2750.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
9375.00		9375.00		18750.00

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

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT
9375.00		9375.00		18750.00