

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 02 01 2006 through 02 28 2006

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

Type or Print Name of Treasurer Amy Myers

Signature of Treasurer Electronically Filed by Amy Myers Date 05 19 2006

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

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	0	6

 To: 

M	M
0	2

D	D
2	8

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		982491.24
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period .....	989070.95									
(c) Total Receipts (from Line 19) .....	66333.30	107433.88								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	1055404.25	1089925.12								
7. Total Disbursements (from Line 31) .....	38318.80	72839.67								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	1017085.45	1017085.45								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	3064.57									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name  
Campaign for Working Families

Report Covering the Period: From: 

M	M
0	2

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	2

D	D
2	8

Y	Y	Y	Y
2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	41172.00	69082.50
(i) Itemized (use Schedule A) .....	22352.78	32769.48
(ii) Unitemized .....	63524.78	101851.98
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	63524.78	101851.98
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) .....	0.03	0.03
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	2808.49	5581.87
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	66333.30	107433.88
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	66333.30	107433.88

**DETAILED SUMMARY PAGE**

of Disbursements

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Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	33318.80	67839.67
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	33318.80	67839.67
22. Transfers to Affiliated/Other Party Committees.....	5000.00	5000.00
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))..	38318.80	72839.67
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	38318.80	72839.67

**DETAILED SUMMARY PAGE**  
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	63524.78	101851.98
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	63524.78	101851.98
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	33318.80	67839.67
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.03	0.03
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	33318.77	67839.64

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 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	

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)  
MS CINDY M BAUR

Mailing Address 2601 SW 14TH CT

City State Zip Code  
DEERFIELD BCH FL 33442

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

Name of Employer Occupation  
MECE PRESCHOOL KINDERGARTEN AIDE

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

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

Transaction ID: SA11A1.63122

Amount of Each Receipt this Period  
240.00

**B.** Full Name (Last, First, Middle Initial)  
MR RANDY BRAMEL

Mailing Address 1955 PORT CLARIDGE PL

City State Zip Code  
NEWPORT BEACH CA 92660

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

Name of Employer Occupation  
BRIDGEPORT INVESTMENTS REAL ESTATE

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 2 / 1 7 / 2 0 0 6

Transaction ID: SA11A1.63525

Amount of Each Receipt this Period  
2500.00

**C.** Full Name (Last, First, Middle Initial)  
MRS TONYA BRUMMERSTEDT

Mailing Address 465 NORMAN DR

City State Zip Code  
GROVELAND IL 61535

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

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

Transaction ID: SA11A1.63355

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	3240.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 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)  
MRS CATHERINE A DAICHENDT

Mailing Address 2620 RIVIERA DR

City State Zip Code  
LAGUNA BEACH CA 92651

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

Name of Employer Occupation  
HOUSEWIFE HOUSEWIFE

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

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

Transaction ID: SA11A1.63522

Amount of Each Receipt this Period  
5000.00

**B.** Full Name (Last, First, Middle Initial)  
MR GARY J DAICHENDT

Mailing Address 2620 RIVIERA DR

City State Zip Code  
LAGUNA BEACH CA 92651

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

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

Transaction ID: SA11A1.63523

Amount of Each Receipt this Period  
5000.00

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

Mailing Address PO BOX 1

City State Zip Code  
LYNNWOOD WA 98046

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

Name of Employer Occupation  
ECHELBARGER INVESTMENTS REAL ESTATE DEVELOPEMENT

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

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

Transaction ID: SA11A1.63583

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	10500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 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)  
MR MAYNARD M EYESTONE

Mailing Address 19334 KING'S GARDEN DR N  
APT 112

City Shoreline State WA Zip Code 98133

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
MM / DD / YYYY  
02 / 22 / 2006

Transaction ID: SA11A1.63586

Amount of Each Receipt this Period  
10.00

**B.** Full Name (Last, First, Middle Initial)  
MR BOBBI GOOD

Mailing Address 18161 BASTANCHURY RD

City Yorba Linda State CA Zip Code 92886

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

Name of Employer ROSE DRIVE FRIENDS CHURCH Occupation RISK MANAGER

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
02 / 06 / 2006

Transaction ID: SA11A1.63531

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
MR BRUCE T HENDERSON, MD

Mailing Address 3730 BURNING TREE DR

City Bloomfield HI State MI Zip Code 48302

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

Name of Employer MD Occupation ORTHROPEDIC SURGEON

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
02 / 17 / 2006

Transaction ID: SA11A1.63227

Amount of Each Receipt this Period  
1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1260.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 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

Full Name (Last, First, Middle Initial) <b>A. MR JOHN HENDRY</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 4 / 2 0 0 6	
Mailing Address 4537 TIMBERVIEW		Transaction ID: SA11A1.63410	
City PLANO	State TX	Zip Code 75093	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer INFO REQUESTED- NOT RECD		Occupation INFO REQUESTED- NOT RECD	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. MR THEODORE G HINES</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 6 / 2 0 0 6	
Mailing Address 434 E WASHINGTON BLVD		Transaction ID: SA11A1.63025	
City GROVE CITY	State PA	Zip Code 16127	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer PINE INSTRUMENT CO		Occupation EXECUTIVE	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. MRS CAROLYN MATOVICH</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 6	
Mailing Address 112 PHILLIPS CT NW		Transaction ID: SA11A1.63039	
City LEESBURG	State VA	Zip Code 20176	Amount of Each Receipt this Period 1047.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer HOMEMAKER		Occupation HOMEMAKER	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1047.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1797.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 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)  
MR JAMES H MATSON

Mailing Address 199 TAYLOR AVE

City State Zip Code  
GLEN ELLYN IL 60137

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

Name of Employer  
GRIFFIN KUBIK STEPHENS & THOMPSON

Occupation  
SALES MANAGEMENT

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 2 / 0 9 / 2 0 0 6

Transaction ID: SA11A1.63336

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
MR DON P MORGAN

Mailing Address 2 SILVERBERRY

City State Zip Code  
LITTLETON CO 80127

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

Name of Employer  
FACTORY DIRECT SALES CONS-ULTAN

Occupation  
SALESMAN

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 2 / 0 9 / 2 0 0 6

Transaction ID: SA11A1.63451

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
MR QUENTIN NESBITT

Mailing Address 9840 MONTGOMERY RD

City State Zip Code  
CINCINNATI OH 45242

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

Name of Employer  
DATA PROCESSING SCIENCES CORP

Occupation  
CHAIRMAN

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 2 / 1 3 / 2 0 0 6

Transaction ID: SA11A1.63193

Amount of Each Receipt this Period  
5000.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	5750.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 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

Full Name (Last, First, Middle Initial) <b>A. MRS SUSAN P OSBORN</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 3 / 2 0 0 6	
Mailing Address 2541 W PALOMINO DR		<b>Transaction ID: SA11A1.63474</b>	
City State Zip Code CHANDLER AZ 85224	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer HOUSEWIFE & MOTHER	Occupation HOUSEWIFE & MOTHER		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>B. MR MARIA G PEREZ</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 0 / 2 0 0 6	
Mailing Address 18650 SW 128TH AVE		<b>Transaction ID: SA11A1.63121</b>	
City State Zip Code MIAMI FL 33177	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer UNIVERSAL INVESTORS NTWRK INC	Occupation MANAGER		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>C. DR ROBERT PFLEDERER</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 2 / 2 0 0 6	
Mailing Address 66 FOREST VIEW RD		<b>Transaction ID: SA11A1.63356</b>	
City State Zip Code MORTON IL 61550	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer RETIRED	Occupation PHYSICIAN RET		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1750.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 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

Full Name (Last, First, Middle Initial) <b>A. MS BEVERLY K RIESE</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 6	
Mailing Address 2608 W 3RD ST		<b>Transaction ID: SA11A1.63394</b>	
City State Zip Code HASTINGS NE 68901		Amount of Each Receipt this Period 700.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation SELF EMPLOYED BOOKKEEPER SELF-EMPLOYED BOOKKEEPER			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 700.00	

Full Name (Last, First, Middle Initial) <b>B. MR DAVID A ROST</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 7 / 2 0 0 6	
Mailing Address 4116 KYLE RD		<b>Transaction ID: SA11A1.63195</b>	
City State Zip Code CEDARVILLE OH 45314		Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation SELF INVESTMENT MGR			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C. MR RAYMOND L SALZMAN</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 7 / 2 0 0 6	
Mailing Address 3445 EVERETTE DR		<b>Transaction ID: SA11A1.63041</b>	
City State Zip Code BOWIE MD 20716		Amount of Each Receipt this Period 150.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation RETIRED RETIRED			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1150.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 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

<b>A.</b> Full Name (Last, First, Middle Initial) MS HEIDI SHEARER		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 6	
Mailing Address 1210 EVART ST		<b>Transaction ID:</b> SA11A1.63236	
City State Zip Code MIDLAND MI 48642		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation SELF EMPLOYED PRIVATE FRANCHISING			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

<b>B.</b> Full Name (Last, First, Middle Initial) W MARK SHIRLEY		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 6 / 2 0 0 6	
Mailing Address 14806 CANTWELL BEND		<b>Transaction ID:</b> SA11A1.63428	
City State Zip Code CYPRESS TX 77429		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation WM SHIRLEY & ASSOCIATES OFFICE MANAGER			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

<b>C.</b> Full Name (Last, First, Middle Initial) STEPHEN SLIFKO		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 9 / 2 0 0 6	
Mailing Address 9143 COAL BANK RD		<b>Transaction ID:</b> SA11A1.63184	
City State Zip Code MARSHALLVILLE OH 44645		Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation SELF EMPLOYED BUILDER			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 5000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	5500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 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)  
MRS SYLVIA SLIFKO

Mailing Address 9143 COAL BANK RD

City MARSHALLVILLE State OH Zip Code 44645

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 2 / 0 9 / 2 0 0 6

Transaction ID: SA11A1.63183

Amount of Each Receipt this Period  
5000.00

**B.** Full Name (Last, First, Middle Initial)  
MRS DEBORAH E SMITH

Mailing Address 3360 E TERRELL BRANCH CT SE

City MARIETTA State GA Zip Code 30067

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

Name of Employer HOMEMAKER Occupation HOMEMAKER

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
275.00

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

Transaction ID: SA11A1.63099

Amount of Each Receipt this Period  
225.00

**C.** Full Name (Last, First, Middle Initial)  
MRS JAMES R STADLER

Mailing Address 2212 HILLSBORO VALLEY RD

City BRENTWOOD State TN Zip Code 37027

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

Name of Employer HOUSEWIFE Occupation HOUSEWIFE

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

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

Transaction ID: SA11A1.63143

Amount of Each Receipt this Period  
1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	6225.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 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)  
MRS HELEN A STEFELY

Mailing Address 941 S EUCLID AVE

City State Zip Code  
ELMHURST IL 60126

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

Name of Employer Occupation  
HOMEMAKER HOMEMAKER

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 2 / 1 7 / 2 0 0 6

Transaction ID: SA11A1.63335

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
DR VICTORIA B TEAGUE

Mailing Address 14440 MORNING MOUNTAIN WAY

City State Zip Code  
ALPHARETTA GA 30004

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

Name of Employer Occupation  
PEDIATRIC ASSOC OF JOHNS CREEK PHYSICIAN

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

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

Transaction ID: SA11A1.63094

Amount of Each Receipt this Period  
500.00

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

Mailing Address 3225 GRAHAM RD

City State Zip Code  
FALLS CHURCH VA 22042

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

Name of Employer Occupation  
AXA FINANCIAL ADVISOR

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

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

Transaction ID: SA11A1.63059

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1250.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 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)  
MRS SYLVIA WADE

Mailing Address 432 ELLISON RD

City State Zip Code  
TYRONE GA 30290

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

Name of Employer Occupation  
HOUSEWIFE HOUSEWIFE

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
02 / 22 / 2006

Transaction ID: SA11A1.63109

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
MR DANIEL WHYLE

Mailing Address 12727 HUNTSMAN VIEW DR

City State Zip Code  
SAN ANTONIO TX 78249

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

Name of Employer Occupation  
STATE FARM INSURANCE AGENT

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
02 / 06 / 2006

Transaction ID: SA11A1.63435

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
MR TIM WINN

Mailing Address 3325 CAMINO VALLAREAL

City State Zip Code  
ESCONDIDO CA 92029

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

Name of Employer Occupation  
SELF TRUSTEE

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  
MM / DD / YYYY  
02 / 17 / 2006

Transaction ID: SA11A1.63507

Amount of Each Receipt this Period  
2000.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2750.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	41172.00

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

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

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NAME OF COMMITTEE (In Full)  
Campaign for Working Families

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

Mailing Address 1800 K Street

City State Zip Code  
Washington DC 20002

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5581.87

Date of Receipt  

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

Transaction ID: SA17.63638

Amount of Each Receipt this Period  
2808.49

Interest Income

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2808.49
<b>TOTAL</b> This Period (last page this line number only) .....	▶	2808.49

# 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 18 / 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

Full Name (Last, First, Middle Initial) <b>A. ALLFIRST BANK</b>		<b>Transaction ID: SB21B.63608</b>	
Mailing Address 1800 K Street		Date of Disbursement MM / DD / YYYY 02 / 10 / 2006	
City Washington	State DC	Zip Code 20002	Amount of Each Disbursement this Period 673.51
Purpose of Disbursement Bank Fees		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. ALLFIRST BANK</b>		<b>Transaction ID: SB21B.63639</b>	
Mailing Address 1800 K Street		Date of Disbursement MM / DD / YYYY 02 / 28 / 2006	
City Washington	State DC	Zip Code 20002	Amount of Each Disbursement this Period 141.02
Purpose of Disbursement Bank Fees		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Gary Bauer</b>		<b>Transaction ID: SB21B.63631</b>	
Mailing Address 2800 Shirlington Road		Date of Disbursement MM / DD / YYYY 02 / 23 / 2006	
City Arlington	State VA	Zip Code 22206	Amount of Each Disbursement this Period 7200.00
Purpose of Disbursement Consulting - Political & Admin		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>8014.53</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 19 / 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

Full Name (Last, First, Middle Initial) <b>A. CT Corporation</b>		<b>Transaction ID:</b> SB21B.63617 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 0 2 / 2 0 0 6
Mailing Address P.O. Box 4349		Amount of Each Disbursement this Period 309.00
City Carol Stream State IL Zip Code 60197	Purpose of Disbursement Licenses and Permits Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

Full Name (Last, First, Middle Initial) <b>B. DIRECTECH, INC</b>		<b>Transaction ID:</b> SB21B.63640 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 2 3 / 2 0 0 6
Mailing Address 8595 Grovemont Circle		Amount of Each Disbursement this Period 963.96
City Gaithersburg State MD Zip Code 20877	Purpose of Disbursement Caging and Data Processing Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

Full Name (Last, First, Middle Initial) <b>C. F&amp;M BANK</b>		<b>Transaction ID:</b> SB21B.63611 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 6
Mailing Address 4117 Chain Bridge Road		Amount of Each Disbursement this Period 664.26
City Fairfax State VA Zip Code 22030	Purpose of Disbursement Credit Card Processing Fees Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1937.22
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[Empty Box]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Campaign for Working Families

Full Name (Last, First, Middle Initial) <b>A. INKWELL, INC</b>		Transaction ID: SB21B.63642 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 3 / 2 0 0 6
Mailing Address 1973 COUNTY ROAD G2 WEST		Amount of Each Disbursement this Period 4266.26
City ROSEVILLE State MN Zip Code 55113	Category/ Type	
Purpose of Disbursement PAC - DIRECT MAIL PRODUCTION		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. LEXIS NEXIS</b>		Transaction ID: SB21B.63624 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 3 / 2 0 0 6
Mailing Address P.O. Box 7247-7090		Amount of Each Disbursement this Period 321.00
City Philadelphia State PA Zip Code 19170	Category/ Type	
Purpose of Disbursement Dues & Subscriptions		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. MGP Shirlington Gateway</b>		Transaction ID: SB21B.63633 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 3 / 2 0 0 6
Mailing Address P.O. Box 201630		Amount of Each Disbursement this Period 2212.00
City Dallas State TX Zip Code 75320	Category/ Type	
Purpose of Disbursement Rent		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	6799.26
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Campaign for Working Families

Full Name (Last, First, Middle Initial) <b>A. Bill Moeller</b>		<b>Transaction ID:</b> SB21B.63616 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 2 / 2 0 0 6
Mailing Address 2800 Shirlington Road #930		Amount of Each Disbursement this Period 20.30
City Arlington State VA Zip Code 22206	Category/ Type	
Purpose of Disbursement Travel Expense Reimbursement		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Bill Moeller</b>		<b>Transaction ID:</b> SB21B.63629 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 3 / 2 0 0 6
Mailing Address 2800 Shirlington Road #930		Amount of Each Disbursement this Period 2150.00
City Arlington State VA Zip Code 22206	Category/ Type	
Purpose of Disbursement Consulting - Political		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. RECORDS MGMT INC</b>		<b>Transaction ID:</b> SB21B.63628 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 3 / 2 0 0 6
Mailing Address 7726 Southern Drive		Amount of Each Disbursement this Period 158.16
City Springfield State VA Zip Code 22150	Category/ Type	
Purpose of Disbursement Storage Fees		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>2328.46</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

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

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

FOR LINE NUMBER: (check only one)

PAGE 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

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

Full Name (Last, First, Middle Initial) <b>A. THE LUKENS COMPANY'</b>		<b>Transaction ID:</b> SB21B.63644
Mailing Address 2800 Shirlington Road 9th Floor		Date of Disbursement MM / DD / YYYY 02 / 23 / 2006
City Arlington	State VA	Zip Code 22206
Purpose of Disbursement PAC - DIRECT MAIL PRODUCTION/CONSULTING		Amount of Each Disbursement this Period  7012.30
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:	Category/ Type	

Full Name (Last, First, Middle Initial) <b>B. THE LUKENS COMPANY'</b>		<b>Transaction ID:</b> SB21B.63645
Mailing Address 2800 Shirlington Road 9th Floor		Date of Disbursement MM / DD / YYYY 02 / 23 / 2006
City Arlington	State VA	Zip Code 22206
Purpose of Disbursement PAC - DIRECT MAIL CONSULTING		Amount of Each Disbursement this Period  2380.00
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:	Category/ Type	

Full Name (Last, First, Middle Initial) <b>C. US POSTMASTER</b>		<b>Transaction ID:</b> SB21B.63614
Mailing Address Main Post Office		Date of Disbursement MM / DD / YYYY 02 / 16 / 2006
City Washington	State DC	Zip Code 20000
Purpose of Disbursement Postage - BRE/Box Fees		Amount of Each Disbursement this Period  868.00
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:	Category/ Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>10260.30</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Campaign for Working Families

Full Name (Last, First, Middle Initial) <b>A. US POSTMASTER</b>		<b>Transaction ID:</b> SB21B.63627 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 2 1 / 2 0 0 6
Mailing Address Main Post Office		Amount of Each Disbursement this Period 101.24
City Washington State DC Zip Code 20000		
Purpose of Disbursement Postage - General Office Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. US POSTMASTER</b>		<b>Transaction ID:</b> SB21B.63634 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 2 3 / 2 0 0 6
Mailing Address Main Post Office		Amount of Each Disbursement this Period 585.00
City Washington State DC Zip Code 20000		
Purpose of Disbursement Postage - General Office Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Dorie Velezis</b>		<b>Transaction ID:</b> SB21B.63630 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 2 3 / 2 0 0 6
Mailing Address 2800 Shirlington Road #930		Amount of Each Disbursement this Period 2000.00
City Arlington State VA Zip Code 22206		
Purpose of Disbursement Accounting Services Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2686.24
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 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

Full Name (Last, First, Middle Initial) <b>A. VERIZON</b>		<b>Transaction ID:</b> SB21B.63626 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 3 / 2 0 0 6
Mailing Address P.O. Box 17577		Amount of Each Disbursement this Period 383.18
City Baltimore State MD Zip Code 21297	Category/ Type	
Purpose of Disbursement Telephone Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dean Virag</b>		<b>Transaction ID:</b> SB21B.63621 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 3 / 2 0 0 6
Mailing Address 14039 Westwind Lane		Amount of Each Disbursement this Period 350.00
City Culpeper State VA Zip Code 22701	Category/ Type	
Purpose of Disbursement Computer Services Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

733.18

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

32759.19

# 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 type="checkbox"/> 21b	<input checked="" 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)  
Campaign for Working Families

Mailing Address 2800 Shirlington Road, Suite 930

City Arlington State VA Zip Code 22206

Purpose of Disbursement  
Trans Excess Contrib Schreiber 12/31/05

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: SB22.63636

Date of Disbursement

<sup>M</sup> 0	<sup>M</sup> 2	/	<sup>D</sup> 2	<sup>D</sup> 7	/	<sup>Y</sup> 2	<sup>Y</sup> 0	<sup>Y</sup> 0	<sup>Y</sup> 6
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Amount of Each Disbursement this Period

5000.00
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**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

5000.00
---------

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

5000.00
---------

**SCHEDULE D (FEC Form 3X)**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 26 / 30
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
 Campaign for Working Families

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

Outstanding Balance Beginning This Period <input type="text" value="223.11"/>	<b>Transaction ID:</b> SD10.42032	
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="223.11"/>

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

Outstanding Balance Beginning This Period <input type="text" value="963.96"/>	<b>Transaction ID:</b> SD10.62974	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="963.96"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

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

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	<b>Transaction ID:</b> SD10.63641	
Amount Incurred This Period <input type="text" value="970.56"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="970.56"/>

<b>1) SUBTOTALS</b> This Period This Page (optional).....	<input type="text" value="1193.67"/>
<b>2) TOTALS</b> This Period (last page this line number only).....	<input type="text"/>
<b>3) TOTALS OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text"/>
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

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

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)  
Campaign for Working Families

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
INKWELL, INC

Nature of Debt (Purpose):  
PAC - DIRECT MAIL PRODUCT-ION

Mailing Address 1973 COUNTY ROAD C2 WEST

City State ZIP Code  
ROSEVILLE MN 55113

Outstanding Balance Beginning This Period	Transaction ID: SD10.62968	
4266.26		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	4266.26	0.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
MWM Direct Marketing Services

Nature of Debt (Purpose):  
Direct Mail

Mailing Address 8048 Hillrise Court

City State ZIP Code  
Elkridge MD 21075

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

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Seckman Printing

Nature of Debt (Purpose):  
Printing & Mailing

Mailing Address 305 Enterprise Drive

City State ZIP Code  
Forest VA 24551

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

1) <b>SUBTOTALS</b> This Period This Page (optional).....	1870.90
2) <b>TOTALS</b> This Period (last page this line number only).....	
3) <b>TOTALS OUTSTANDING LOANS</b> from Schedule C (last page only).....	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

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

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)  
Campaign for Working Families

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

Outstanding Balance Beginning This Period 1022.32	<b>Transaction ID: SD10.15340</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1022.32

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

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

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

Outstanding Balance Beginning This Period 7012.30	<b>Transaction ID: SD10.62976</b>	
Amount Incurred This Period 0.00	Payment This Period 7012.30	Outstanding Balance at Close of This Period 0.00

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

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 29 / 30	
	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 THE LUKENS COMPANY'			Nature of Debt (Purpose): PAC - DIRECT MAIL CONSULT- ING
Mailing Address 2800 Shirlington Road 9th Floor			
City Arlington	State VA	ZIP Code 22206	

Outstanding Balance Beginning This Period		<b>Transaction ID: SD10.63643</b>	
0.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
2380.00	2380.00	0.00	

1) <b>SUBTOTALS</b> This Period This Page (optional).....	0.00
2) <b>TOTALS</b> This Period (last page this line number only).....	3064.57
3) <b>TOTALS OUTSTANDING LOANS</b> from Schedule C (last page only).....	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	

Image# 26950116206

Form/Schedule: SA11A1 Reattribution form sent to reattribute to spouse. Forms were received on 4/4/06 to reattribution funds from Kathleen to Michael.  
Transaction ID: SA11A1.63583

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