

# 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 (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 01 01 2007 through 06 30 2007

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 01 31 2008

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	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	7

	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>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		1017233.67
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period .....	1017233.67									
(c) Total Receipts (from Line 19) .....	324028.15	324028.15								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	1341261.82	1341261.82								
7. Total Disbursements (from Line 31) .....	233046.43	233046.43								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	1108215.39	1108215.39								
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) .....	5734.32									

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	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	7

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	195690.00	195690.00
(i) Itemized (use Schedule A) .....	113588.48	113588.48
(ii) Unitemized .....	309278.48	309278.48
(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) .....	309278.48	309278.48
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.) .....	14749.67	14749.67
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)) .....	324028.15	324028.15
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	324028.15	324028.15

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	220713.43	220713.43
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	220713.43	220713.43
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	12250.00	12250.00
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.....	83.00	83.00
(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)).....	83.00	83.00
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))..	233046.43	233046.43
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	233046.43	233046.43

**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 .....	309278.48	309278.48
34. Total Contribution Refunds (from Line 28(d)) .....	83.00	83.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	309195.48	309195.48
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	220713.43	220713.43
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	220713.43	220713.43

**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 6 / 172
	<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) MR GARY P ALLEN		Date of Receipt
Mailing Address 5744 E FALL CREEK PKWY		<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
City State Zip Code INDIANAPOLIS IN 46226		<input type="text"/> 04 / <input type="text"/> 09 / <input type="text"/> 2007
FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID: SA11AI.72038</b>
Name of Employer Occupation RETIRED RETIRED		Amount of Each Receipt this Period
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="text"/> 3000.00
Aggregate Year-to-Date ▼		<input type="text"/> 3000.00

**B.**

Full Name (Last, First, Middle Initial) MR GARY P ALLEN		Date of Receipt
Mailing Address 5744 E FALL CREEK PKWY		<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
City State Zip Code INDIANAPOLIS IN 46226		<input type="text"/> 06 / <input type="text"/> 30 / <input type="text"/> 2007
FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID: SA11AI.72037</b>
Name of Employer Occupation RETIRED RETIRED		Amount of Each Receipt this Period
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="text"/> 250.00
Aggregate Year-to-Date ▼		<input type="text"/> 3250.00

**C.**

Full Name (Last, First, Middle Initial) MR MARK ANDREWS, JR		Date of Receipt
Mailing Address 11 CHESTERFIELD LAKES 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
City State Zip Code CHESTERFIELD MO 63005		<input type="text"/> 06 / <input type="text"/> 15 / <input type="text"/> 2007
FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID: SA11AI.72881</b>
Name of Employer Occupation RETIRED RETIRED		Amount of Each Receipt this Period
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="text"/> 500.00
Aggregate Year-to-Date ▼		<input type="text"/> 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 3750.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 (check only one)	PAGE 7 / 172
	<input checked="" type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
Campaign for Working Families

**A.**

Full Name (Last, First, Middle Initial) DENISE ARENDS		Date of Receipt MM / DD / YYYY 04 / 03 / 2007
Mailing Address 2176 66TH AVE NE		<b>Transaction ID:</b> SA11AI.72631
City WILLMAR	State MN	Zip Code 56201
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer ACCURPRESS INC	Occupation ADMINISTRATIVE ASSISTANT	
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

**B.**

Full Name (Last, First, Middle Initial) MS LISA C AUBLE		Date of Receipt MM / DD / YYYY 02 / 21 / 2007
Mailing Address PO BOX 654		<b>Transaction ID:</b> SA11AI.74406
City GLENNALLEN	State AK	Zip Code 99588
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500.00
Name of Employer SERVICE OIL & GAS INC	Occupation CLERICAL	
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

**C.**

Full Name (Last, First, Middle Initial) DR WILLIAM E AUSTIN, MD		Date of Receipt MM / DD / YYYY 06 / 19 / 2007
Mailing Address 1830 S HAWTHORNE RD		<b>Transaction ID:</b> SA11AI.71184
City WINSTON SALEM	State NC	Zip Code 27103
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer SALEM GASTROENTEROLOGY	Occupation PHYSICIAN	
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	3100.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 172
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
Campaign for Working Families

<b>A.</b>	Full Name (Last, First, Middle Initial) MR CHARLES D AYRES	Date of Receipt MM / DD / YYYY 04 / 09 / 2007
	Mailing Address 4911 CASA ORO DRIVE	<b>Transaction ID:</b> SA11AI.73918
	City State Zip Code YORBA LINDA CA 92886	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation RETIRED RETIRED	
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) MR CHARLES D AYRES	Date of Receipt MM / DD / YYYY 05 / 07 / 2007
	Mailing Address 4911 CASA ORO DRIVE	<b>Transaction ID:</b> SA11AI.73919
	City State Zip Code YORBA LINDA CA 92886	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation RETIRED RETIRED	
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) MR CHARLES D AYRES	Date of Receipt MM / DD / YYYY 06 / 04 / 2007
	Mailing Address 4911 CASA ORO DRIVE	<b>Transaction ID:</b> SA11AI.73920
	City State Zip Code YORBA LINDA CA 92886	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation RETIRED RETIRED	
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 172
	<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) MR JOHN D BAER		Date of Receipt
Mailing Address 15739 TOEPFER ST		<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
City State Zip Code TREMONT IL 61568		<input type="text"/> 01 / <input type="text"/> 26 / <input type="text"/> 2007
FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.72855
Name of Employer Occupation TREMONT MEDICAL CLINIC FAMILY PHYSICIAN		Amount of Each Receipt this Period
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="text"/> 1200.00
Aggregate Year-to-Date ▼		
		<input type="text"/> 1200.00

**B.**

Full Name (Last, First, Middle Initial) MATTHEW C BAKER		Date of Receipt
Mailing Address 3630 KACIN CT		<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
City State Zip Code RICHFIELD WI 53076		<input type="text"/> 06 / <input type="text"/> 14 / <input type="text"/> 2007
FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.72450
Name of Employer Occupation INFO REQUESTED - NOT RECVD INFO REQUESTED - NOT RECVD		Amount of Each Receipt this Period
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="text"/> 50.00
Aggregate Year-to-Date ▼		
		<input type="text"/> 250.00

**C.**

Full Name (Last, First, Middle Initial) CHRISTOPHER J BEQUETTE		Date of Receipt
Mailing Address 18775 SANTA MARIANA STREET		<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
City State Zip Code FOUNTAIN VALLEY CA 92708		<input type="text"/> 06 / <input type="text"/> 30 / <input type="text"/> 2007
FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.73878
Name of Employer Occupation MERRILL LYNCH FINANCIAL ADVISOR		Amount of Each Receipt this Period
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="text"/> 250.00
Aggregate Year-to-Date ▼		
		<input type="text"/> 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 1500.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**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 10 / 172
	<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)  
MRS MARY J BERRYMAN

Mailing Address 12137 CRESCENT COVE CT

City State Zip Code  
WINDERMERE FL 34786

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2007  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2007

**Transaction ID:** SA11AI.71643

Amount of Each Receipt this Period  
5000.00

**B.**

Full Name (Last, First, Middle Initial)  
MR DONALD C BISHOP

Mailing Address 15916 LA LINDURA DR

City State Zip Code  
WHITTIER CA 90603

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2007  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
04 / 23 / 2007

**Transaction ID:** SA11AI.73668

Amount of Each Receipt this Period  
250.00

**C.**

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

Mailing Address 15144 LARRY STREET

City State Zip Code  
POWAY CA 92064

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

Name of Employer Occupation  
RIVERSIDE COUNTY PHARMACIST

Receipt For: 2007  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  
MM / DD / YYYY  
06 / 05 / 2007

**Transaction ID:** SA11AI.73769

Amount of Each Receipt this Period  
35.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **5285.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 172

(check only one)

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

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

NAME OF COMMITTEE (In Full)  
Campaign for Working Families

**A.**

Full Name (Last, First, Middle Initial)  
MR TODD A BLACKLEDGE

Mailing Address 2711 GLENMONT RD NW

City State Zip Code  
CANTON OH 44708

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

Name of Employer Occupation  
ABS SPORTS/ESPN TV SPORTSCASTER

Receipt For: 2007  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
1000.00

Date of Receipt

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

Transaction ID: SA11AI.71934

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)  
MR TODD A BLACKLEDGE

Mailing Address 2711 GLENMONT RD NW

City State Zip Code  
CANTON OH 44708

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

Name of Employer Occupation  
ABS SPORTS/ESPN TV SPORTSCASTER

Receipt For: 2007  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
2000.00

Date of Receipt

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

Transaction ID: SA11AI.71935

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)  
BILL BOLTHOUSE

Mailing Address PO BOX 2439

City State Zip Code  
AVILA BEACH CA 93424

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

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

Receipt For: 2007  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
1000.00

Date of Receipt

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

Transaction ID: SA11AI.73979

Amount of Each Receipt this Period

1000.00

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

3000.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 172  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
Campaign for Working Families

**A.**

Full Name (Last, First, Middle Initial)  
MR RONALD J BOOMSTRA

Mailing Address 585 BIRCHWOOD ST

City JACKSON State MI Zip Code 49203

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

Name of Employer RETIRED Occupation RETIRED MILITARY

Receipt For: 2007  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 04 / 16 / 2007  
Transaction ID: SA11AI.72240  
Amount of Each Receipt this Period: 250.00

**B.**

Full Name (Last, First, Middle Initial)  
MR LAWRENCE D BOONE

Mailing Address PO BOX1056

City DENAIR State CA Zip Code 95316

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

Name of Employer TANANA CHIEFS CONFERNCE INC Occupation HEALTH AIDE

Receipt For: 2007  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 02 / 05 / 2007  
Transaction ID: SA11AI.74064  
Amount of Each Receipt this Period: 300.00

**C.**

Full Name (Last, First, Middle Initial)  
MR LAWRENCE D BOONE

Mailing Address PO BOX1056

City DENAIR State CA Zip Code 95316

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

Name of Employer TANANA CHIEFS CONFERNCE INC Occupation HEALTH AIDE

Receipt For: 2007  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 04 / 02 / 2007  
Transaction ID: SA11AI.74065  
Amount of Each Receipt this Period: 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **650.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 172

(check only one)

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

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

NAME OF COMMITTEE (In Full)  
Campaign for Working Families

**A.**

Full Name (Last, First, Middle Initial)  
MR LAWRENCE D BOONE

Mailing Address PO BOX1056

City State Zip Code  
DENAIR CA 95316

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
TANANA CHIEFS CONFERENCE INC HEALTH AIDE

Receipt For: 2007  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
850.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	8		2	0	0	7

**Transaction ID:** SA11AI.74066

Amount of Each Receipt this Period  
450.00

**B.**

Full Name (Last, First, Middle Initial)  
MRS MARTH J BOOTH

Mailing Address PO BOX 231

City State Zip Code  
AVA MO 65608

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
OATS INC BUS DRIVER

Receipt For: 2007  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
230.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	8		2	0	0	7

**Transaction ID:** SA11AI.72950

Amount of Each Receipt this Period  
230.00

**C.**

Full Name (Last, First, Middle Initial)  
MR WILLIAM P BORDUIN

Mailing Address 200 BLACK SKIMMER COURT

City State Zip Code  
EDGEWATER MD 21037

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2007  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	1		2	0	0	7

**Transaction ID:** SA11AI.71030

Amount of Each Receipt this Period  
2000.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	<span style="border: 1px solid black; padding: 2px;">2680.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 172
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
Campaign for Working Families

<b>A.</b>	Full Name (Last, First, Middle Initial) MR. RONALD A BOSS		Date of Receipt MM / DD / YYYY 06 / 11 / 2007		
	Mailing Address 977 COACHWAY		Transaction ID: SA11AI.71054		
	City ANNAPOLIS	State MD	Zip Code 21401	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer RETIRED	Occupation RETIRED			
Receipt For: 2007 <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) MR. RONALD A BOSS		Date of Receipt MM / DD / YYYY 06 / 28 / 2007		
	Mailing Address 977 COACHWAY		Transaction ID: SA11AI.71055		
	City ANNAPOLIS	State MD	Zip Code 21401	Amount of Each Receipt this Period 200.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer RETIRED	Occupation RETIRED			
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 450.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) MR EARL M BOWERS		Date of Receipt MM / DD / YYYY 06 / 15 / 2007		
	Mailing Address PO BOX 8382		Transaction ID: SA11AI.72749		
	City NORTHFIELD	State IL	Zip Code 60093	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer PRO TECT	Occupation ENTREPRENUER			
Receipt For: 2007 <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) .....	▶	700.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 172  
(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)  
MR TERRY BRISTOL

Mailing Address 344 E FOOTHILLS PARKWAY  
RED ROOM 9-W

City State Zip Code  
FORT COLLINS CO 80525

FEC ID number of contributing federal political committee. C

Name of Employer SELF Occupation ASSET MGR

Receipt For: 2007  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 07 / 2007  
**Transaction ID:** SA11AI.73454  
 Amount of Each Receipt this Period 50.00

**B.** Full Name (Last, First, Middle Initial)  
MR TERRY BRISTOL

Mailing Address 344 E FOOTHILLS PARKWAY  
RED ROOM 9-W

City State Zip Code  
FORT COLLINS CO 80525

FEC ID number of contributing federal political committee. C

Name of Employer SELF Occupation ASSET MGR

Receipt For: 2007  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 05 / 2007  
**Transaction ID:** SA11AI.73455  
 Amount of Each Receipt this Period 50.00

**C.** Full Name (Last, First, Middle Initial)  
MR DEL C BROOKS

Mailing Address 12789 NORTH MUIRFIELD

City State Zip Code  
JACKSONVILLE FL 32225

FEC ID number of contributing federal political committee. C

Name of Employer SMURFIT STORE CONT. CORP Occupation GEN MGR

Receipt For: 2007  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 14 / 2007  
**Transaction ID:** SA11AI.71512  
 Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... 200.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 172  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
Campaign for Working Families

**A.**

Full Name (Last, First, Middle Initial)  
MRS KAREN L BROOKS

Mailing Address 12789 MUIRFIELD BLVD N

City JACKSONVILLE State FL Zip Code 32225

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

Name of Employer HOUSEWIFE Occupation HOUSEWIFE

Receipt For: 2007  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: MM / DD / YYYY  
05 / 08 / 2007

Transaction ID: SA11AI.71515

Amount of Each Receipt this Period 100.00

**B.**

Full Name (Last, First, Middle Initial)  
MRS KAREN L BROOKS

Mailing Address 12789 MUIRFIELD BLVD N

City JACKSONVILLE State FL Zip Code 32225

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

Name of Employer HOUSEWIFE Occupation HOUSEWIFE

Receipt For: 2007  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: MM / DD / YYYY  
06 / 15 / 2007

Transaction ID: SA11AI.71516

Amount of Each Receipt this Period 100.00

**C.**

Full Name (Last, First, Middle Initial)  
MR DALE A BROWN

Mailing Address PO BOX 5562

City MIDLAND State TX Zip Code 79704

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

Name of Employer PETROLEUM STRATEGIES INC Occupation BUS. MANAGER

Receipt For: 2007  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: MM / DD / YYYY  
05 / 01 / 2007

Transaction ID: SA11AI.73389

Amount of Each Receipt this Period 5000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 5200.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 172
	<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)  
RITA BROWN

Mailing Address P.O. BOX 5562

City MIDLAND State TX Zip Code 79704

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

Name of Employer HOUSEWIFE Occupation HOUSEWIFE

Receipt For: 2007  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 06 / 30 / 2007  
**Transaction ID: SA11AI.73390**  
 Amount of Each Receipt this Period: 5000.00

**B.**

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

Mailing Address 465 NORMAN

City GROVELAND State IL Zip Code 61535

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2007  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 06 / 25 / 2007  
**Transaction ID: SA11AI.72827**  
 Amount of Each Receipt this Period: 300.00

**C.**

Full Name (Last, First, Middle Initial)  
MRS KELLY I BUCK

Mailing Address 2084 BROOK HIGHLAND RIDGE

City BIRMINGHAM State AL Zip Code 35242

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

Name of Employer SELF Occupation ORAL SURGEON

Receipt For: 2007  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 06 / 28 / 2007  
**Transaction ID: SA11AI.71671**  
 Amount of Each Receipt this Period: 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **5800.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 18 / 172
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) MR GREG BURNS		Date of Receipt
	Mailing Address 42782 SUMMERHOUSE PLACE		<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 06 / 30 / 2007
	City	State	Zip Code
	ASHBURN	VA	20148
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.70996
Name of Employer KHA		Occupation CIVIL ENGINEER	Amount of Each Receipt this Period
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	250.00

<b>B.</b>	Full Name (Last, First, Middle Initial) MR GORDON CHAN		Date of Receipt
	Mailing Address 1023 NE 98TH STREET		<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 05 / 07 / 2007
	City	State	Zip Code
	SEATTLE	WA	98115
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.74289
Name of Employer NORTHWEST HOSP		Occupation C T TECHNOLOGIST	Amount of Each Receipt this Period
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	50.00

<b>C.</b>	Full Name (Last, First, Middle Initial) MR GORDON CHAN		Date of Receipt
	Mailing Address 1023 NE 98TH STREET		<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 06 / 05 / 2007
	City	State	Zip Code
	SEATTLE	WA	98115
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.74290
Name of Employer NORTHWEST HOSP		Occupation C T TECHNOLOGIST	Amount of Each Receipt this Period
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	50.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>350.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 172
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
Campaign for Working Families

**A.**

Full Name (Last, First, Middle Initial) MR GORDON CHAN		Date of Receipt MM / DD / YYYY 06 / 14 / 2007
Mailing Address 1023 NE 98TH STREET		<b>Transaction ID:</b> SA11AI.74291
City SEATTLE	State WA	Zip Code 98115
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 150.00
Name of Employer NORTHWEST HOSP	Occupation C T TECHNOLOGIST	
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

**B.**

Full Name (Last, First, Middle Initial) MRS MICHELE CHAPDELAINE		Date of Receipt MM / DD / YYYY 03 / 14 / 2007
Mailing Address 990 SWEET GRASS CIR		<b>Transaction ID:</b> SA11AI.71909
City AURORA	State OH	Zip Code 44202
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 2000.00
Name of Employer PIONEER PRE-SCHOOL	Occupation TEACHER	
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

**C.**

Full Name (Last, First, Middle Initial) MR C DAN CHENOWETH		Date of Receipt MM / DD / YYYY 06 / 25 / 2007
Mailing Address 5515 W RICHEY ROAD		<b>Transaction ID:</b> SA11AI.73250
City HOUSTON	State TX	Zip Code 77066
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer TWSCO INC	Occupation CHAIRMAN	
Receipt For: 2007 <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) .....	▶	2250.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 20 / 172
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)  
Campaign for Working Families

**A.**

Full Name (Last, First, Middle Initial) MR BARTON L COMSTOCK		Date of Receipt MM / DD / YYYY 06 / 19 / 2007
Mailing Address 3075 GRANGE ROAD		<b>Transaction ID:</b> SA11AI.72237
City BERRIEN SPRGS	State MI	Zip Code 49103
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 400.00
Name of Employer SOUTHWESTERN MEDICAL CLIN- IC	Occupation MEDICAL DOCTOR	
Receipt For: 2007 <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) MR JOHN CONDRA		Date of Receipt MM / DD / YYYY 06 / 28 / 2007
Mailing Address 803 SWEET APPLE CIR		<b>Transaction ID:</b> SA11AI.71363
City ALPHARETTA	State GA	Zip Code 30004
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 150.00
Name of Employer INFO REQUESTED- NOT RECD	Occupation INFO REQUESTED- NOT RECD	
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

**C.**

Full Name (Last, First, Middle Initial) MS JUDI COOVER		Date of Receipt MM / DD / YYYY 04 / 09 / 2007
Mailing Address 503 COLLINS AVE BOX 433		<b>Transaction ID:</b> SA11AI.70965
City PORTLAND	State PA	Zip Code 18351
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 400.00
Name of Employer J A COOVER & ASSOC	Occupation CONSULTANT	
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>950.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 172
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
Campaign for Working Families

<b>A.</b>	Full Name (Last, First, Middle Initial) MRS ELIZABETH CRAINE		Date of Receipt MM / DD / YYYY 06 / 25 / 2007		
	Mailing Address 28977 OLD TRILBY ROAD		Transaction ID: SA11AI.71636		
	City BROOKSVILLE	State FL	Zip Code 34602	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer UNIVERSITY COMM HOSPITAL	Occupation RN			
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 235.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) MR KENNETH H CRUME		Date of Receipt MM / DD / YYYY 04 / 02 / 2007		
	Mailing Address PO BOX 3456		Transaction ID: SA11AI.73893		
	City TUSTIN	State CA	Zip Code 92781	Amount of Each Receipt this Period 150.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer INFO REQUESTED- NOT RECD	Occupation INFO REQUESTED- NOT RECD			
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) MRS CATHERINE A DAICHENDT		Date of Receipt MM / DD / YYYY 01 / 29 / 2007		
	Mailing Address 2620 RIVIERA DR		Transaction ID: SA11AI.73836		
	City LAGUNA BEACH	State CA	Zip Code 92651	Amount of Each Receipt this Period 5000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer HOUSEWIFE	Occupation HOUSEWIFE			
Receipt For: 2007 <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) .....	5200.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 172

(check only one)

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

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

NAME OF COMMITTEE (In Full)  
Campaign for Working Families

**A.**

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: 2007  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 9 / 2 0 0 7

Transaction ID: SA11AI.73837

Amount of Each Receipt this Period

5000.00

**B.**

Full Name (Last, First, Middle Initial)  
JAMES F DAUGHERTY

Mailing Address 2000 OUTRIGGER DRIVE

City State Zip Code  
EL DORADO HILLS CA 95762

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

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

Receipt For: 2007  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 5 / 2 0 0 7

Transaction ID: SA11AI.74107

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)  
MR JOHN DAVIDSON

Mailing Address 1610 CREEK RD

City State Zip Code  
DRIPPING SPGS TX 78620

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2007  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
250.00

Date of Receipt

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

Transaction ID: SA11AI.73335

Amount of Each Receipt this Period

250.00

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

5750.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 172  
(check only one)

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

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)  
STEVEN J DEFRANCIS

Mailing Address 260 PEACHTREE STREET SUITE1001

City ATLANTA State GA Zip Code 30303

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

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

Receipt For: 2007  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 07 / 2007  
Transaction ID: SA11AI.71444  
Amount of Each Receipt this Period 1000.00

**B.**

Full Name (Last, First, Middle Initial)  
MR WARREN W DEKREY

Mailing Address 730 ASPEN PLACE

City BISMARCK State ND Zip Code 58503

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2007  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 04 / 19 / 2007  
Transaction ID: SA11AI.72670  
Amount of Each Receipt this Period 300.00

**C.**

Full Name (Last, First, Middle Initial)  
MR WARREN W DEKREY

Mailing Address 730 ASPEN PLACE

City BISMARCK State ND Zip Code 58503

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2007  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 06 / 18 / 2007  
Transaction ID: SA11AI.72671  
Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1400.00

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

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

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

FOR LINE NUMBER: PAGE 24 / 172  
(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)  
MR LEONARD A DEO

Mailing Address 2 SYLDEO DRIVE

City PARSIPPANY State NJ Zip Code 07054

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

Name of Employer FLOWERS & GIFTS INC Occupation FLORIST

Receipt For: 2007  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 05 / 07 / 2007  
**Transaction ID: SA11AI.70744**  
 Amount of Each Receipt this Period 50.00

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

Mailing Address 2 SYLDEO DRIVE

City PARSIPPANY State NJ Zip Code 07054

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

Name of Employer FLOWERS & GIFTS INC Occupation FLORIST

Receipt For: 2007  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 06 / 05 / 2007  
**Transaction ID: SA11AI.70745**  
 Amount of Each Receipt this Period 50.00

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

Mailing Address 8 SOUTH CIRCLE DRIVE

City SANTA CRUZ State CA Zip Code 95060

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

Name of Employer ARC INTERNATIONAL Occupation EXECUTIVE

Receipt For: 2007  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 06 / 20 / 2007  
**Transaction ID: SA11AI.74045**  
 Amount of Each Receipt this Period 1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1100.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 25 / 172</span>
	(check only one)
<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"/>	<input type="checkbox"/> 16
<input type="checkbox"/>	<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) LARRY DETTMER		Date of Receipt
Mailing Address 1063 KERM ST PO BOX 2455		<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 06 / 30 / 2007
City	State	Zip Code
WATERLOO	IA	50704
FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.72380
		Amount of Each Receipt this Period
		500.00
Name of Employer INFO REQUESTED- NOT RECD	Occupation INFO REQUESTED- NOT RECD	
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	500.00	

**B.**

Full Name (Last, First, Middle Initial) FRANCINE DIBIASE		Date of Receipt
Mailing Address 8103 CATALINA ISLAND DR		<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 04 / 04 / 2007
City	State	Zip Code
KATY	TX	77494
FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.73280
		Amount of Each Receipt this Period
		500.00
Name of Employer DIBIASE FAMILY	Occupation HOMEMAKER	
Receipt For: 2007 <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) FRANK DIMARE		Date of Receipt
Mailing Address 3545 US I SOUTH		<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 06 / 28 / 2007
City	State	Zip Code
SAINT AUGUSTINE	FL	32086
FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.71503
		Amount of Each Receipt this Period
		500.00
Name of Employer INFO REQUESTED- NOT RECD	Occupation INFO REQUESTED- NOT RECD	
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 172

(check only one)

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

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

NAME OF COMMITTEE (In Full)  
Campaign for Working Families

**A.**

Full Name (Last, First, Middle Initial)  
MR DONALD R DOWNS

Mailing Address 333 W PASEO DE CRISTOBAL

City State Zip Code  
SAN CLEMENTE CA 92672

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2007  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	5		2	0	0	7

Transaction ID: SA11AI.73851

Amount of Each Receipt this Period

1000.00
---------

**B.**

Full Name (Last, First, Middle Initial)  
MRS MICHAEL D ECHELBARGER

Mailing Address 16207 LARCH WAY

City State Zip Code  
LYNNWOOD WA 98087

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

Name of Employer Occupation  
SELF HOMEMAKER

Receipt For: 2007  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	6		2	0	0	7

Transaction ID: SA11AI.74282

Amount of Each Receipt this Period

250.00
--------

**C.**

Full Name (Last, First, Middle Initial)  
MRS MICHAEL D ECHELBARGER

Mailing Address 16207 LARCH WAY

City State Zip Code  
LYNNWOOD WA 98087

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

Name of Employer Occupation  
SELF HOMEMAKER

Receipt For: 2007  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
1250.00

Date of Receipt

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

Transaction ID: SA11AI.74283

Amount of Each Receipt this Period

1000.00
---------

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

2250.00
---------

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

--

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

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

FOR LINE NUMBER: PAGE 27 / 172  
(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 MICHAEL D ECHELBARGER

Mailing Address 16207 LARCH WAY

City State Zip Code  
LYNNWOOD WA 98087

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

Name of Employer SELF Occupation HOMEMAKER

Receipt For: 2007  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 06 / 30 / 2007

**Transaction ID:** SA11AI.74284

Amount of Each Receipt this Period  
1500.00

**B.** Full Name (Last, First, Middle Initial)  
MR WILLIAM S EDGERLY

Mailing Address 32 HIGHLAND ST

City State Zip Code  
CAMBRIDGE MA 02138

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2007  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 05 / 08 / 2007

**Transaction ID:** SA11AI.70661

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
EMERSON EGGERICHS

Mailing Address 3792 BRIDGEHAMPTON DR NE

City State Zip Code  
GRAND RAPIDS MI 49546

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

Name of Employer LOVE AND RESPECT MINISTRIES Occupation PRESIDENT

Receipt For: 2007  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 05 / 01 / 2007

**Transaction ID:** SA11AI.72320

Amount of Each Receipt this Period  
5000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **7000.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 172  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
Campaign for Working Families

**A.**

Full Name (Last, First, Middle Initial)  
CAPRICE EGLOFF

Mailing Address 27001 HWY 128

City YORKVILLE State CA Zip Code 95494

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

Name of Employer HOMEMAKER Occupation HOMEMAKER

Receipt For: 2007  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 4600.00

Date of Receipt: 03 / 14 / 2007  
**Transaction ID: SA11AI.74082**  
 Amount of Each Receipt this Period: 4600.00

**B.**

Full Name (Last, First, Middle Initial)  
CAPRICE EGLOFF

Mailing Address 27001 HWY 128

City YORKVILLE State CA Zip Code 95494

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

Name of Employer HOMEMAKER Occupation HOMEMAKER

Receipt For: 2007  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 4835.00

Date of Receipt: 06 / 26 / 2007  
**Transaction ID: SA11AI.74083**  
 Amount of Each Receipt this Period: 235.00

**C.**

Full Name (Last, First, Middle Initial)  
MR CRAIG W EGLOFF

Mailing Address 27001 HWY 128

City YORKVILLE State CA Zip Code 95494

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

Name of Employer JAYMES & JAYMES Occupation INSURANCE BROKER

Receipt For: 2007  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 01 / 23 / 2007  
**Transaction ID: SA11AI.74079**  
 Amount of Each Receipt this Period: 200.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 5035.00

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

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

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

FOR LINE NUMBER: PAGE 29 / 172  
(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)  
MR CRAIG W EGLOFF

Mailing Address 27001 HWY 128

City YORKVILLE State CA Zip Code 95494

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

Name of Employer JAYMES & JAYMES Occupation INSURANCE BROKER

Receipt For: 2007  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 06 / 2007

**Transaction ID:** SA11AI.74080

Amount of Each Receipt this Period  
300.00

**B.**

Full Name (Last, First, Middle Initial)  
MR CRAIG W EGLOFF

Mailing Address 27001 HWY 128

City YORKVILLE State CA Zip Code 95494

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

Name of Employer JAYMES & JAYMES Occupation INSURANCE BROKER

Receipt For: 2007  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 14 / 2007

**Transaction ID:** SA11AI.74081

Amount of Each Receipt this Period  
4400.00

**C.**

Full Name (Last, First, Middle Initial)  
MRS ROBERTA ELDRED

Mailing Address 3000 SAND HILL RD  
BLDG 1 SUITE 145

City MENLO PARK State CA Zip Code 94025

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

Name of Employer LIVING STONES FND CHARITABLE TRUST Occupation CHAIRMAN

Receipt For: 2007  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 30 / 2007

**Transaction ID:** SA11AI.73995

Amount of Each Receipt this Period  
5000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **9700.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 / 172

(check only one)

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

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

NAME OF COMMITTEE (In Full)  
Campaign for Working Families

**A.**

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

Mailing Address 302 CINDI CT

City State Zip Code  
LONGVIEW TX 75605

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

Name of Employer Occupation  
MISSIONARY TECH TEAM ENGINEER

Receipt For: 2007  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 6 / 2 0 0 7

Transaction ID: SA11AI.73194

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)  
MRS ANNETTA ENSING

Mailing Address 1763 BRIDLE CREEK ST SE

City State Zip Code  
KENTWOOD MI 49508

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2007  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 7 / 2 0 0 7

Transaction ID: SA11AI.72302

Amount of Each Receipt this Period

400.00

**C.**

Full Name (Last, First, Middle Initial)  
MRS MARGUERITE ENSIO

Mailing Address 7540 WINDOW PEAK RD

City State Zip Code  
TUCSON AZ 85718

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

Name of Employer Occupation  
HOMEMAKER HOMEMAKER

Receipt For: 2007  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 6 / 2 0 0 7

Transaction ID: SA11AI.73616

Amount of Each Receipt this Period

5000.00

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

5650.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 31 / 172  
(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)  
MR. PAAVO ENSIO

Mailing Address 7540 N WINDOW PEAK RD

City State Zip Code  
TUCSON AZ 85718

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

Name of Employer Occupation  
SELF EMPLOYED ENGINEER

Receipt For: 2007  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	6	/	2	0	0	7

**Transaction ID:** SA11AI.73617

Amount of Each Receipt this Period  
5000.00

**B.**

Full Name (Last, First, Middle Initial)  
MR JERRY ERICKSON

Mailing Address PO BOX 3006

City State Zip Code  
BOTHELL WA 98041

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

Name of Employer Occupation  
CE PUBLICATIONS INC MAGAZINE PUBLISHER

Receipt For: 2007  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	4	/	2	0	0	7

**Transaction ID:** SA11AI.74272

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
MR JERRY ERICKSON

Mailing Address PO BOX 3006

City State Zip Code  
BOTHELL WA 98041

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

Name of Employer Occupation  
CE PUBLICATIONS INC MAGAZINE PUBLISHER

Receipt For: 2007  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	5	/	2	0	0	7

**Transaction ID:** SA11AI.74273

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **6000.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 32 / 172

(check only one)

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

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

NAME OF COMMITTEE (In Full)  
Campaign for Working Families

**A.**

Full Name (Last, First, Middle Initial)  
MR JERRY A EVANS

Mailing Address 10966 WREN DRIVE

City State Zip Code  
NUNICA MI 49448

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

Name of Employer  
WEST MICHIGAN EMERGENCY SVCS

Occupation  
PHYSICIAN

Receipt For: 2007  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 5 / 2 0 0 7

Transaction ID: SA11AI.72294

Amount of Each Receipt this Period

750.00

**B.**

Full Name (Last, First, Middle Initial)  
MRS SUZANNE M EVANS

Mailing Address 6195 STONE ARABIA RD

City State Zip Code  
CICERO NY 13039

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

Name of Employer  
UPS

Occupation  
PILOT

Receipt For: 2007  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 8 / 2 0 0 7

Transaction ID: SA11AI.70815

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)  
MRS SUZANNE M EVANS

Mailing Address 6195 STONE ARABIA RD

City State Zip Code  
CICERO NY 13039

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

Name of Employer  
UPS

Occupation  
PILOT

Receipt For: 2007  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 8 / 2 0 0 7

Transaction ID: SA11AI.70816

Amount of Each Receipt this Period

100.00

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

950.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 33 / 172
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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 ETHELYN C FEY

Mailing Address 2454 160TH AVE

City State Zip Code  
EDGERTON MN 56128

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

Name of Employer Occupation  
HOUSEWIFE HOUSEWIFE

Receipt For: 2007  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
05 / 09 / 2007

**Transaction ID:** SA11AI.72629

Amount of Each Receipt this Period  
200.00

**B.** Full Name (Last, First, Middle Initial)  
MR J W FRACK

Mailing Address 11143 PHILADELPHIA RD

City State Zip Code  
WHITE MARSH MD 21162

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

Name of Employer Occupation  
NORTHROP GRUMMAN ENGINEER

Receipt For: 2007  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
01 / 16 / 2007

**Transaction ID:** SA11AI.71041

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
MR FRED B FRANK

Mailing Address 501 VIA JUAREZ

City State Zip Code  
SAN CLEMENTE CA 92673

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

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

Receipt For: 2007  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
06 / 28 / 2007

**Transaction ID:** SA11AI.73854

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1200.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 34 / 172

(check only one)

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

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

NAME OF COMMITTEE (In Full)  
Campaign for Working Families

**A.**

Full Name (Last, First, Middle Initial)  
MRS ELAINE K FRANKS

Mailing Address 3225 S OXBOW DR

City State Zip Code  
NAMPA ID 83686

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

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

Receipt For: 2007  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
240.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 0 7

Transaction ID: SA11AI.73543

Amount of Each Receipt this Period

60.00

**B.**

Full Name (Last, First, Middle Initial)  
MR CARL M FRANZELLA

Mailing Address 2329 SEVERN AVE

City State Zip Code  
METAIRIE LA 70001

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

Name of Employer Occupation  
SUN INTERIORS LTD PRESIDENT

Receipt For: 2007  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 5 / 2 0 0 7

Transaction ID: SA11AI.73043

Amount of Each Receipt this Period

125.00

**C.**

Full Name (Last, First, Middle Initial)  
MR CARL M FRANZELLA

Mailing Address 2329 SEVERN AVE

City State Zip Code  
METAIRIE LA 70001

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

Name of Employer Occupation  
SUN INTERIORS LTD PRESIDENT

Receipt For: 2007  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
275.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 8 / 2 0 0 7

Transaction ID: SA11AI.73044

Amount of Each Receipt this Period

50.00

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

235.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 35 / 172  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
Campaign for Working Families

**A.**

Full Name (Last, First, Middle Initial)  
MR CARL M FRANZELLA

Mailing Address 2329 SEVERN AVE

City State Zip Code  
METAIRIE LA 70001

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

Name of Employer Occupation  
SUN INTERIORS LTD PRESIDENT

Receipt For: 2007  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
325.00

Date of Receipt  
MM / DD / YYYY  
06 / 20 / 2007

**Transaction ID:** SA11AI.73045

Amount of Each Receipt this Period  
50.00

**B.**

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

Mailing Address 2125 LUANN LN APT 6

City State Zip Code  
MADISON WI 53713

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

Name of Employer Occupation  
INTERVARSITY CHRISTIAN FE-  
LLOWSHIP MANAGER

Receipt For: 2007  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
05 / 07 / 2007

**Transaction ID:** SA11AI.72488

Amount of Each Receipt this Period  
50.00

**C.**

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

Mailing Address 2125 LUANN LN APT 6

City State Zip Code  
MADISON WI 53713

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

Name of Employer Occupation  
INTERVARSITY CHRISTIAN FE-  
LLOWSHIP MANAGER

Receipt For: 2007  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
06 / 05 / 2007

**Transaction ID:** SA11AI.72489

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **150.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 172
	<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) MR JAMES FULLMER		Date of Receipt MM / DD / YYYY 03 / 06 / 2007
Mailing Address 2552 WALNUT AVE SUITE 230		<b>Transaction ID:</b> SA11AI.73889
City TUSTIN	State CA	Zip Code 92780
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 5000.00
Name of Employer FULLMER CONSTRUCTION	Occupation GENERAL CONTRACTOR	
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

**B.**

Full Name (Last, First, Middle Initial) MRS JOAN FULLMER		Date of Receipt MM / DD / YYYY 03 / 06 / 2007
Mailing Address 2552 WALNUT AVE SUITE 230		<b>Transaction ID:</b> SA11AI.73887
City TUSTIN	State CA	Zip Code 92780
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 5000.00
Name of Employer LASER & DERMATOLOGY GROUP	Occupation RN	
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

**C.**

Full Name (Last, First, Middle Initial) MR WAYNE GARNER		Date of Receipt MM / DD / YYYY 06 / 21 / 2007
Mailing Address 236 CROSS COUNTRY DR		<b>Transaction ID:</b> SA11AI.73224
City HEWITT	State TX	Zip Code 76643
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer RETIRED	Occupation TEACHER	
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 645.00	

<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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 172  
(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)  
MR MARVIN H GOEHRING

Mailing Address 301 W REDWOOD ST APT 11

City State Zip Code  
PARKSTON SD 57366

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2007  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
520.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	0	/	2	0	0	7

**Transaction ID:** SA11AI.72658

Amount of Each Receipt this Period  
520.00

**B.**

Full Name (Last, First, Middle Initial)  
MR DENNIS A GOLDENMAN

Mailing Address 2016 18TH AVE

City State Zip Code  
MONROE WI 53566

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

Name of Employer Occupation  
THE SWISS COLONY INC ACCOUNTANT

Receipt For: 2007  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	0	7	/	2	0	0	7

**Transaction ID:** SA11AI.72481

Amount of Each Receipt this Period  
200.00

**C.**

Full Name (Last, First, Middle Initial)  
MRS SUSAN R GORDON

Mailing Address 1212 NW 12TH ST

City State Zip Code  
ANDREWS TX 79714

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

Name of Employer Occupation  
BRIAN E GORDON- MD BOOKKEEPER

Receipt For: 2007  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	0	5	/	2	0	0	7

**Transaction ID:** SA11AI.73393

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1220.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 / 172
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
Campaign for Working Families

<b>A.</b>	Full Name (Last, First, Middle Initial) MS MARY H GREEN	Date of Receipt MM / DD / YYYY 05 / 08 / 2007
	Mailing Address 549 GWILYM CT	<b>Transaction ID:</b> SA11AI.72460
	City State Zip Code WALES WI 53183	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation ORD/CHICAGO FLIGHT ATTENDANT	
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) MR GORDON L GREVENGOED	Date of Receipt MM / DD / YYYY 06 / 22 / 2007
	Mailing Address 15 PRINCETON COURT	<b>Transaction ID:</b> SA11AI.72295
	City State Zip Code ZEELAND MI 49464	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation RETIRED RETIRED	
Receipt For: 2007 <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) MR PAUL J GROSSKREUZ	Date of Receipt MM / DD / YYYY 04 / 02 / 2007
	Mailing Address 6868 NORTHVUE CT	<b>Transaction ID:</b> SA11AI.72455
	City State Zip Code WEST BEND WI 53090	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation QUAD TECH ENGINEER	
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 39 / 172  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
Campaign for Working Families

**A.**

Full Name (Last, First, Middle Initial)  
MRS CARL W GUSTKE

Mailing Address 233 STATON ROAD

City State Zip Code  
CABOT AR 72023

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

Name of Employer Occupation  
FED EX - (WIFE) REBSAMEN PILOT - WIFE DEBORAH-RN  
REGIONAL HSPT

Receipt For: 2007  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 0 7 / 2 0 0 7

Transaction ID: SA11AI.73077

Amount of Each Receipt this Period  
50.00

**B.**

Full Name (Last, First, Middle Initial)  
MRS CARL W GUSTKE

Mailing Address 233 STATON ROAD

City State Zip Code  
CABOT AR 72023

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

Name of Employer Occupation  
FED EX - (WIFE) REBSAMEN PILOT - WIFE DEBORAH-RN  
REGIONAL HSPT

Receipt For: 2007  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 0 5 / 2 0 0 7

Transaction ID: SA11AI.73078

Amount of Each Receipt this Period  
50.00

**C.**

Full Name (Last, First, Middle Initial)  
MRS EILEEN P HAMEL

Mailing Address 645 WILLOW VALLEY SQUARE NO J312

City State Zip Code  
LANCASTER PA 17602

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

Name of Employer Occupation  
HOMEMAKER HOMEMAKER

Receipt For: 2007  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
375.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 6 / 2 0 0 7

Transaction ID: SA11AI.70946

Amount of Each Receipt this Period  
375.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **475.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 40 / 172  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
Campaign for Working Families

**A.**

Full Name (Last, First, Middle Initial)  
MRS EILEEN P HAMEL

Mailing Address 645 WILLOW VALLEY SQUARE NO J312

City State Zip Code  
LANCASTER PA 17602

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

Name of Employer Occupation  
HOMEMAKER HOMEMAKER

Receipt For: 2007  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
475.00

Date of Receipt  
MM / DD / YYYY  
06 / 29 / 2007

**Transaction ID:** SA11AI.70947

Amount of Each Receipt this Period  
100.00

**B.**

Full Name (Last, First, Middle Initial)  
MRS SHARON M HAST

Mailing Address 203 EMMONS ST SE

City State Zip Code  
CALEDONIA MI 49316

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

Name of Employer Occupation  
VAN ANDEL PROPANE NORTH STAR CLERICAL

Receipt For: 2007  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
06 / 28 / 2007

**Transaction ID:** SA11AI.72266

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
MR BONNIE M HEATH, III

Mailing Address 7145 NW 125TH STREET RD

City State Zip Code  
REDDICK FL 32686

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

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

Receipt For: 2007  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
06 / 25 / 2007

**Transaction ID:** SA11AI.71549

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **850.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 41 / 172  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
Campaign for Working Families

**A.**

Full Name (Last, First, Middle Initial)  
MR DALE HEDRICK

Mailing Address 2200 CENTREPARK WEST DRIVE # 100

City WEST PALM BEACH State FL Zip Code 33409

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

Name of Employer HEDRICK BROTHERS Occupation GENERAL CONTROLTOR

Receipt For: 2007  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 06 / 20 / 2007  
Transaction ID: SA11AI.71584  
Amount of Each Receipt this Period: 1000.00

**B.**

Full Name (Last, First, Middle Initial)  
MRS GENEVIE L HENDERSON

Mailing Address 3139 SE 26TH AVE

City PORTLAND State OR Zip Code 97202

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

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

Receipt For: 2007  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 06 / 15 / 2007  
Transaction ID: SA11AI.74165  
Amount of Each Receipt this Period: 100.00

**C.**

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

Mailing Address 4 CHERRY CREEK COVE

City LITTLE ROCK State AR Zip Code 72212

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

Name of Employer RADIOLOGY CONSULTANTS Occupation INFO REQUESTED- NOT RECD

Receipt For: 2007  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt: 02 / 23 / 2007  
Transaction ID: SA11AI.73088  
Amount of Each Receipt this Period: 2000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3100.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 42 / 172  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
Campaign for Working Families

**A.**

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

Mailing Address 157 NE COAL LANE

City State Zip Code  
TRENTON MO 64683

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

Name of Employer Occupation  
HOME FAMILY MANAGER

Receipt For: 2007  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
300.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 07 / 2007

Transaction ID: SA11AI.72931

Amount of Each Receipt this Period

300.00

**B.**

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

Mailing Address 157 NE COAL LANE

City State Zip Code  
TRENTON MO 64683

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

Name of Employer Occupation  
HOME FAMILY MANAGER

Receipt For: 2007  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
600.00

Date of Receipt

M M / D D / Y Y Y Y  
06 / 25 / 2007

Transaction ID: SA11AI.72932

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)  
MR THEODORE G HINES

Mailing Address 434 E WASHINGTON BLVD

City State Zip Code  
GROVE CITY PA 16127

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

Name of Employer Occupation  
PINE INSTRUMENT CO EXECUTIVE

Receipt For: 2007  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
500.00

Date of Receipt

M M / D D / Y Y Y Y  
04 / 05 / 2007

Transaction ID: SA11AI.70908

Amount of Each Receipt this Period

500.00

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

1100.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 43 / 172
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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 SYLVIA HOLLINGER

Mailing Address 26 HOLLOW RD

City State Zip Code  
NEW PROVIDENCE PA 17560

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

Name of Employer Occupation  
WDAC RADIO COMPANY ADMINISTRATIVE ASSISTANT

Receipt For: 2007  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 26 / 2007

**Transaction ID:** SA11AI.70935

Amount of Each Receipt this Period  
1000.00

**B.**

Full Name (Last, First, Middle Initial)  
MR MARK A HOLMES

Mailing Address 6035 S VIVIAN ST

City State Zip Code  
LITTLETON CO 80127

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

Name of Employer Occupation  
BAMBRO BCT INC REGULATORY AFFAIRS

Receipt For: 2007  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
800.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 05 / 2007

**Transaction ID:** SA11AI.73409

Amount of Each Receipt this Period  
800.00

**C.**

Full Name (Last, First, Middle Initial)  
MR LARRY J HONEA

Mailing Address 6707 MEADOW ROAD

City State Zip Code  
DALLAS TX 75230

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

Name of Employer Occupation  
PADC REALTY REAL ESTATE

Receipt For: 2007  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
01 / 18 / 2007

**Transaction ID:** SA11AI.73111

Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2100.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 44 / 172
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) MR LARRY J HONEA		Date of Receipt
	Mailing Address 6707 MEADOW ROAD		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 2 / 1 5 / 2 0 0 7
	City	State	Zip Code
	DALLAS	TX	75230
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.73112
Name of Employer PADC REALTY		Occupation REAL ESTATE	Amount of Each Receipt this Period
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 300.00
		<input type="text"/> 600.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) MR LARRY J HONEA		Date of Receipt
	Mailing Address 6707 MEADOW ROAD		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 6 / 2 2 / 2 0 0 7
	City	State	Zip Code
	DALLAS	TX	75230
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.73189
Name of Employer PADC REALTY		Occupation REAL ESTATE	Amount of Each Receipt this Period
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 200.00
		<input type="text"/> 800.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) II PAUL R HOULE		Date of Receipt
	Mailing Address 320 PENINSULA POINTE DR		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 3 / 1 4 / 2 0 0 7
	City	State	Zip Code
	HOLLY SPRINGS	GA	30115
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.71413
Name of Employer INFO REQUESTED- NOT RECD		Occupation VP- PROFESSIONAL SERVICES	Amount of Each Receipt this Period
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00
		<input type="text"/> 250.00	

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

**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 45 / 172
	<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)  
II PAUL R HOULE

Mailing Address 320 PENINSULA POINTE DR

City State Zip Code  
HOLLY SPRINGS GA 30115

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

Name of Employer  
INFO REQUESTED- NOT RECD

Occupation  
VP- PROFESSIONAL SERVICES

Receipt For: 2007  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 04 / 2007

**Transaction ID:** SA11AI.71414

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
MRS CYNTHIA HUEMPFINER

Mailing Address 525 JACK LEG LN

City State Zip Code  
BOZEMAN MT 59715

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

Name of Employer  
DICK WALTER AUTO CENTER

Occupation  
SECRETARY/BOOKKEEPER

Receipt For: 2007  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
04 / 06 / 2007

**Transaction ID:** SA11AI.72705

Amount of Each Receipt this Period  
300.00

**C.**

Full Name (Last, First, Middle Initial)  
DR DAVID S HUNGERFORD

Mailing Address 10715 POT SPRING ROAD

City State Zip Code  
COCKEYSVILLE MD 21030

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

Name of Employer  
JOHNS HOPKINS UNIVERSITY

Occupation  
SURGEON

Receipt For: 2007  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 22 / 2007

**Transaction ID:** SA11AI.71029

Amount of Each Receipt this Period  
2000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2800.00**

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

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

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

FOR LINE NUMBER: PAGE 46 / 172  
(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)  
DR CURTIS R IMEL

Mailing Address 9 COUNTRYSIDE AVE

City State Zip Code  
OTTAWA IL 61350

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

Name of Employer Occupation  
SELF EMPLOYED ORTHRODONTIST

Receipt For: 2007  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	0	2	/	2	0	0	7

**Transaction ID:** SA11AI.72824

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
MR FRED SCOTT JACKSON

Mailing Address 15 HILLSBOROUGH

City State Zip Code  
NEWPORT BEACH CA 92660

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

Name of Employer Occupation  
JACKSON DEMARCO & PECKENP-  
AUGH LAWYER

Receipt For: 2007  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	2	/	2	0	0	7

**Transaction ID:** SA11AI.73847

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
MRS LORENA M JAEB

Mailing Address PO BOX 428

City State Zip Code  
MANGO FL 33550

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2007  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	9	/	2	0	0	7

**Transaction ID:** SA11AI.71598

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2500.00**

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

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

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

FOR LINE NUMBER: PAGE 47 / 172  
(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 LORENA M JAEB  
Mailing Address PO BOX 428  
City MANGO State FL Zip Code 33550  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For: 2007  
 Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼ 1500.00  
Date of Receipt 01 / 30 / 2007  
Transaction ID: SA11AI.71599  
Amount of Each Receipt this Period 500.00

**B.** Full Name (Last, First, Middle Initial)  
MRS LORENA M JAEB  
Mailing Address PO BOX 428  
City MANGO State FL Zip Code 33550  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For: 2007  
 Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼ 2000.00  
Date of Receipt 05 / 10 / 2007  
Transaction ID: SA11AI.71600  
Amount of Each Receipt this Period 500.00

**C.** Full Name (Last, First, Middle Initial)  
MRS LORENA M JAEB  
Mailing Address PO BOX 428  
City MANGO State FL Zip Code 33550  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For: 2007  
 Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼ 3000.00  
Date of Receipt 06 / 15 / 2007  
Transaction ID: SA11AI.71601  
Amount of Each Receipt this Period 1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2000.00  
**TOTAL** This Period (last page this line number only) ..... ►

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

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

FOR LINE NUMBER: PAGE 48 / 172  
(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)  
MS JAY M JARVIS

Mailing Address 2526 S STARLIGHT LN

City GREENACRES State WA Zip Code 99016

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

Name of Employer NORLIFT INC Occupation BUSINESS OWNER & MANAGER

Receipt For: 2007  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 06 / 20 / 2007  
**Transaction ID: SA11AI.74393**  
 Amount of Each Receipt this Period: 500.00

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

Mailing Address 315 CORAL SKY LN

City EL PASO State TX Zip Code 79912

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

Name of Employer WESTERN Occupation ENGINEER

Receipt For: 2007  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 02 / 01 / 2007  
**Transaction ID: SA11AI.73395**  
 Amount of Each Receipt this Period: 250.00

**C.** Full Name (Last, First, Middle Initial)  
MR KENNETH JINKERSON

Mailing Address 315 CORAL SKY LN

City EL PASO State TX Zip Code 79912

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

Name of Employer WESTERN Occupation ENGINEER

Receipt For: 2007  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 06 / 21 / 2007  
**Transaction ID: SA11AI.73396**  
 Amount of Each Receipt this Period: 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1000.00

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

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

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

FOR LINE NUMBER: PAGE 49 / 172  
(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 VICKY L JOHNSON  
Mailing Address 43449 ELK RUN  
City STEAMBOAT SPRINGS State CO Zip Code 80487  
FEC ID number of contributing federal political committee. **C**  
Name of Employer SELF Occupation PHYSICAL THERAPIST/EDUCATORS  
Receipt For: 2007  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00  
Date of Receipt 04 / 16 / 2007  
Transaction ID: SA11AI.73444  
Amount of Each Receipt this Period 250.00

**B.** Full Name (Last, First, Middle Initial)  
MR FLOYD R JUMP  
Mailing Address 350 E HENSCHEN STREET  
City GARNER State IA Zip Code 50438  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For: 2007  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00  
Date of Receipt 04 / 03 / 2007  
Transaction ID: SA11AI.72357  
Amount of Each Receipt this Period 100.00

**C.** Full Name (Last, First, Middle Initial)  
MR FLOYD R JUMP  
Mailing Address 350 E HENSCHEN STREET  
City GARNER State IA Zip Code 50438  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For: 2007  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 400.00  
Date of Receipt 05 / 07 / 2007  
Transaction ID: SA11AI.72358  
Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 450.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 50 / 172

(check only one)

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

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

NAME OF COMMITTEE (In Full)  
Campaign for Working Families

**A.**

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

Mailing Address 350 E HENSCHEN STREET

City State Zip Code  
GARNER IA 50438

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2007  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 2 / 2 0 0 7

Transaction ID: SA11AI.72359

Amount of Each Receipt this Period

100.00

**B.**

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

Mailing Address 350 E HENSCHEN STREET

City State Zip Code  
GARNER IA 50438

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2007  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 5 / 2 0 0 7

Transaction ID: SA11AI.72360

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)  
DR JOHN D KEISLING

Mailing Address 35 ERICA LANE

City State Zip Code  
BELEN NM 87002

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

Name of Employer Occupation  
SAIC SCIENTIST

Receipt For: 2007  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 8 / 2 0 0 7

Transaction ID: SA11AI.73627

Amount of Each Receipt this Period

500.00

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

700.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 51 / 172  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
Campaign for Working Families

**A.**

Full Name (Last, First, Middle Initial)  
DR JOHN D KEISLING

Mailing Address 35 ERICA LANE

City BELEN State NM Zip Code 87002

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

Name of Employer SAIC Occupation SCIENTIST

Receipt For: 2007  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 620.00

Date of Receipt 06 / 15 / 2007  
**Transaction ID: SA11AI.73628**  
 Amount of Each Receipt this Period 20.00

**B.**

Full Name (Last, First, Middle Initial)  
KEITH KENDALL

Mailing Address 6549 WARREN SPUR RD

City MELBA State ID Zip Code 83641

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

Name of Employer KENDALL EMPLOYMENT PLUS Occupation OWNER

Receipt For: 2007  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 17 / 2007  
**Transaction ID: SA11AI.73531**  
 Amount of Each Receipt this Period 500.00

**C.**

Full Name (Last, First, Middle Initial)  
MR JOSE KENNARD

Mailing Address 1031 C AVE S

City EDMONDS State WA Zip Code 98020

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

Name of Employer VANDER VEER PROPERTIES Occupation MANAGER

Receipt For: 2007  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 06 / 14 / 2007  
**Transaction ID: SA11AI.74263**  
 Amount of Each Receipt this Period 1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1520.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 52 / 172
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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) MR H KERKSTRA		Date of Receipt MM / DD / YYYY 05 / 14 / 2007
Mailing Address 6612 SKY VIEW DRIVE		Transaction ID: SA11AI.73966
City BAKERSFIELD	State CA	Zip Code 93307
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 60.00
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

**B.**

Full Name (Last, First, Middle Initial) MR H KERKSTRA		Date of Receipt MM / DD / YYYY 06 / 11 / 2007
Mailing Address 6612 SKY VIEW DRIVE		Transaction ID: SA11AI.73967
City BAKERSFIELD	State CA	Zip Code 93307
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 60.00
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

**C.**

Full Name (Last, First, Middle Initial) MR JOHN S KIRKPATRICK		Date of Receipt MM / DD / YYYY 06 / 25 / 2007
Mailing Address 13300 ATLANTIC BLVD # 2115		Transaction ID: SA11AI.71517
City JACKSONVILLE	State FL	Zip Code 32225
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer UNIV OF ALABAMA BIRMINGHAM	Occupation TEACHER/SURGEON	
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2120.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 / 172
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
Campaign for Working Families

<b>A.</b>	Full Name (Last, First, Middle Initial) MRS LEONARD F KLASSEN		Date of Receipt
	Mailing Address 1418 DENVER ST		<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 01 / 29 / 2007
	City	State	Zip Code
	MARION	KS	66861
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.72977
Name of Employer INFO REQUESTED- NOT RECD		Occupation INFO REQUESTED- NOT RECD	Amount of Each Receipt this Period
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00

<b>B.</b>	Full Name (Last, First, Middle Initial) MR JACK KNAPP		Date of Receipt
	Mailing Address 2800 PIN OAK 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 05 / 10 / 2007
	City	State	Zip Code
	SANDSTON	VA	23150
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.71133
Name of Employer VA ASSEMBLY OF 2ND BAPTIST		Occupation EX DIRECTOR	Amount of Each Receipt this Period
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 300.00

<b>C.</b>	Full Name (Last, First, Middle Initial) MR JOSEPH L KRAUSE, JR		Date of Receipt
	Mailing Address PO BOX 189		<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 06 / 28 / 2007
	City	State	Zip Code
	WILLCOX	AZ	85644
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.73610
Name of Employer SELF EMPLOYED		Occupation ENGINEER	Amount of Each Receipt this Period
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 600.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 54 / 172

(check only one)

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

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

NAME OF COMMITTEE (In Full)  
Campaign for Working Families

**A.**

Full Name (Last, First, Middle Initial)  
FRANK H KRUEGER

Mailing Address 3334 WENTWORTH WAY

City State Zip Code  
JAMUL CA 91935

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

Name of Employer Occupation  
DOLLNAN MORTGAGE MGR

Receipt For: 2007  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 6 / 2 0 0 7

Transaction ID: SA11AI.73735

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)  
MRS THOMAS J KUK

Mailing Address 32265 WEPING WILLOW

City State Zip Code  
TRABUCO CANYON CA 92679

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

Name of Employer Occupation  
HOMEMAKER HOMEMAKER

Receipt For: 2007  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
320.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 3 / 2 0 0 7

Transaction ID: SA11AI.73865

Amount of Each Receipt this Period

120.00

**C.**

Full Name (Last, First, Middle Initial)  
MRS THOMAS J KUK

Mailing Address 32265 WEPING WILLOW

City State Zip Code  
TRABUCO CANYON CA 92679

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

Name of Employer Occupation  
HOMEMAKER HOMEMAKER

Receipt For: 2007  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
560.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 8 / 2 0 0 7

Transaction ID: SA11AI.73866

Amount of Each Receipt this Period

240.00

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

860.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 / 172
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
Campaign for Working Families

<b>A.</b>	Full Name (Last, First, Middle Initial) MRS SHIRLEY A LABARR		Date of Receipt
	Mailing Address 7306 SO INDEPENDENCE ST		<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 06 / 15 / 2007
	City	State	Zip Code
	LITTLETON	CO	80128
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.73416
Name of Employer RETIRED		Occupation RETIRED	Amount of Each Receipt this Period
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 275.00	100.00

<b>B.</b>	Full Name (Last, First, Middle Initial) MR ROBERT LAKE		Date of Receipt
	Mailing Address 2721 18TH ST		<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 06 / 04 / 2007
	City	State	Zip Code
	BAKERSFIELS	CA	93301
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.73961
Name of Employer INFO REQUESTED- NOT RECD		Occupation INFO REQUESTED- NOT RECD	Amount of Each Receipt this Period
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	50.00

<b>C.</b>	Full Name (Last, First, Middle Initial) MR ROBERT LAKE		Date of Receipt
	Mailing Address 2721 18TH ST		<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 06 / 30 / 2007
	City	State	Zip Code
	BAKERSFIELS	CA	93301
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.73962
Name of Employer INFO REQUESTED- NOT RECD		Occupation INFO REQUESTED- NOT RECD	Amount of Each Receipt this Period
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	50.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	200.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 / 172
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) MRS LEILA A LANGSTON	Date of Receipt MM / DD / YYYY 06 / 20 / 2007
	Mailing Address 1733 SOLEJAR DR	<b>Transaction ID:</b> SA11AI.73685
	City State Zip Code LA HABRA HEIGHTS CA 90631	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation RETIRED RETIRED	
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) MRS DAVID C LARKIN	Date of Receipt MM / DD / YYYY 06 / 18 / 2007
	Mailing Address 259 N WATERTOWN ST	<b>Transaction ID:</b> SA11AI.72444
	City State Zip Code WAUPUN WI 52963	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation POWERCOM CORPORATION EXECUTIVE	
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) MRS GLENN G LARSON	Date of Receipt MM / DD / YYYY 05 / 14 / 2007
	Mailing Address 8950 235TH ST N	<b>Transaction ID:</b> SA11AI.72534
	City State Zip Code FOREST LAKE MN 55025	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation WHOLESALE PRODUCE SUPPLY TRUCKING	
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	1500.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 / 172
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
Campaign for Working Families

<b>A.</b>	Full Name (Last, First, Middle Initial) MR ERWIN D LATIMER		Date of Receipt
	Mailing Address PO BOX 162		<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 06 / 22 / 2007
	City	State	Zip Code
	LOOKOUT MTN	TN	37350
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.71746
Name of Employer INFO REQUESTED- NOT RECD		Occupation INFO REQUESTED- NOT RECD	Amount of Each Receipt this Period
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 1000.00

<b>B.</b>	Full Name (Last, First, Middle Initial) DR JAMES B LAWSON		Date of Receipt
	Mailing Address 904 13TH AVE NE		<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 06 / 22 / 2007
	City	State	Zip Code
	DEVILS LAKE	ND	58301
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.72666
Name of Employer INFO REQUESTED- NOT RECD		Occupation INFO REQUESTED- NOT RECD	Amount of Each Receipt this Period
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 275.00

<b>C.</b>	Full Name (Last, First, Middle Initial) MR BRUCE LEE		Date of Receipt
	Mailing Address 13 LA ESCALERA		<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 01 / 26 / 2007
	City	State	Zip Code
	SAN ANTONIO	TX	78261
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.73330
Name of Employer INFO REQUESTED- NOT RECD		Occupation INFO REQUESTED- NOT RECD	Amount of Each Receipt this Period
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 2200.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 58 / 172
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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) R M LIE		Date of Receipt MM / DD / YYYY 05 / 25 / 2007
Mailing Address 9309 OLYMPIC VIEW DR		<b>Transaction ID:</b> SA11AI.74265
City EDMONDS	State WA	Zip Code 98020
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer INFO REQUESTED- NOT RECD	Occupation INFO REQUESTED- NOT RECD	
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

**B.**

Full Name (Last, First, Middle Initial) MR THOMAS J MANNING		Date of Receipt MM / DD / YYYY 06 / 21 / 2007
Mailing Address 2317 BRIGHTON DR		<b>Transaction ID:</b> SA11AI.71819
City LOUISVILLE	State KY	Zip Code 40205
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer MANNINGS PAIN & BODY SHOP INC	Occupation AUTO BODY REPAIRMAN	
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

**C.**

Full Name (Last, First, Middle Initial) MR RAY MATTHEWS		Date of Receipt MM / DD / YYYY 03 / 29 / 2007
Mailing Address 2700 SEVEN MILE WAY SE		<b>Transaction ID:</b> SA11AI.74195
City ALBANY	State OR	Zip Code 97322
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 265.00
Name of Employer WAH CHANG	Occupation GAUGE CALIBRATION TECHNICIAN	
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 265.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1515.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 / 172
	<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) MR RAY MATTHEWS		Date of Receipt MM / DD / YYYY 06 / 18 / 2007
Mailing Address 2700 SEVEN MILE WAY SE		<b>Transaction ID:</b> SA11AI.74196
City ALBANY	State OR	Zip Code 97322
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
Name of Employer WAH CHANG	Occupation GAUGE CALIBRATION TECHNICIAN	
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 565.00	

**B.**

Full Name (Last, First, Middle Initial) DR JON TOM MCANEAR		Date of Receipt MM / DD / YYYY 01 / 29 / 2007
Mailing Address 306 ZORNIA DR		<b>Transaction ID:</b> SA11AI.73314
City SAN ANTONIO	State TX	Zip Code 78213
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer INFO REQUESTED- NOT RECD	Occupation INFO REQUESTED- NOT RECD	
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

**C.**

Full Name (Last, First, Middle Initial) MS CHARLEEN M MCBRAYER		Date of Receipt MM / DD / YYYY 06 / 20 / 2007
Mailing Address 5098 POST OAK TRITT RD NE		<b>Transaction ID:</b> SA11AI.71393
City ROSWELL	State GA	Zip Code 30075
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 5000.00
Name of Employer COMPREHENSIVE COMPUTER CO-CONSULTING INC.	Occupation CEO/OWNER	
Receipt For: 2007 <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) .....	▶	6300.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 / 172
	<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)  
MRS LYNN MCCLATCHEY

Mailing Address 45012 70TH AVENUE

City LINN GROVE State IA Zip Code 51033

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

Name of Employer SIOUX CENTRAL SCHOOL Occupation TEACHER

Receipt For: 2007  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt: 06 / 05 / 2007  
**Transaction ID: SA11AI.72388**  
 Amount of Each Receipt this Period: 20.00

**B.**

Full Name (Last, First, Middle Initial)  
LEE I MCCUTCHAN

Mailing Address 160 CHURCHILL DR

City ATLANTA State GA Zip Code 30350

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

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

Receipt For: 2007  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 06 / 18 / 2007  
**Transaction ID: SA11AI.71452**  
 Amount of Each Receipt this Period: 500.00

**C.**

Full Name (Last, First, Middle Initial)  
LEE I MCCUTCHAN

Mailing Address 160 CHURCHILL DR

City ATLANTA State GA Zip Code 30350

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

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

Receipt For: 2007  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt: 06 / 28 / 2007  
**Transaction ID: SA11AI.71454**  
 Amount of Each Receipt this Period: 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **620.00**

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

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

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

FOR LINE NUMBER: PAGE 61 / 172  
(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)  
MR MICHAEL W MCRAE  
 Mailing Address 4710 PAULA WAY  
 City State Zip Code  
FAIR OAKS CA 95628  
 Date of Receipt  
MM / DD / YYYY  
06 / 19 / 2007  
**Transaction ID:** SA11AI.74091  
 Amount of Each Receipt this Period  
390.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
SMUD ENGINEER  
 Receipt For: 2007  
 Primary    General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
390.00

**B.** Full Name (Last, First, Middle Initial)  
MS RUTH A MERILLAT  
 Mailing Address 860 RICHLYN DRIVE  
 City State Zip Code  
ADRIAN MI 49221  
 Date of Receipt  
MM / DD / YYYY  
02 / 02 / 2007  
**Transaction ID:** SA11AI.72250  
 Amount of Each Receipt this Period  
1000.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
RETIRED RETIRED  
 Receipt For: 2007  
 Primary    General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
MS RUTH A MERILLAT  
 Mailing Address 860 RICHLYN DRIVE  
 City State Zip Code  
ADRIAN MI 49221  
 Date of Receipt  
MM / DD / YYYY  
04 / 13 / 2007  
**Transaction ID:** SA11AI.72251  
 Amount of Each Receipt this Period  
4000.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
RETIRED RETIRED  
 Receipt For: 2007  
 Primary    General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
5000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **5390.00**  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 62 / 172  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
Campaign for Working Families

**A.**

Full Name (Last, First, Middle Initial)  
MS ZINA MICHAJLIGZENS

Mailing Address 330 WEST 56TH ST # 16A

City State Zip Code  
NEW YORK NY 10019

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

Name of Employer Occupation  
TELCORDIA TECHNOLOGIES ACCOUNT EXEC

Receipt For: 2007  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 0 4 / 2 0 0 7

Transaction ID: SA11AI.70783

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
JEFFERY MILLER

Mailing Address 104 FRIARS COURT

City State Zip Code  
WILLIAMSBURG VA 23185

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

Name of Employer Occupation  
INFO REQUESTED- NOT RECD

Receipt For: 2007  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 2 8 / 2 0 0 7

Transaction ID: SA11AI.71135

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
MR GEORGE O MINOR

Mailing Address 26 EAST POINT ROAD

City State Zip Code  
ALBRIGHTSVILLE PA 18210

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

Name of Employer Occupation  
ROHEM & HAAS CO RESEARCH MGR

Receipt For: 2007  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

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

Transaction ID: SA11AI.70962

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1500.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 63 / 172
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)  
Campaign for Working Families

<b>A.</b>	Full Name (Last, First, Middle Initial) MRS RUTH MIRAGLIA		Date of Receipt MM / DD / YYYY 06 / 25 / 2007		
	Mailing Address 1485 TURKEY TRAIL		<b>Transaction ID:</b> SA11AI.72730		
	City INVERNESS	State IL	Zip Code 60006	Amount of Each Receipt this Period 300.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer RETIRED	Occupation RETIRED			
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) MR H BARRY MONTGOMERY		Date of Receipt MM / DD / YYYY 03 / 26 / 2007		
	Mailing Address 107 REMINGTON RD		<b>Transaction ID:</b> SA11AI.71066		
	City PORT DEPOSIT	State MD	Zip Code 21904	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer RISING SUN- MARYLAND	Occupation REAL ESTATE BROKER			
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) MRS GWEN L MOORE		Date of Receipt MM / DD / YYYY 01 / 22 / 2007		
	Mailing Address 1213 CHRISTINE AVE		<b>Transaction ID:</b> SA11AI.71702		
	City ANNISTON	State AL	Zip Code 36207	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer HOMEMAKER	Occupation HOMEMAKER			
Receipt For: 2007 <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) .....	▶	1550.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 / 172
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
Campaign for Working Families

<b>A.</b>	Full Name (Last, First, Middle Initial) MR DON P MORGAN		Date of Receipt MM / DD / YYYY 03 / 29 / 2007		
	Mailing Address 2 SILVERBERRY		<b>Transaction ID:</b> SA11AI.73411		
	City LITTLETON	State CO	Zip Code 80127	Amount of Each Receipt this Period 300.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer FACTORY DIRECT SALES CONS-ULTAN	Occupation SALESMAN	Aggregate Year-to-Date 300.00		
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>B.</b>	Full Name (Last, First, Middle Initial) TAMMY J NELSON		Date of Receipt MM / DD / YYYY 06 / 21 / 2007		
	Mailing Address 8492 N MAPLE CT		<b>Transaction ID:</b> SA11AI.72297		
	City ZEELAND	State MI	Zip Code 49464	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer INFO REQUESTED- NOT RECD	Occupation INFO REQUESTED- NOT RECD	Aggregate Year-to-Date 250.00		
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>C.</b>	Full Name (Last, First, Middle Initial) MR JOHN NEPERMANN		Date of Receipt MM / DD / YYYY 05 / 09 / 2007		
	Mailing Address 12N860 US HIGHWAY 20		<b>Transaction ID:</b> SA11AI.72759		
	City ELGIN	State IL	Zip Code 60124	Amount of Each Receipt this Period 450.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer INFO REQUESTED- NOT RECD	Occupation INFO REQUESTED- NOT RECD	Aggregate Year-to-Date 450.00		
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 65 / 172  
(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)  
MR JOHN E NEWBY

Mailing Address 1131 OVERTON CT

City State Zip Code  
NAPERVILLE IL 60540

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

Name of Employer Occupation  
HEWLETT PACKARD PROGRAM MANAGER

Receipt For: 2007  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	3	0	/	2	0	0	7

**Transaction ID:** SA11AI.72798

Amount of Each Receipt this Period  
400.00

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

Mailing Address 1654 LA JOLLA RANCHO RD

City State Zip Code  
LA JOLLA CA 92037

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2007  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	5	/	2	0	0	7

**Transaction ID:** SA11AI.73755

Amount of Each Receipt this Period  
50.00

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

Mailing Address 1654 LA JOLLA RANCHO RD

City State Zip Code  
LA JOLLA CA 92037

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2007  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	8	/	2	0	0	7

**Transaction ID:** SA11AI.73756

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **500.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 66 / 172

(check only one)

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

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

NAME OF COMMITTEE (In Full)  
Campaign for Working Families

**A.**

Full Name (Last, First, Middle Initial)  
MR A J NITZ

Mailing Address 132 FARBROOK CIR

City State Zip Code  
FRANKPORT NY 40601

FEC ID number of contributing federal political committee. C

Name of Employer SELF Occupation PHYSICAL THERAPIST

Receipt For: 2007  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt MM / DD / YYYY  
06 / 30 / 2007

**Transaction ID:** SA11AI.71845

Amount of Each Receipt this Period 500.00

**B.**

Full Name (Last, First, Middle Initial)  
MR STEVE NOVARRO

Mailing Address 712 N GARFIELD AVE

City State Zip Code  
ALHAMBRA CA 91801

FEC ID number of contributing federal political committee. C

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

Receipt For: 2007  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt MM / DD / YYYY  
02 / 01 / 2007

**Transaction ID:** SA11AI.73732

Amount of Each Receipt this Period 300.00

**C.**

Full Name (Last, First, Middle Initial)  
MR STEVE NOVARRO

Mailing Address 712 N GARFIELD AVE

City State Zip Code  
ALHAMBRA CA 91801

FEC ID number of contributing federal political committee. C

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

Receipt For: 2007  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt MM / DD / YYYY  
05 / 10 / 2007

**Transaction ID:** SA11AI.73733

Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... 900.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 / 172
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
Campaign for Working Families

**A.**

Full Name (Last, First, Middle Initial) MR ELIOT K NYMEYER		Date of Receipt MM / DD / YYYY 06 / 25 / 2007
Mailing Address 25508 S KLEMME ROAD		<b>Transaction ID:</b> SA11AI.72781
City CRETE	State IL	Zip Code 60417
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 400.00
Name of Employer INFO REQUESTED- NOT RECD	Occupation INFO REQUESTED- NOT RECD	
Receipt For: 2007 <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) MR CHARLES D O'DELL		Date of Receipt MM / DD / YYYY 01 / 26 / 2007
Mailing Address 10803 CRIPPLEGATE RD		<b>Transaction ID:</b> SA11AI.71017
City POTOMAC	State MD	Zip Code 20854
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

**C.**

Full Name (Last, First, Middle Initial) MR CHARLES D ODELL		Date of Receipt MM / DD / YYYY 06 / 15 / 2007
Mailing Address 10803 CRIPPLEGATE RD		<b>Transaction ID:</b> SA11AI.71019
City POTOMAC	State MD	Zip Code 20854
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer SELF	Occupation SELF-HOMEBUILDER	
Receipt For: 2007 <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) .....	▶	2400.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 / 172
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
Campaign for Working Families

<b>A.</b>	Full Name (Last, First, Middle Initial) MR TOM L OSTENSON		Date of Receipt
	Mailing Address 1020 LAKE WINDWARD OVERLOOK		<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 6 / 2 0 0 7
	City	State	Zip Code
	ALPHARETTA	GA	30005
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.71365
Name of Employer AON CORPORATION		Occupation ATTORNEY	Amount of Each Receipt this Period
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 225.00

<b>B.</b>	Full Name (Last, First, Middle Initial) MR TOM L OSTENSON		Date of Receipt
	Mailing Address 1020 LAKE WINDWARD OVERLOOK		<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 3 / 2 9 / 2 0 0 7
	City	State	Zip Code
	ALPHARETTA	GA	30005
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.71366
Name of Employer AON CORPORATION		Occupation ATTORNEY	Amount of Each Receipt this Period
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00

<b>C.</b>	Full Name (Last, First, Middle Initial) MR TOM L OSTENSON		Date of Receipt
	Mailing Address 1020 LAKE WINDWARD OVERLOOK		<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 6 / 0 6 / 2 0 0 7
	City	State	Zip Code
	ALPHARETTA	GA	30005
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.71367
Name of Employer AON CORPORATION		Occupation ATTORNEY	Amount of Each Receipt this Period
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 975.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> <b>975.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 69 / 172  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
Campaign for Working Families

**A.**

Full Name (Last, First, Middle Initial)  
MR JAY R OWEN

Mailing Address 35 CYPRESS MARSH DR

City State Zip Code  
HILTON HEAD ISLAND SC 29926

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

Name of Employer Occupation  
ENGINEERED SYSTEMS ENGINEER

Receipt For: 2007  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
05 / 25 / 2007

Transaction ID: SA11AI.71360

Amount of Each Receipt this Period  
50.00

**B.**

Full Name (Last, First, Middle Initial)  
MR MIKE PACK

Mailing Address 2741 DE LA BRIANDAIS CT

City State Zip Code  
PINOLE CA 94564

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

Name of Employer Occupation  
KAISER PERMANENTE PROGRAMMER/ANALYST

Receipt For: 2007  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
06 / 11 / 2007

Transaction ID: SA11AI.74020

Amount of Each Receipt this Period  
300.00

**C.**

Full Name (Last, First, Middle Initial)  
MRS VIOLA PANMAN

Mailing Address 1152 CALLE MARIA

City State Zip Code  
SAN MARCOS CA 92069

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

Name of Employer Occupation  
HOMEMAKER HOMEMAKER

Receipt For: 2007  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
06 / 21 / 2007

Transaction ID: SA11AI.73772

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **450.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 70 / 172  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
Campaign for Working Families

**A.**

Full Name (Last, First, Middle Initial)  
MR BRIAN R PARKER

Mailing Address 2514 MEADOW DR

City State Zip Code  
ZEELAND MI 49464

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

Name of Employer Occupation  
DONNELLY CORP ENGINEER

Receipt For: 2007  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
480.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 18 / 2007

**Transaction ID:** SA11AI.72298

Amount of Each Receipt this Period  
480.00

**B.**

Full Name (Last, First, Middle Initial)  
MRS CINDY L PERRILL

Mailing Address 5976 EMIL CT

City State Zip Code  
PLAINFIELD IN 46168

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

Name of Employer Occupation  
PEAFIELD PRODUCTS PAYROLL AND HUMAN RES ADMN

Receipt For: 2007  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
235.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 15 / 2007

**Transaction ID:** SA11AI.72033

Amount of Each Receipt this Period  
75.00

**C.**

Full Name (Last, First, Middle Initial)  
DR ROBERT PFLEDERER

Mailing Address 66 FOREST VIEW RD

City State Zip Code  
MORTON IL 61550

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

Name of Employer Occupation  
RETIRED PHYSICIAN RET

Receipt For: 2007  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
02 / 08 / 2007

**Transaction ID:** SA11AI.72833

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1555.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 71 / 172
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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) DR ROBERT PFLEDERER		Date of Receipt
Mailing Address 66 FOREST VIEW RD		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 18 / 2007
City State Zip Code MORTON IL 61550		<b>Transaction ID:</b> SA11AI.72834
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer RETIRED	Occupation PHYSICIAN RET	
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

**B.**

Full Name (Last, First, Middle Initial) MRS NANCY PHARRIS		Date of Receipt
Mailing Address 130 EL DORADO LANE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 03 / 29 / 2007
City State Zip Code ANAHEIM CA 92807		<b>Transaction ID:</b> SA11AI.73896
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
Name of Employer HOMEMAKER	Occupation HOMEMAKER	
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

**C.**

Full Name (Last, First, Middle Initial) MRS NANCY PHARRIS		Date of Receipt
Mailing Address 130 EL DORADO LANE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 26 / 2007
City State Zip Code ANAHEIM CA 92807		<b>Transaction ID:</b> SA11AI.73897
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
Name of Employer HOMEMAKER	Occupation HOMEMAKER	
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

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

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

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

FOR LINE NUMBER: PAGE 72 / 172  
(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)  
KEITH PHILLIPS

Mailing Address 7713 N LUCERNE CT

City State Zip Code  
KANSAS CITY MO 64151

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

Name of Employer TOWN&COUNTRY MARKETING& SERV- Occupation PRESIDENT/CEO

Receipt For: 2007  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	5	/	2	0	0	7

**Transaction ID:** SA11AI.72926

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
MR GARY L PILGRIM

Mailing Address 121 MINE RD

City State Zip Code  
MALVERN PA 19355

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

Name of Employer pilgrim baxter & assoc Occupation investment advisor

Receipt For: 2007  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	7	/	2	0	0	7

**Transaction ID:** SA11AI.70971

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
MR ALLEN L PRICE

Mailing Address 1503 FLOYD DR

City State Zip Code  
SAN ANGELO TX 76904

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

Name of Employer SMITH- ROSE- ETAL Occupation ATTORNEY

Receipt For: 2007  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

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

**Transaction ID:** SA11AI.73233

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) ..... ►

**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 73 / 172
	<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)  
MR MICHAEL A PRIMOROSE

Mailing Address 2020 ROSE CREEK BLVD S

City FARGO State ND Zip Code 58104

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

Name of Employer FOOD SERVICES OF AMER Occupation MANAGEMENT

Receipt For: 2007  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 18 / 2007

Transaction ID: SA11AI.72664

Amount of Each Receipt this Period 100.00

**B.**

Full Name (Last, First, Middle Initial)  
MRS ELSA D PRINCE

Mailing Address 1057 S SHORE DR

City HOLLAND State MI Zip Code 49423

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

Name of Employer PRINCE HOLDING LLC Occupation BUSINESS/HOMEMAKER

Receipt For: 2007  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 23 / 2007

Transaction ID: SA11AI.72284

Amount of Each Receipt this Period 1000.00

**C.**

Full Name (Last, First, Middle Initial)  
MR ANDREW F PUZDER

Mailing Address 570 MEADOW WOOD LN

City MONTECITO State CA Zip Code 93108

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

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

Receipt For: 2007  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 16 / 2007

Transaction ID: SA11AI.73947

Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1350.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 74 / 172

(check only one)

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

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

NAME OF COMMITTEE (In Full)  
Campaign for Working Families

**A.**

Full Name (Last, First, Middle Initial)  
ANN QUEST

Mailing Address 5609 URSULA LN

City State Zip Code  
DALLAS TX 75229

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

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

Receipt For: 2007  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 9 / 2 0 0 7

Transaction ID: SA11AI.73188

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)  
MRS KATRINA HOFF RAUSCH

Mailing Address 210 DEMERS LANE

City State Zip Code  
POLSON MT 59860

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

Name of Employer Occupation  
HOMEMAKER HOMEMAKER

Receipt For: 2007  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 5 / 2 0 0 7

Transaction ID: SA11AI.72721

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)  
MR DONALD B REECE

Mailing Address 74 BEXLEY CT

City State Zip Code  
NORTH BARRINGTON IL 60010

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

Name of Employer Occupation  
NORTHWESTERN MUTUAL LIFE LIFE INSURANCE SALES

Receipt For: 2007  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 7

Transaction ID: SA11AI.72734

Amount of Each Receipt this Period

500.00

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

1200.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 / 172
	<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) MR CAROL M REESE		Date of Receipt MM / DD / YYYY 03 / 22 / 2007
Mailing Address 2869 WEATHERSFIELD CT		<b>Transaction ID:</b> SA11AI.71611
City CLEARWATER	State FL	Zip Code 33761
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer INFO REQUESTED- NOT RECD	Occupation INFO REQUESTED- NOT RECD	
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

**B.**

Full Name (Last, First, Middle Initial) MR ALFRED R REUTHER, JR		Date of Receipt MM / DD / YYYY 06 / 12 / 2007
Mailing Address 81 LEWISTON RD		<b>Transaction ID:</b> SA11AI.72165
City GROSSE POINTE FARM	State MI	Zip Code 48236
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer DETROIT MI	Occupation FINANCIAL CONSULTANT	
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

**C.**

Full Name (Last, First, Middle Initial) MR MICHAEL D RISINGER		Date of Receipt MM / DD / YYYY 01 / 19 / 2007
Mailing Address 421 E GREENWOOD ST		<b>Transaction ID:</b> SA11AI.72835
City MORTON	State IL	Zip Code 61550
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
Name of Employer SELF	Occupation LAWYER	
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>900.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 76 / 172  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
Campaign for Working Families

**A.**

Full Name (Last, First, Middle Initial)  
MR MICHAEL D RISINGER

Mailing Address 421 E GREENWOOD ST

City MORTON State IL Zip Code 61550

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

Name of Employer SELF Occupation LAWYER

Receipt For: 2007  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt: 02 / 21 / 2007  
Transaction ID: SA11AI.72836  
Amount of Each Receipt this Period: 300.00

**B.**

Full Name (Last, First, Middle Initial)  
MR MICHAEL D RISINGER

Mailing Address 421 E GREENWOOD ST

City MORTON State IL Zip Code 61550

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

Name of Employer SELF Occupation LAWYER

Receipt For: 2007  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt: 03 / 14 / 2007  
Transaction ID: SA11AI.72837  
Amount of Each Receipt this Period: 300.00

**C.**

Full Name (Last, First, Middle Initial)  
MR MICHAEL D RISINGER

Mailing Address 421 E GREENWOOD ST

City MORTON State IL Zip Code 61550

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

Name of Employer SELF Occupation LAWYER

Receipt For: 2007  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: 04 / 03 / 2007  
Transaction ID: SA11AI.72838  
Amount of Each Receipt this Period: 300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 900.00

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

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

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

FOR LINE NUMBER: PAGE 77 / 172

(check only one)

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

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

NAME OF COMMITTEE (In Full)  
Campaign for Working Families

**A.**

Full Name (Last, First, Middle Initial)  
MR MICHAEL D RISINGER

Mailing Address 421 E GREENWOOD ST

City State Zip Code  
MORTON IL 61550

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

Name of Employer Occupation  
SELF LAWYER

Receipt For: 2007  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 0 1 / 2 0 0 7

Transaction ID: SA11AI.72839

Amount of Each Receipt this Period

300.00
--------

**B.**

Full Name (Last, First, Middle Initial)  
MR MIKE RISINGER

Mailing Address 421 E GREENWOOD

City State Zip Code  
MORTON IL 61550

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

Name of Employer Occupation  
SELF LAWYER

Receipt For: 2007  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 7

Transaction ID: SA11AI.72840

Amount of Each Receipt this Period

600.00
--------

**C.**

Full Name (Last, First, Middle Initial)  
MR JEFFERY ROBILLARD

Mailing Address 5028 LONGVIEW COURT

City State Zip Code  
WEDDINGTON NC 28104

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

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

Receipt For: 2007  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 4 / 2 0 0 7

Transaction ID: SA11AI.71247

Amount of Each Receipt this Period

250.00
--------

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

1150.00
---------

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

--

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

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

FOR LINE NUMBER: PAGE 78 / 172  
(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)  
MS ELIZABETH RONDEAU

Mailing Address 2711 NW WALDEN DR

City State Zip Code  
CAMAS WA 98607

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2007  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	9	/	2	0	0	7

**Transaction ID:** SA11AI.74365

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
MS ELIZABETH RONDEAU

Mailing Address 2711 NW WALDEN DR

City State Zip Code  
CAMAS WA 98607

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2007  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	8	/	2	0	0	7

**Transaction ID:** SA11AI.74366

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
MRS KIMERA J SAUNDERS

Mailing Address 3150 AVENUE E

City State Zip Code  
BILLINGS MT 59102

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

Name of Employer Occupation  
HOMEMAKER HOMEMAKER

Receipt For: 2007  
 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	7

**Transaction ID:** SA11AI.72687

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **600.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 79 / 172</span>
	(check only one)
<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"/>	<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

<p><b>A.</b> Full Name (Last, First, Middle Initial) MRS TERESA A SCHAEFER</p> <p>Mailing Address 1003 WRIGHT ST</p> <p>City State Zip Code PLEASANT HILL MO 64080</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation HOECHST MARION ROUSSEL INC INFO REQUESTED- NOT RECD</p> <p>Receipt For: 2007  <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 300.00</p>	<p>Date of Receipt MM / DD / YYYY 02 / 09 / 2007</p> <p><b>Transaction ID:</b> SA11AI.72919</p> <p>Amount of Each Receipt this Period 300.00</p>
--	--

<p><b>B.</b> Full Name (Last, First, Middle Initial) MRS TERESA A SCHAEFER</p> <p>Mailing Address 1003 WRIGHT ST</p> <p>City State Zip Code PLEASANT HILL MO 64080</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation HOECHST MARION ROUSSEL INC INFO REQUESTED- NOT RECD</p> <p>Receipt For: 2007  <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 500.00</p>	<p>Date of Receipt MM / DD / YYYY 05 / 21 / 2007</p> <p><b>Transaction ID:</b> SA11AI.72920</p> <p>Amount of Each Receipt this Period 200.00</p>
--	--

<p><b>C.</b> Full Name (Last, First, Middle Initial) MRS MYRA K SCHIESLING</p> <p>Mailing Address PO BOX 769</p> <p>City State Zip Code GLENNALLEN AK 99588</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation RETIRED RETIRED</p> <p>Receipt For: 2007  <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 500.00</p>	<p>Date of Receipt MM / DD / YYYY 02 / 21 / 2007</p> <p><b>Transaction ID:</b> SA11AI.74409</p> <p>Amount of Each Receipt this Period 500.00</p>
---	--

<p><b>SUBTOTAL</b> of Receipts This Page (optional) .....</p>	<p>1000.00</p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 80 / 172
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)  
Campaign for Working Families

<b>A.</b>	Full Name (Last, First, Middle Initial) DAVE SCHMITT		Date of Receipt
	Mailing Address 1460 SENECA RD NW		<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 5 / 2 3 / 2 0 0 7
	City	State	Zip Code
	SWISHER	IA	52338
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.72431
Name of Employer DAVE SCHMITT CONST G INC.		Occupation CONTRACTOR	Amount of Each Receipt this Period
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00

<b>B.</b>	Full Name (Last, First, Middle Initial) MRS JOANNE M SCHROEDER		Date of Receipt
	Mailing Address 15720 52ND AVE N		<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 5 / 2 1 / 2 0 0 7
	City	State	Zip Code
	PLYMOUTH	MN	55446
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.72593
Name of Employer NORTHWESTERN COLLEGE		Occupation CFO	Amount of Each Receipt this Period
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 50.00

<b>C.</b>	Full Name (Last, First, Middle Initial) MRS JOANNE M SCHROEDER		Date of Receipt
	Mailing Address 15720 52ND AVE N		<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 6 / 2 9 / 2 0 0 7
	City	State	Zip Code
	PLYMOUTH	MN	55446
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.72594
Name of Employer NORTHWESTERN COLLEGE		Occupation CFO	Amount of Each Receipt this Period
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 300.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 600.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 81 / 172  
(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)  
MR THOMAS M SEAVER

Mailing Address 2886 EASTWOOD DRIVE

City State Zip Code  
KIMBALL MI 48074

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

Name of Employer Occupation  
RETIRED RETIRED TEACHER

Receipt For: 2007  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	9	/	2	0	0	7

**Transaction ID:** SA11AI.72132

Amount of Each Receipt this Period  
275.00

**B.** Full Name (Last, First, Middle Initial)  
WILLIAM M SHIRLEY

Mailing Address 13121 LOUETTA RD PMB 1055

City State Zip Code  
CYPRESS TX 77429

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

Name of Employer Occupation  
WM SHIRLEY&ASSOCIATES PRESIDENT

Receipt For: 2007  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	5	/	2	0	0	7

**Transaction ID:** SA11AI.73277

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
MR ABE SIEMENS

Mailing Address 47 PRINCETON DR

City State Zip Code  
RANCHO MIRAGE CA 92270

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

Name of Employer Occupation  
SELF EMPLOYED INVESTOR

Receipt For: 2007  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	0	/	2	0	0	7

**Transaction ID:** SA11AI.73783

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1275.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 82 / 172
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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)  
MR JONATHAN SISK

Mailing Address 2048 MERCER RD

City State Zip Code  
LEXINGTON KY 40511

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

Name of Employer Occupation  
AUDIO AUTHORITY CORP SMALL BUSINESS OWNER

Receipt For: 2007  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
06 / 11 / 2007

**Transaction ID:** SA11AI.71843

Amount of Each Receipt this Period  
1000.00

**B.**

Full Name (Last, First, Middle Initial)  
MR RANDALL SKOV

Mailing Address 115 TALL TIMBER COURT

City State Zip Code  
FAYETTEVILLE GA 30215

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

Name of Employer Occupation  
US AIR FORCE WEATHER OFFICER

Receipt For: 2007  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
05 / 07 / 2007

**Transaction ID:** SA11AI.71434

Amount of Each Receipt this Period  
50.00

**C.**

Full Name (Last, First, Middle Initial)  
MR RANDALL SKOV

Mailing Address 115 TALL TIMBER COURT

City State Zip Code  
FAYETTEVILLE GA 30215

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

Name of Employer Occupation  
US AIR FORCE WEATHER OFFICER

Receipt For: 2007  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
06 / 05 / 2007

**Transaction ID:** SA11AI.71435

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1100.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 / 172
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
Campaign for Working Families

**A.**

Full Name (Last, First, Middle Initial) MR STEPHEN M SLIFKO, JR		Date of Receipt MM / DD / YYYY 06 / 15 / 2007
Mailing Address 9143 COAL BANK RD		<b>Transaction ID:</b> SA11AI.71932
City MARSHALLVILLE	State OH	Zip Code 44645
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 5000.00
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

**B.**

Full Name (Last, First, Middle Initial) MRS SYLVIA SLIFKO		Date of Receipt MM / DD / YYYY 06 / 28 / 2007
Mailing Address 9143 COAL BANK RD		<b>Transaction ID:</b> SA11AI.71933
City MARSHALLVILLE	State OH	Zip Code 44645
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 5000.00
Name of Employer HOMEMAKER	Occupation HOMEMAKER	
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

**C.**

Full Name (Last, First, Middle Initial) MR JOHN D SNIPES		Date of Receipt MM / DD / YYYY 06 / 25 / 2007
Mailing Address 7257 MANOR OAKS DR		<b>Transaction ID:</b> SA11AI.71221
City RALEIGH	State NC	Zip Code 27615
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer INFO REQUESTED- NOT RECD	Occupation INFO REQUESTED- NOT RECD	
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 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) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 84 / 172
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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 LONETTE SOLIS		Date of Receipt MM / DD / YYYY 05 / 15 / 2007
Mailing Address 1909 BUCKTHORN LANE		<b>Transaction ID:</b> SA11AI.71008
City RESTON	State VA	Zip Code 20191
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer NORTHROP GRUMMAN	Occupation ADMINISTRATIVE ASSISTANT	
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

**B.**

Full Name (Last, First, Middle Initial) MS LONETTE SOLIS		Date of Receipt MM / DD / YYYY 06 / 15 / 2007
Mailing Address 1909 BUCKTHORN LANE		<b>Transaction ID:</b> SA11AI.71009
City RESTON	State VA	Zip Code 20191
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer NORTHROP GRUMMAN	Occupation ADMINISTRATIVE ASSISTANT	
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

**C.**

Full Name (Last, First, Middle Initial) MR WAYNE SONCHAR		Date of Receipt MM / DD / YYYY 06 / 15 / 2007
Mailing Address 491 CHRISTINE DR		<b>Transaction ID:</b> SA11AI.73631
City LAS VEGAS	State NM	Zip Code 87701
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer BTU BUILDING MATERIALS INC	Occupation SELF EMPLOYED	
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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

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

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

FOR LINE NUMBER: PAGE 85 / 172  
(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)  
MS DIANE R SPRADLIN

Mailing Address 5636 ENCORE DRIVE

City State Zip Code  
DALLAS TX 75240

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

Name of Employer SELF Occupation SEMI RETIRED

Receipt For: 2007  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 06 / 30 / 2007

**Transaction ID:** SA11AI.73192

Amount of Each Receipt this Period  
300.00

**B.** Full Name (Last, First, Middle Initial)  
MR GRAHAM START

Mailing Address 1755 KILKARE RD

City State Zip Code  
SUNOL CA 94586

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

Name of Employer SELF EMPLOYED Occupation SALES

Receipt For: 2007  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 02 / 05 / 2007

**Transaction ID:** SA11AI.74024

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
MR GRAHAM START

Mailing Address 1755 KILKARE RD

City State Zip Code  
SUNOL CA 94586

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

Name of Employer SELF EMPLOYED Occupation SALES

Receipt For: 2007  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 04 / 06 / 2007

**Transaction ID:** SA11AI.74022

Amount of Each Receipt this Period  
750.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1300.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 86 / 172  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
Campaign for Working Families

**A.**

Full Name (Last, First, Middle Initial)  
MR GRAHAM START

Mailing Address 1755 KILKARE RD

City State Zip Code  
SUNOL CA 94586

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

Name of Employer Occupation  
SELF EMPLOYED SALES

Receipt For: 2007  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1250.00

Date of Receipt  
MM / DD / YYYY  
05 / 16 / 2007

Transaction ID: SA11AI.74023

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
MRS HELEN A STEFELY

Mailing Address 941 S EUCLID AVENUE

City State Zip Code  
ELMHURST IL 60126

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

Name of Employer Occupation  
HOMEMAKER HOMEMAKER

Receipt For: 2007  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
MM / DD / YYYY  
01 / 31 / 2007

Transaction ID: SA11AI.72760

Amount of Each Receipt this Period  
600.00

**C.**

Full Name (Last, First, Middle Initial)  
MRS HELEN A STEFELY

Mailing Address 941 S EUCLID AVENUE

City State Zip Code  
ELMHURST IL 60126

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

Name of Employer Occupation  
HOMEMAKER HOMEMAKER

Receipt For: 2007  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
850.00

Date of Receipt  
MM / DD / YYYY  
06 / 22 / 2007

Transaction ID: SA11AI.72761

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1100.00**

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

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

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

FOR LINE NUMBER: PAGE 87 / 172  
(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 CAREEN H STRANGE

Mailing Address 4805 US HIGHWAY 19 S

City State Zip Code  
ELLAVILLE GA 31806

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2007  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	6	/	2	0	0	7

**Transaction ID:** SA11AI.71495

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
MR GEORGE EDWARD SUITER

Mailing Address 2025 LAMBERT CT

City State Zip Code  
PLANO TX 75075

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2007  
 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	7

**Transaction ID:** SA11AI.73156

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
MR GEORGE EDWARD SUITER

Mailing Address 2025 LAMBERT CT

City State Zip Code  
PLANO TX 75075

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2007  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
700.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	8	/	2	0	0	7

**Transaction ID:** SA11AI.73157

Amount of Each Receipt this Period  
200.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1200.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 / 172
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
Campaign for Working Families

<b>A.</b>	Full Name (Last, First, Middle Initial) MR GEORGE EDWARD SUITER		Date of Receipt
	Mailing Address 2025 LAMBERT CT		<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 06 / 08 / 2007
	City	State	Zip Code
	PLANO	TX	75075
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.73158
Name of Employer RETIRED		Occupation RETIRED	Amount of Each Receipt this Period
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 300.00
		<input type="text"/> 1000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) MR. LARRY SUNDQUIST		Date of Receipt
	Mailing Address PO BOX 958		<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 05 / 25 / 2007
	City	State	Zip Code
	LYNNWOOD	WA	98046
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.74262
Name of Employer SUNDQUIST HOMES LLC		Occupation OWNER	Amount of Each Receipt this Period
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 1000.00
		<input type="text"/> 1000.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) MR MARK SWISHER		Date of Receipt
	Mailing Address 24902 N POINTE PLACE		<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 05 / 07 / 2007
	City	State	Zip Code
	KATY	TX	77494
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.73285
Name of Employer AVIARA ENERGY CORP		Occupation ENGINEER	Amount of Each Receipt this Period
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 50.00
		<input type="text"/> 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 1350.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 89 / 172  
(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)  
MR MARK SWISHER

Mailing Address 24902 N POINTE PLACE

City State Zip Code  
KATY TX 77494

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

Name of Employer AVIARA ENERGY CORP      Occupation ENGINEER

Receipt For: 2007  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	5	/	2	0	0	7

**Transaction ID:** SA11AI.73286

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
DR JAMES P SYVRUD

Mailing Address 8225 BRUTON RD

City State Zip Code  
DALLAS TX 78217

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

Name of Employer OWNER      Occupation CHIROPRACTOR

Receipt For: 2007  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	6	/	2	0	0	7

**Transaction ID:** SA11AI.73178

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
DR JAMES P SYVRUD

Mailing Address 8225 BRUTON RD

City State Zip Code  
DALLAS TX 78217

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

Name of Employer OWNER      Occupation CHIROPRACTOR

Receipt For: 2007  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	0	9	/	2	0	0	7

**Transaction ID:** SA11AI.73179

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **250.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 90 / 172  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
Campaign for Working Families

**A.**

Full Name (Last, First, Middle Initial)  
DR JAMES P SYVRUD

Mailing Address 8225 BRUTON RD

City State Zip Code  
DALLAS TX 78217

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

Name of Employer OWNER Occupation CHIROPRACTOR

Receipt For: 2007  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 0 7 / 2 0 0 7

Transaction ID: SA11AI.73317

Amount of Each Receipt this Period  
100.00

**B.**

Full Name (Last, First, Middle Initial)  
DR JAMES P SYVRUD

Mailing Address 8225 BRUTON RD

City State Zip Code  
DALLAS TX 78217

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

Name of Employer OWNER Occupation CHIROPRACTOR

Receipt For: 2007  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 0 4 / 2 0 0 7

Transaction ID: SA11AI.73180

Amount of Each Receipt this Period  
100.00

**C.**

Full Name (Last, First, Middle Initial)  
MRS CAROL D TEODORO

Mailing Address 3008 E BAY DR NW

City State Zip Code  
GIG HARBOR WA 98335

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

Name of Employer AUTOMATED SYSTEMS OF TACO-MA Occupation DON-ENGINEER CAROL-HOMEMAKER

Receipt For: 2007  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 2 5 / 2 0 0 7

Transaction ID: SA11AI.74326

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1200.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 91 / 172

(check only one)

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

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

NAME OF COMMITTEE (In Full)  
Campaign for Working Families

**A.**

Full Name (Last, First, Middle Initial)  
MRS KAYE K THOMPSON

Mailing Address 9400 PEBBLE BEACH DR NE

City State Zip Code  
ALBUQUERQUE NM 87111

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

Name of Employer Occupation  
MICHAEL R THOMPSON DDS FAMILY MANAGER/ADMIN

Receipt For: 2007  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 8 / 2 0 0 7

Transaction ID: SA11AI.73629

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)  
MR JOHN W TIMMONS

Mailing Address 1444 BETHEL CHURCH RD

City State Zip Code  
ELKTON VA 22827

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

Name of Employer Occupation  
ROCKINGHAM MEMORIAL HOSPITAL PHYSICIAN

Receipt For: 2007  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
330.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 9 / 2 0 0 7

Transaction ID: SA11AI.71126

Amount of Each Receipt this Period

330.00

**C.**

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

Mailing Address 18747 SAN FELIPE ST

City State Zip Code  
FOUNTAIN VALLEY CA 92708

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2007  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 7 / 2 0 0 7

Transaction ID: SA11AI.73880

Amount of Each Receipt this Period

300.00

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

880.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 92 / 172  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
Campaign for Working Families

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

Mailing Address 18747 SAN FELIPE ST

City State Zip Code  
FOUNTAIN VALLEY CA 92708

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2007  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
800.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 30 / 2007

Transaction ID: SA11AI.73881

Amount of Each Receipt this Period  
300.00

**B.** Full Name (Last, First, Middle Initial)  
MR RICHARD TREAKLE

Mailing Address 510 PINE LN

City State Zip Code  
LOS ALTOS CA 94022

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

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

Receipt For: 2007  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
01 / 18 / 2007

Transaction ID: SA11AI.73993

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
MRS SUSAN L TURNER

Mailing Address 10 LONE PINE WAY

City State Zip Code  
COLORADO SPRINGS CO 80919

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

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

Receipt For: 2007  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
02 / 23 / 2007

Transaction ID: SA11AI.73493

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1050.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 93 / 172
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
Campaign for Working Families

**A.**

Full Name (Last, First, Middle Initial) PHILIPPE G VALLERAND		Date of Receipt MM / DD / YYYY 06 / 21 / 2007
Mailing Address 20716 121ST AVE SE		<b>Transaction ID:</b> SA11AI.74323
City State Zip Code SNOHOMISH WA 98296	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00
Name of Employer INFO REQUESTED- NOT RECD	Occupation INFO REQUESTED- NOT RECD	
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

**B.**

Full Name (Last, First, Middle Initial) DR MICK VANDEN-BOSCH		Date of Receipt MM / DD / YYYY 02 / 23 / 2007
Mailing Address 113 W SAINT ANDREWS DR		<b>Transaction ID:</b> SA11AI.72656
City State Zip Code SIOUX FALLS SD 57108	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00
Name of Employer NORTH IOWA EYE CLINIC	Occupation PHYSICIAN	
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

**C.**

Full Name (Last, First, Middle Initial) MR GORDON M VANSINGEL		Date of Receipt MM / DD / YYYY 04 / 10 / 2007
Mailing Address 3741 BAUER ROAD		<b>Transaction ID:</b> SA11AI.72292
City State Zip Code JENISON MI 49428	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00
Name of Employer INFO REQUESTED- NOT RECD	Occupation INFO REQUESTED- NOT RECD	
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 94 / 172  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
Campaign for Working Families

**A.**

Full Name (Last, First, Middle Initial)  
MRS VICTORIA L VESTUTO

Mailing Address 22926 FOXTAIL DR

City State Zip Code  
KILDEER IL 60047

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

Name of Employer Occupation  
VESTATO APPLICATION CONSU- LT SOFTWARE DEVELOPER

Receipt For: 2007  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 30 / 2007

**Transaction ID:** SA11AI.72740

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
MR MARK A WALKOTTEN

Mailing Address 3755 ACORN RIDGE CT NE

City State Zip Code  
GRAND RAPIDS MI 49525

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

Name of Employer Occupation  
CROWE CHIZEK & CO CPA

Receipt For: 2007  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 27 / 2007

**Transaction ID:** SA11AI.72310

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
MR DAVID E WARD, JR

Mailing Address PO BOX 329

City State Zip Code  
WIMAUMA FL 33598

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

Name of Employer Occupation  
CARDWALL FARMS BUSINESSMAN/ATTORNEY

Receipt For: 2007  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
04 / 18 / 2007

**Transaction ID:** SA11AI.71603

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1250.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 95 / 172  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
Campaign for Working Families

**A.**

Full Name (Last, First, Middle Initial)  
MRS JEAN R WARD

Mailing Address PO BOX 251

City PALM DESERT State CA Zip Code 92261

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

Name of Employer HOMEMAKER Occupation HOMEMAKER

Receipt For: 2007  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 06 / 15 / 2007  
**Transaction ID: SA11AI.73781**  
 Amount of Each Receipt this Period: 250.00

**B.**

Full Name (Last, First, Middle Initial)  
MRS WALTER H WELD

Mailing Address 29 MAIN ST

City DOVER State MA Zip Code 02030

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2007  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 06 / 21 / 2007  
**Transaction ID: SA11AI.70655**  
 Amount of Each Receipt this Period: 1000.00

**C.**

Full Name (Last, First, Middle Initial)  
MRS WARD A WHITEMAN

Mailing Address 4007 NORWOOD

City MIDLAND State TX Zip Code 79707

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

Name of Employer BURLINGTON RESOURCES Occupation GEOLOGIST

Receipt For: 2007  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 05 / 24 / 2007  
**Transaction ID: SA11AI.73392**  
 Amount of Each Receipt this Period: 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1750.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 96 / 172
	<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) MR TIM WINN		Date of Receipt
Mailing Address 3325 CAMINO VALLAREAL		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 04 / 2007
City State Zip Code ESCONDIDO CA 92029		<b>Transaction ID:</b> SA11AI.73751
FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>		Amount of Each Receipt this Period <input type="text"/> 1000.00
Name of Employer SELF	Occupation TRUSTEE	
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 1000.00	

**B.**

Full Name (Last, First, Middle Initial) MR DEREK M WOODS		Date of Receipt
Mailing Address 2910 VILLA CT		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 04 / 09 / 2007
City State Zip Code BETTENDORF LA 52722		<b>Transaction ID:</b> SA11AI.72441
FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>		Amount of Each Receipt this Period <input type="text"/> 250.00
Name of Employer CROWN CONSULTING- LLC	Occupation SELF-EMPLOYED	
Receipt For: 2007 <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) MR E M WOODYCLARK		Date of Receipt
Mailing Address PO BOX 1306		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 05 / 14 / 2007
City State Zip Code PENDLETON OR 97801		<b>Transaction ID:</b> SA11AI.74255
FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>		Amount of Each Receipt this Period <input type="text"/> 500.00
Name of Employer WOODPECKER TRUCK	Occupation TRUCK SALES	
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 1750.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 97 / 172  
(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)  
MR E M WOODYCLARK

Mailing Address PO BOX 1306

City State Zip Code  
PENDLETON OR 97801

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

Name of Employer Occupation  
WOODPECKER TRUCK TRUCK SALES

Receipt For: 2007  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  
MM / DD / YYYY  
06 / 15 / 2007

**Transaction ID:** SA11AI.74256

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
MRS JEANETTE F YANDOW

Mailing Address 1133 LONG POND RD

City State Zip Code  
ROCHESTER NY 14626

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2007  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
MM / DD / YYYY  
04 / 16 / 2007

**Transaction ID:** SA11AI.70857

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
MRS JEANETTE F YANDOW

Mailing Address 1133 LONG POND RD

City State Zip Code  
ROCHESTER NY 14626

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2007  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
650.00

Date of Receipt  
MM / DD / YYYY  
05 / 07 / 2007

**Transaction ID:** SA11AI.70858

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1500.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 98 / 172  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
Campaign for Working Families

**A.**

Full Name (Last, First, Middle Initial)  
MRS JEANETTE F YANDOW

Mailing Address 1133 LONG POND RD

City ROCHESTER State NY Zip Code 14626

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2007  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1150.00

Date of Receipt: 06 / 18 / 2007  
**Transaction ID: SA11AI.70859**  
 Amount of Each Receipt this Period: 500.00

**B.**

Full Name (Last, First, Middle Initial)  
MRS MARGARET C YELVERTON

Mailing Address 26 MYRTLE ISLAND CR

City BLUFFTON State SC Zip Code 29910

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

Name of Employer HOUSEWIFE Occupation HOUSEWIFE

Receipt For: 2007  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 06 / 18 / 2007  
**Transaction ID: SA11AI.71355**  
 Amount of Each Receipt this Period: 300.00

**C.**

Full Name (Last, First, Middle Initial)  
MR CHARLES M ZEISER

Mailing Address 510 ROLLING WAY

City SIGNAL MOUNTAIN State TN Zip Code 37377

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

Name of Employer SOUTHERN CHAMPION TRAY CO Occupation CHAIRMAN OF THE BOARD

Receipt For: 2007  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 06 / 28 / 2007  
**Transaction ID: SA11AI.71748**  
 Amount of Each Receipt this Period: 1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1800.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 99 / 172	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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 ELSIE ZUERCHER

Mailing Address 1556 SW SANTA FE LAKE ROAD

City State Zip Code  
TOWANDA KS 67144

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
HOUSEWORK PREVITE HOMES HOUSEKEEPER

Receipt For: 2007  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	5	/	2	0	0	7

Transaction ID: SA11AI.72987

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="500.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="195690.00"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 100 / 172  
(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) BB&T  
Mailing Address P.O. Box 580363

City State Zip Code  
Charlotte NC 28258

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2291.60

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 1 / 3 1 / 2 0 0 7

Transaction ID: SA17.74696

Amount of Each Receipt this Period  
2291.60

INTEREST INCOME

**B.** Full Name (Last, First, Middle Initial) BB&T  
Mailing Address P.O. Box 580363

City State Zip Code  
Charlotte NC 28258

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
4323.03

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 2 / 2 8 / 2 0 0 7

Transaction ID: SA17.74698

Amount of Each Receipt this Period  
2031.43

INTEREST INCOME

**C.** Full Name (Last, First, Middle Initial) BB&T  
Mailing Address P.O. Box 580363

City State Zip Code  
Charlotte NC 28258

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
6503.69

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 3 / 3 1 / 2 0 0 7

Transaction ID: SA17.74699

Amount of Each Receipt this Period  
2180.66

INTEREST INCOME

**SUBTOTAL** of Receipts This Page (optional) ..... ► **6503.69**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 101 / 172
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input checked="" type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) BB&T Mailing Address P.O. Box 580363		Date of Receipt MM / DD / YYYY 04 / 30 / 2007
	City State Zip Code Charlotte NC 28258		Transaction ID: SA17.74701
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 2018.05
	Name of Employer Occupation		INTEREST INCOME
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 8521.74		

<b>B.</b>	Full Name (Last, First, Middle Initial) BB&T Mailing Address P.O. Box 580363		Date of Receipt MM / DD / YYYY 05 / 31 / 2007
	City State Zip Code Charlotte NC 28258		Transaction ID: SA17.74703
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 2020.29
	Name of Employer Occupation		INTEREST INCOME
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 10542.03		

<b>C.</b>	Full Name (Last, First, Middle Initial) BB&T Mailing Address P.O. Box 580363		Date of Receipt MM / DD / YYYY 06 / 13 / 2007
	City State Zip Code Charlotte NC 28258		Transaction ID: SA17.74706
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 168.58
	Name of Employer Occupation		INTEREST INCOME
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 10710.61		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	4206.92
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 102 / 172  
(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)  
BB&T

Mailing Address P.O. Box 580363

City State Zip Code  
Charlotte NC 28258

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
12862.35

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	3	0	/	2	0	0	7

**Transaction ID:** SA17.74707

Amount of Each Receipt this Period  
2151.74

INTEREST INCOME

**B.**

Full Name (Last, First, Middle Initial)  
Suntrust

Mailing Address P.O. Box 622227

City State Zip Code  
Orlando FL 32862

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
411.42

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	3	1	/	2	0	0	7

**Transaction ID:** SA17.74695

Amount of Each Receipt this Period  
411.42

INTEREST INCOME

**C.**

Full Name (Last, First, Middle Initial)  
Suntrust

Mailing Address P.O. Box 622227

City State Zip Code  
Orlando FL 32862

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
807.71

Date of Receipt  

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

**Transaction ID:** SA17.74697

Amount of Each Receipt this Period  
396.29

INTEREST INCOME

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2959.45**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 103 / 172  
(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)  
Suntrust

Mailing Address P.O. Box 622227

City State Zip Code  
Orlando FL 32862

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1147.99

Date of Receipt  
MM / DD / YYYY  
03 / 31 / 2007

**Transaction ID:** SA17.74700

Amount of Each Receipt this Period  
340.28

INTEREST INCOME

**B.**

Full Name (Last, First, Middle Initial)  
Suntrust

Mailing Address P.O. Box 622227

City State Zip Code  
Orlando FL 32862

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1525.49

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2007

**Transaction ID:** SA17.74702

Amount of Each Receipt this Period  
377.50

INTEREST INCOME

**C.**

Full Name (Last, First, Middle Initial)  
Suntrust

Mailing Address P.O. Box 622227

City State Zip Code  
Orlando FL 32862

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1886.81

Date of Receipt  
MM / DD / YYYY  
05 / 31 / 2007

**Transaction ID:** SA17.74704

Amount of Each Receipt this Period  
361.32

INTEREST INCOME

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1079.10**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 104 / 172  
 (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)  
Suntrust

Mailing Address P.O. Box 622227

City	State	Zip Code
Orlando	FL	32862

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

Name of Employer	Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1887.32

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	3	1	/	2	0	0	7

Transaction ID: SA17.74705

Amount of Each Receipt this Period  
 0.51

INTEREST INCOME

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	0.51
<b>TOTAL</b> This Period (last page this line number only) .....	▶	14749.67

# 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 105 / 172

<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

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) <b>ACCESS BANK</b></p> <p>Mailing Address 1800 ROBERT FULTON DRIVE</p> <p>City RESTON State VA Zip Code 20191</p> <p>Purpose of Disbursement Bank Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.74450</p> <p>Date of Disbursement 01 / 01 / 2007</p> <p>Amount of Each Disbursement this Period 472.29</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) <b>ACCESS BANK</b></p> <p>Mailing Address 1800 ROBERT FULTON DRIVE</p> <p>City RESTON State VA Zip Code 20191</p> <p>Purpose of Disbursement Credit Card Processing Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.74451</p> <p>Date of Disbursement 01 / 02 / 2007</p> <p>Amount of Each Disbursement this Period 27.38</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) <b>ACCESS BANK</b></p> <p>Mailing Address 1800 ROBERT FULTON DRIVE</p> <p>City RESTON State VA Zip Code 20191</p> <p>Purpose of Disbursement Credit Card Processing</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.74453</p> <p>Date of Disbursement 02 / 05 / 2007</p> <p>Amount of Each Disbursement this Period 81.55</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>581.22</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 106 / 172

<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) <b>ACCESS BANK</b>	<b>Transaction ID: SB21B.74454</b>
	Mailing Address 1800 ROBERT FULTON DRIVE	Date of Disbursement 02 / 05 / 2007
	City RESTON State VA Zip Code 20191	Amount of Each Disbursement this Period 529.52
	Purpose of Disbursement CREDIT CARD PROCESSING FEES	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) <b>ACCESS BANK</b>	<b>Transaction ID: SB21B.74456</b>
	Mailing Address 1800 ROBERT FULTON DRIVE	Date of Disbursement 03 / 01 / 2007
	City RESTON State VA Zip Code 20191	Amount of Each Disbursement this Period 63.53
	Purpose of Disbursement CREDIT CARD PROCESSING FEES	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) <b>ACCESS BANK</b>	<b>Transaction ID: SB21B.74457</b>
	Mailing Address 1800 ROBERT FULTON DRIVE	Date of Disbursement 03 / 01 / 2007
	City RESTON State VA Zip Code 20191	Amount of Each Disbursement this Period 72.30
	Purpose of Disbursement CREDIT CARD PROCESSING	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>665.35</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 107 / 172

<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) <b>ACCESS BANK</b>	<b>Transaction ID: SB21B.74478</b>
	Mailing Address 1800 ROBERT FULTON DRIVE	Date of Disbursement MM / DD / YYYY 03 / 08 / 2007
	City RESTON State VA Zip Code 20191	Amount of Each Disbursement this Period 51.80
	Purpose of Disbursement CHECKS AND DEPOSIT TICKETS	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) <b>ACCESS BANK</b>	<b>Transaction ID: SB21B.74459</b>
	Mailing Address 1800 ROBERT FULTON DRIVE	Date of Disbursement MM / DD / YYYY 04 / 01 / 2007
	City RESTON State VA Zip Code 20191	Amount of Each Disbursement this Period 56.69
	Purpose of Disbursement CREDIT CARD PROCESSING FEES	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) <b>ACCESS BANK</b>	<b>Transaction ID: SB21B.74461</b>
	Mailing Address 1800 ROBERT FULTON DRIVE	Date of Disbursement MM / DD / YYYY 04 / 01 / 2007
	City RESTON State VA Zip Code 20191	Amount of Each Disbursement this Period 0.58
	Purpose of Disbursement CREDIT CARD PROCESSING FEES	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>109.07</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 108 / 172

<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) <b>ACCESS BANK</b>	<b>Transaction ID: SB21B.74463</b>
	Mailing Address 1800 ROBERT FULTON DRIVE	Date of Disbursement MM / DD / YYYY 05 / 01 / 2007
	City RESTON State VA Zip Code 20191	Amount of Each Disbursement this Period 13.16
	Purpose of Disbursement CREDIT CARD PROCESSING	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) <b>ACCESS BANK</b>	<b>Transaction ID: SB21B.74464</b>
	Mailing Address 1800 ROBERT FULTON DRIVE	Date of Disbursement MM / DD / YYYY 05 / 01 / 2007
	City RESTON State VA Zip Code 20191	Amount of Each Disbursement this Period 257.65
	Purpose of Disbursement CREDIT CARD PROCESSING	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) <b>ACCESS BANK</b>	<b>Transaction ID: SB21B.74465</b>
	Mailing Address 1800 ROBERT FULTON DRIVE	Date of Disbursement MM / DD / YYYY 05 / 01 / 2007
	City RESTON State VA Zip Code 20191	Amount of Each Disbursement this Period 13.00
	Purpose of Disbursement CREDIT CARD PROCESSING	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>283.81</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 109 / 172

<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) <b>ACCESS BANK</b>	<b>Transaction ID: SB21B.74467</b>
	Mailing Address 1800 ROBERT FULTON DRIVE	Date of Disbursement 05 / 23 / 2007
	City RESTON State VA Zip Code 20191	Amount of Each Disbursement this Period 0.95
	Purpose of Disbursement CREDIT CARD PROCESSING FEES	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) <b>ACCESS BANK</b>	<b>Transaction ID: SB21B.74468</b>
	Mailing Address 1800 ROBERT FULTON DRIVE	Date of Disbursement 06 / 01 / 2007
	City RESTON State VA Zip Code 20191	Amount of Each Disbursement this Period 6.01
	Purpose of Disbursement CREDIT CARD PROCESSING FEES	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) <b>ACCESS BANK</b>	<b>Transaction ID: SB21B.74470</b>
	Mailing Address 1800 ROBERT FULTON DRIVE	Date of Disbursement 06 / 15 / 2007
	City RESTON State VA Zip Code 20191	Amount of Each Disbursement this Period 294.03
	Purpose of Disbursement CREDIT CARD PROCESSING FEES	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>300.99</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 110 / 172

<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) <b>ACCESS BANK</b>	<b>Transaction ID:</b> SB21B.74471
	Mailing Address 1800 ROBERT FULTON DRIVE	Date of Disbursement MM / DD / YYYY 06 / 19 / 2007
	City RESTON State VA Zip Code 20191	Amount of Each Disbursement this Period 1.63
	Purpose of Disbursement CREDIT CARD PROCESSING FEES	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) <b>ACCESS BANK</b>	<b>Transaction ID:</b> SB21B.74472
	Mailing Address 1800 ROBERT FULTON DRIVE	Date of Disbursement MM / DD / YYYY 06 / 25 / 2007
	City RESTON State VA Zip Code 20191	Amount of Each Disbursement this Period 3.25
	Purpose of Disbursement CREDIT CARD PROCESSING FEES	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) <b>ACCESS BANK</b>	<b>Transaction ID:</b> SB21B.74473
	Mailing Address 1800 ROBERT FULTON DRIVE	Date of Disbursement MM / DD / YYYY 06 / 25 / 2007
	City RESTON State VA Zip Code 20191	Amount of Each Disbursement this Period 1.63
	Purpose of Disbursement CREDIT CARD PROCESSING FEES	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	6.51
<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

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) <b>ACCESS BANK</b>	<b>Transaction ID: SB21B.74474</b>
	Mailing Address 1800 ROBERT FULTON DRIVE	Date of Disbursement 06 / 26 / 2007
	City RESTON State VA Zip Code 20191	Amount of Each Disbursement this Period 3.74
	Purpose of Disbursement CREDIT CARD PROCESSING 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) <b>ACCESS BANK</b>	<b>Transaction ID: SB21B.74475</b>
	Mailing Address 1800 ROBERT FULTON DRIVE	Date of Disbursement 06 / 30 / 2007
	City RESTON State VA Zip Code 20191	Amount of Each Disbursement this Period 973.36
	Purpose of Disbursement CREDIT CARD PROCESSING 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:	

C.	Full Name (Last, First, Middle Initial) <b>ADVANCED DIGITAL SOLUTIONS</b>	<b>Transaction ID: SB21B.74553</b>
	Mailing Address 10680 Main Street	Date of Disbursement 03 / 26 / 2007
	City Fairfax State VA Zip Code 22030	Amount of Each Disbursement this Period 2250.00
	Purpose of Disbursement COMPUTER SUPPORT	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>3227.10</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 112 / 172

<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) <b>ADVANCED DIGITAL SOLUTIONS</b>	<b>Transaction ID: SB21B.74614</b>
	Mailing Address 10680 Main Street	Date of Disbursement MM / DD / YYYY 06 / 06 / 2007
	City State Zip Code Fairfax VA 22030	Amount of Each Disbursement this Period 1125.00
	Purpose of Disbursement COMPUTER SERVICES	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) <b>AMERICAN VALUES</b>	<b>Transaction ID: SB21B.74527</b>
	Mailing Address 2800 Shirlington Road Suite 950	Date of Disbursement MM / DD / YYYY 02 / 16 / 2007
	City State Zip Code Arlington VA 22206	Amount of Each Disbursement this Period 735.10
	Purpose of Disbursement PAC - LIST RENTAL FEES	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) <b>Gary Bauer</b>	<b>Transaction ID: SB21B.74481</b>
	Mailing Address 2800 Shirlington Road	Date of Disbursement MM / DD / YYYY 01 / 07 / 2007
	City State Zip Code Arlington VA 22206	Amount of Each Disbursement this Period 28800.00
	Purpose of Disbursement CONSULTING - POLITICAL FUNDRAISING	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>30660.10</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 113 / 172

<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

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Gary Bauer</p> <p>Mailing Address 2800 Shirlington Road</p> <p>City Arlington State VA Zip Code 22206</p> <p>Purpose of Disbursement CONSULTING - POLITICAL FUNDRAISING</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.74511</p> <p>Date of Disbursement 01 / 29 / 2007</p> <p>Amount of Each Disbursement this Period 8800.00</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Gary Bauer</p> <p>Mailing Address 2800 Shirlington Road</p> <p>City Arlington State VA Zip Code 22206</p> <p>Purpose of Disbursement CONSULTING - POLITICAL FUNDRAISING</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.74539</p> <p>Date of Disbursement 02 / 27 / 2007</p> <p>Amount of Each Disbursement this Period 8000.00</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Gary Bauer</p> <p>Mailing Address 2800 Shirlington Road</p> <p>City Arlington State VA Zip Code 22206</p> <p>Purpose of Disbursement CONSULTING - POLITICAL FUNDRAISING</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.74560</p> <p>Date of Disbursement 03 / 26 / 2007</p> <p>Amount of Each Disbursement this Period 8000.00</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	24800.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 114 / 172

<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) Gary Bauer	Transaction ID: SB21B.74586 Date of Disbursement 04 / 27 / 2007
	Mailing Address 2800 Shirlington Road	Amount of Each Disbursement this Period 8000.00
	City Arlington State VA Zip Code 22206	
	Purpose of Disbursement CONSULTING - POLITICAL FUNDRAISING	
	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.	Full Name (Last, First, Middle Initial) Gary Bauer	Transaction ID: SB21B.74609 Date of Disbursement 05 / 24 / 2007
	Mailing Address 2800 Shirlington Road	Amount of Each Disbursement this Period 8000.00
	City Arlington State VA Zip Code 22206	
	Purpose of Disbursement CONSULTING - POLITICAL FUNDRAISING	
	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) ▼

C.	Full Name (Last, First, Middle Initial) Gary Bauer	Transaction ID: SB21B.74627 Date of Disbursement 06 / 25 / 2007
	Mailing Address 2800 Shirlington Road	Amount of Each Disbursement this Period 8000.00
	City Arlington State VA Zip Code 22206	
	Purpose of Disbursement CONSULTING - POLITICAL FUNDRAISING	
	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) .....	▶	24000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input 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) BB&T	Transaction ID: SB21B.74446
	Mailing Address P.O. Box 580363	Date of Disbursement 03 / 22 / 2007
	City Charlotte State NC Zip Code 28258	Amount of Each Disbursement this Period 95.41
	Purpose of Disbursement Bank Fees	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) BB&T	Transaction ID: SB21B.74462
	Mailing Address P.O. Box 580363	Date of Disbursement 04 / 15 / 2007
	City Charlotte State NC Zip Code 28258	Amount of Each Disbursement this Period 5.00
	Purpose of Disbursement CREDIT CARD PROCESSING	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) BB&T	Transaction ID: SB21B.74447
	Mailing Address P.O. Box 580363	Date of Disbursement 04 / 22 / 2007
	City Charlotte State NC Zip Code 28258	Amount of Each Disbursement this Period 88.97
	Purpose of Disbursement Bank Fees	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	189.38
<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 116 / 172

<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) BB&T	Transaction ID: SB21B.74466
	Mailing Address P.O. Box 580363	Date of Disbursement 05 / 15 / 2007
	City Charlotte State NC Zip Code 28258	Amount of Each Disbursement this Period 5.00
	Purpose of Disbursement CREDIT CARD PROCESSING FEES	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) BB&T	Transaction ID: SB21B.74448
	Mailing Address P.O. Box 580363	Date of Disbursement 05 / 22 / 2007
	City Charlotte State NC Zip Code 28258	Amount of Each Disbursement this Period 101.40
	Purpose of Disbursement Bank Fees	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) BB&T	Transaction ID: SB21B.74458
	Mailing Address P.O. Box 580363	Date of Disbursement 06 / 15 / 2007
	City Charlotte State NC Zip Code 28258	Amount of Each Disbursement this Period 5.00
	Purpose of Disbursement CREDIT CARD PROCESSING FEES	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>111.40</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) BB&amp;T</p> <p>Mailing Address P.O. Box 580363</p> <p>City Charlotte State NC Zip Code 28258</p> <p>Purpose of Disbursement CREDIT CARD PROCESSING FEES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.74469</p> <p>Date of Disbursement 06 / 15 / 2007</p> <p>Amount of Each Disbursement this Period 5.00</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) BB&amp;T</p> <p>Mailing Address P.O. Box 580363</p> <p>City Charlotte State NC Zip Code 28258</p> <p>Purpose of Disbursement FEDERAL TAXES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.74551</p> <p>Date of Disbursement 06 / 15 / 2007</p> <p>Amount of Each Disbursement this Period 6826.53</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) BB&amp;T</p> <p>Mailing Address P.O. Box 580363</p> <p>City Charlotte State NC Zip Code 28258</p> <p>Purpose of Disbursement Bank Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.74449</p> <p>Date of Disbursement 06 / 22 / 2007</p> <p>Amount of Each Disbursement this Period 89.35</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>6920.88</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: (check only one)

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

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) <b>CAPITOL ADVANTAGE</b>	<b>Transaction ID:</b> SB21B.74646
	Mailing Address P.O. 1223	Date of Disbursement 01 / 29 / 2007
	City McLean State VA Zip Code 22101	Amount of Each Disbursement this Period 1500.00
	Purpose of Disbursement DUES AND SUBSCRIPTIONS	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) <b>CAPITOL ADVANTAGE</b>	<b>Transaction ID:</b> SB21B.74652
	Mailing Address P.O. 1223	Date of Disbursement 03 / 26 / 2007
	City McLean State VA Zip Code 22101	Amount of Each Disbursement this Period 1500.00
	Purpose of Disbursement DUES AND SUBSCRIPTIONS	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) <b>CAPITOL ADVANTAGE</b>	<b>Transaction ID:</b> SB21B.74668
	Mailing Address P.O. 1223	Date of Disbursement 06 / 25 / 2007
	City McLean State VA Zip Code 22101	Amount of Each Disbursement this Period 1500.00
	Purpose of Disbursement DUES AND SUBSCRIPTIONS	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>4500.00</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 119 / 172

<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) COVAD COMMUNICATIONS	Transaction ID: SB21B.74540 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>3</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	3		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	3		2	0	0	7												
	City SAN FRANCISCO State CA Zip Code 94139-0001	Amount of Each Disbursement this Period																			
	Purpose of Disbursement COMPUTER SERVICES	<table border="1"><tr><td>102.47</td></tr></table>	102.47																		
102.47																					
	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.	Full Name (Last, First, Middle Initial) COVAD COMMUNICATIONS	Transaction ID: SB21B.74568 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>4</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	1		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		1	1		2	0	0	7												
	City SAN FRANCISCO State CA Zip Code 94139-0001	Amount of Each Disbursement this Period																			
	Purpose of Disbursement COMPUTER SERVICES	<table border="1"><tr><td>102.48</td></tr></table>	102.48																		
102.48																					
	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) ▼																			

C.	Full Name (Last, First, Middle Initial) COVAD COMMUNICATIONS	Transaction ID: SB21B.74588 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>5</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		0	8		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		0	8		2	0	0	7												
	City SAN FRANCISCO State CA Zip Code 94139-0001	Amount of Each Disbursement this Period																			
	Purpose of Disbursement COMPUTER SERVICES	<table border="1"><tr><td>102.47</td></tr></table>	102.47																		
102.47																					
	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) .....	<table border="1"><tr><td>307.42</td></tr></table>	307.42
307.42		
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"><tr><td></td></tr></table>	

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 120 / 172

<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) COVAD COMMUNICATIONS	Transaction ID: SB21B.74615 Date of Disbursement
	Mailing Address P.O. BOX 39000	<input type="text" value="06"/> / <input type="text" value="06"/> / <input type="text" value="2007"/>
	City SAN FRANCISCO State CA Zip Code 94139-0001	Amount of Each Disbursement this Period
	Purpose of Disbursement COMPUTER SERVICES	<input type="text" value="102.48"/>
	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.	Full Name (Last, First, Middle Initial) COVAD COMMUNICATIONS	Transaction ID: SB21B.74632 Date of Disbursement
	Mailing Address P.O. BOX 39000	<input type="text" value="06"/> / <input type="text" value="26"/> / <input type="text" value="2007"/>
	City SAN FRANCISCO State CA Zip Code 94139-0001	Amount of Each Disbursement this Period
	Purpose of Disbursement COMPUTER SERVICES	<input type="text" value="102.47"/>
	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) ▼

C.	Full Name (Last, First, Middle Initial) COVINGTON & BURLING	Transaction ID: SB21B.74508 Date of Disbursement
	Mailing Address 1201 Pennsylvania Ave., NW	<input type="text" value="01"/> / <input type="text" value="29"/> / <input type="text" value="2007"/>
	City Washington State DC Zip Code 20044	Amount of Each Disbursement this Period
	Purpose of Disbursement PAC - LEGAL FEES	<input type="text" value="827.50"/>
	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) .....	<input type="text" value="1032.45"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 121 / 172

<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

<b>A.</b>	Full Name (Last, First, Middle Initial) <b>COVINGTON &amp; BURLING</b>  Mailing Address 1201 Pennsylvania Ave., NW  City Washington State DC Zip Code 20044 Purpose of Disbursement PAC - LEGAL 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) ▼	Transaction ID: SB21B.74623 Date of Disbursement 06 / 25 / 2007  Amount of Each Disbursement this Period 280.00  Category/Type
<b>B.</b>	Full Name (Last, First, Middle Initial) <b>CT Corporation</b>  Mailing Address P.O. Box 4349  City Carol Stream State IL Zip Code 60197 Purpose of Disbursement REGISTERED AGENT FEE 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) ▼	Transaction ID: SB21B.74516 Date of Disbursement 02 / 08 / 2007  Amount of Each Disbursement this Period 320.00  Category/Type
<b>C.</b>	Full Name (Last, First, Middle Initial) <b>DC Treasurer</b>  Mailing Address P.O. Box 7862  City Washington State DC Zip Code 20044 Purpose of Disbursement DISTRICT TAXES 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) ▼	Transaction ID: SB21B.74552 Date of Disbursement 03 / 15 / 2007  Amount of Each Disbursement this Period 2229.00  Category/Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2829.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 122 / 172

<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

<b>A.</b>	Full Name (Last, First, Middle Initial) DEER PARK  Mailing Address P.O. Box 52271  City Phoenix State AZ Zip Code 85072  Purpose of Disbursement OFFICE EXPENSE Candidate Name <span style="float: right;">Category/Type</span>  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:	Transaction ID: SB21B.74633 Date of Disbursement 06 / 26 / 2007  Amount of Each Disbursement this Period 24.55
<b>B.</b>	Full Name (Last, First, Middle Initial) FRC  Mailing Address 801 G STREET  City WASHINGTON State DC Zip Code 20002  Purpose of Disbursement MEETING ROOM RENTAL EXPENSE Candidate Name <span style="float: right;">Category/Type</span>  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:	Transaction ID: SB21B.74531 Date of Disbursement 02 / 16 / 2007  Amount of Each Disbursement this Period 300.00
<b>C.</b>	Full Name (Last, First, Middle Initial) FRC  Mailing Address 801 G STREET  City WASHINGTON State DC Zip Code 20002  Purpose of Disbursement MEETING ROOM RENTAL EXPENSE Candidate Name <span style="float: right;">Category/Type</span>  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:	Transaction ID: SB21B.74571 Date of Disbursement 04 / 11 / 2007  Amount of Each Disbursement this Period 100.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	424.55
<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 123 / 172

<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) FRC	Transaction ID: SB21B.74625 Date of Disbursement 06 / 25 / 2007
	Mailing Address 801 G STREET	Amount of Each Disbursement this Period 200.00
	City WASHINGTON State DC Zip Code 20002	
	Purpose of Disbursement MEETING ROOM RENTAL EXPENSE 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.	Full Name (Last, First, Middle Initial) HELLER INFORMATION SERVICES	Transaction ID: SB21B.74580 Date of Disbursement 04 / 24 / 2007
	Mailing Address 12450 Parklawn Drive	Amount of Each Disbursement this Period 540.00
	City Rockville State MD Zip Code 20852	
	Purpose of Disbursement WEB HOSTING 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) ▼

C.	Full Name (Last, First, Middle Initial) INKWELL, INC	Transaction ID: SB21B.74637 Date of Disbursement 01 / 17 / 2007
	Mailing Address 1973 COUNTY ROAD C2 WEST	Amount of Each Disbursement this Period 2532.94
	City ROSEVILLE State MN Zip Code 55113	
	Purpose of Disbursement PAC - DIRECT MAIL PRODUCTION 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) .....	▶	3272.94
<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 124 / 172

<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

<b>A.</b>	Full Name (Last, First, Middle Initial) <b>INKWELL, INC</b>	<b>Transaction ID:</b> SB21B.74640 <b>Date of Disbursement</b>	<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>3</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	3		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		1	3		2	0	0	7														
	Mailing Address 1973 COUNTY ROAD C2 WEST		<table border="1"> <tr> <td colspan="10">Amount of Each Disbursement this Period</td> </tr> <tr> <td colspan="10" style="text-align: center;">1820.83</td> </tr> </table>	Amount of Each Disbursement this Period										1820.83									
Amount of Each Disbursement this Period																							
1820.83																							
	City ROSEVILLE State MN Zip Code 55113 Purpose of Disbursement PAC - DIRECT MAIL POSTAGE Candidate Name		<table border="1"> <tr> <td>Category/ Type</td> </tr> </table>	Category/ Type																			
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>B.</b>	Full Name (Last, First, Middle Initial) <b>INKWELL, INC</b>	<b>Transaction ID:</b> SB21B.74659 <b>Date of Disbursement</b>	<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>4</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	5		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	4		2	5		2	0	0	7														
	Mailing Address 1973 COUNTY ROAD C2 WEST		<table border="1"> <tr> <td colspan="10">Amount of Each Disbursement this Period</td> </tr> <tr> <td colspan="10" style="text-align: center;">3234.00</td> </tr> </table>	Amount of Each Disbursement this Period										3234.00									
Amount of Each Disbursement this Period																							
3234.00																							
	City ROSEVILLE State MN Zip Code 55113 Purpose of Disbursement PAC - DIRECT MAIL PRODUCTION Candidate Name		<table border="1"> <tr> <td>Category/ Type</td> </tr> </table>	Category/ Type																			
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>C.</b>	Full Name (Last, First, Middle Initial) <b>INKWELL, INC</b>	<b>Transaction ID:</b> SB21B.74662 <b>Date of Disbursement</b>	<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>4</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	7		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	4		2	7		2	0	0	7														
	Mailing Address 1973 COUNTY ROAD C2 WEST		<table border="1"> <tr> <td colspan="10">Amount of Each Disbursement this Period</td> </tr> <tr> <td colspan="10" style="text-align: center;">3217.89</td> </tr> </table>	Amount of Each Disbursement this Period										3217.89									
Amount of Each Disbursement this Period																							
3217.89																							
	City ROSEVILLE State MN Zip Code 55113 Purpose of Disbursement PAC - DIRECT MAIL PRODUCTION Candidate Name		<table border="1"> <tr> <td>Category/ Type</td> </tr> </table>	Category/ Type																			
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) .....	<b>8272.72</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 126 / 172

<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

<b>A.</b>	Full Name (Last, First, Middle Initial) LEXIS NEXIS  Mailing Address P.O. Box 7247-7090  City Philadelphia State PA Zip Code 19170  Purpose of Disbursement DUES AND SUBSCRIPTIONS  Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.74492 Date of Disbursement 01 / 17 / 2007  Amount of Each Disbursement this Period 350.00
<b>B.</b>	Full Name (Last, First, Middle Initial) LEXIS NEXIS  Mailing Address P.O. Box 7247-7090  City Philadelphia State PA Zip Code 19170  Purpose of Disbursement DUES AND SUBSCRIPTIONS  Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.74532 Date of Disbursement 02 / 16 / 2007  Amount of Each Disbursement this Period 350.00
<b>C.</b>	Full Name (Last, First, Middle Initial) LEXIS NEXIS  Mailing Address P.O. Box 7247-7090  City Philadelphia State PA Zip Code 19170  Purpose of Disbursement DUES AND SUBSCRIPTIONS  Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.74561 Date of Disbursement 03 / 26 / 2007  Amount of Each Disbursement this Period 350.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1050.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER: (check only one)

<input 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) LEXIS NEXIS	Transaction ID: SB21B.74572
	Mailing Address P.O. Box 7247-7090	Date of Disbursement 04 / 11 / 2007
	City Philadelphia State PA Zip Code 19170	Amount of Each Disbursement this Period 350.00
	Purpose of Disbursement DUES AND 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:	

B.	Full Name (Last, First, Middle Initial) LEXIS NEXIS	Transaction ID: SB21B.74593
	Mailing Address P.O. Box 7247-7090	Date of Disbursement 05 / 08 / 2007
	City Philadelphia State PA Zip Code 19170	Amount of Each Disbursement this Period 350.00
	Purpose of Disbursement DUES AND 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) LEXIS NEXIS	Transaction ID: SB21B.74628
	Mailing Address P.O. Box 7247-7090	Date of Disbursement 06 / 25 / 2007
	City Philadelphia State PA Zip Code 19170	Amount of Each Disbursement this Period 350.00
	Purpose of Disbursement DUES AND 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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1050.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 128 / 172

<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) LEXIS NEXIS	Transaction ID: SB21B.74634 Date of Disbursement 06 / 26 / 2007
	Mailing Address P.O. Box 7247-7090	Amount of Each Disbursement this Period 350.00
	City Philadelphia State PA Zip Code 19170	
	Purpose of Disbursement DUES AND SUBSCRIPTIONS	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) LPS	Transaction ID: SB21B.74493 Date of Disbursement 01 / 17 / 2007
	Mailing Address P.O. BOX 2325	Amount of Each Disbursement this Period 309.20
	City FAIRFAX State VA Zip Code 22031	
	Purpose of Disbursement PAC - DATA PROCESSING SERVICES	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) LPS	Transaction ID: SB21B.74512 Date of Disbursement 01 / 29 / 2007
	Mailing Address P.O. BOX 2325	Amount of Each Disbursement this Period 750.73
	City FAIRFAX State VA Zip Code 22031	
	Purpose of Disbursement PAC - DATA PROCESSING SERVICES	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1409.93
<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 129 / 172

<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) LPS	Transaction ID: SB21B.74520 Date of Disbursement 02 / 08 / 2007
	Mailing Address P.O. BOX 2325	Amount of Each Disbursement this Period 164.49
	City FAIRFAX State VA Zip Code 22031	
	Purpose of Disbursement PAC - DATA PROCESSING 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.	Full Name (Last, First, Middle Initial) LPS	Transaction ID: SB21B.74533 Date of Disbursement 02 / 16 / 2007
	Mailing Address P.O. BOX 2325	Amount of Each Disbursement this Period 360.25
	City FAIRFAX State VA Zip Code 22031	
	Purpose of Disbursement PAC - DATA PROCESSING 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) ▼

C.	Full Name (Last, First, Middle Initial) LPS	Transaction ID: SB21B.74546 Date of Disbursement 03 / 13 / 2007
	Mailing Address P.O. BOX 2325	Amount of Each Disbursement this Period 395.44
	City FAIRFAX State VA Zip Code 22031	
	Purpose of Disbursement PAC - DATA PROCESSING 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) .....	▶	920.18
<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 130 / 172

<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) LPS	Transaction ID: SB21B.74562 Date of Disbursement 03 / 26 / 2007
	Mailing Address P.O. BOX 2325	Amount of Each Disbursement this Period 207.01
	City FAIRFAX State VA Zip Code 22031	
	Purpose of Disbursement PAC - DATA PROCESSING 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.	Full Name (Last, First, Middle Initial) LPS	Transaction ID: SB21B.74573 Date of Disbursement 04 / 11 / 2007
	Mailing Address P.O. BOX 2325	Amount of Each Disbursement this Period 709.42
	City FAIRFAX State VA Zip Code 22031	
	Purpose of Disbursement PAC - DATA PROCESSING 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) ▼

C.	Full Name (Last, First, Middle Initial) LPS	Transaction ID: SB21B.74594 Date of Disbursement 05 / 08 / 2007
	Mailing Address P.O. BOX 2325	Amount of Each Disbursement this Period 450.16
	City FAIRFAX State VA Zip Code 22031	
	Purpose of Disbursement PAC - DATA PROCESSING 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) .....	▶	1366.59
<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

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) LPS	Transaction ID: SB21B.74610 Date of Disbursement 05 / 24 / 2007
	Mailing Address P.O. BOX 2325	Amount of Each Disbursement this Period 106.00
	City FAIRFAX State VA Zip Code 22031	
	Purpose of Disbursement PAC - DATA PROCESSING 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.	Full Name (Last, First, Middle Initial) LPS	Transaction ID: SB21B.74618 Date of Disbursement 06 / 06 / 2007
	Mailing Address P.O. BOX 2325	Amount of Each Disbursement this Period 25.00
	City FAIRFAX State VA Zip Code 22031	
	Purpose of Disbursement PAC - DATA PROCESSING 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) ▼

C.	Full Name (Last, First, Middle Initial) LPS	Transaction ID: SB21B.74629 Date of Disbursement 06 / 25 / 2007
	Mailing Address P.O. BOX 2325	Amount of Each Disbursement this Period 486.00
	City FAIRFAX State VA Zip Code 22031	
	Purpose of Disbursement PAC - DATA PROCESSING 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) .....	▶	617.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 132 / 172

<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) LPS	Transaction ID: SB21B.74635
	Mailing Address P.O. BOX 2325	Date of Disbursement 06 / 26 / 2007
	City FAIRFAX State VA Zip Code 22031	Amount of Each Disbursement this Period 372.77
	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 State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) MGP Shirlington Gateway	Transaction ID: SB21B.74484
	Mailing Address P.O. Box 201630	Date of Disbursement 01 / 02 / 2007
	City Dallas State TX Zip Code 75320	Amount of Each Disbursement this Period 2278.36
	Purpose of Disbursement RENT	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) MGP Shirlington Gateway	Transaction ID: SB21B.74504
	Mailing Address P.O. Box 201630	Date of Disbursement 01 / 29 / 2007
	City Dallas State TX Zip Code 75320	Amount of Each Disbursement this Period 2278.36
	Purpose of Disbursement RENT	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	4929.49
<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 133 / 172

<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) MGP Shirlington Gateway	Transaction ID: SB21B.74536
	Mailing Address P.O. Box 201630	Date of Disbursement MM / DD / YYYY 02 / 27 / 2007
	City Dallas State TX Zip Code 75320	Amount of Each Disbursement this Period 2278.36
	Purpose of Disbursement RENT	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
	State: District:	<input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) MGP Shirlington Gateway	Transaction ID: SB21B.74555
	Mailing Address P.O. Box 201630	Date of Disbursement MM / DD / YYYY 03 / 26 / 2007
	City Dallas State TX Zip Code 75320	Amount of Each Disbursement this Period 1870.68
	Purpose of Disbursement RENT	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
	State: District:	<input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) MGP Shirlington Gateway	Transaction ID: SB21B.74583
	Mailing Address P.O. Box 201630	Date of Disbursement MM / DD / YYYY 04 / 27 / 2007
	City Dallas State TX Zip Code 75320	Amount of Each Disbursement this Period 2278.36
	Purpose of Disbursement RENT	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
	State: District:	<input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	6427.40
<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 134 / 172

<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) MGP Shirlington Gateway	Transaction ID: SB21B.74587
	Mailing Address P.O. Box 201630	Date of Disbursement MM / DD / YYYY 05 / 08 / 2007
	City Dallas State TX Zip Code 75320	Amount of Each Disbursement this Period 657.52
	Purpose of Disbursement RENT	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) MGP Shirlington Gateway	Transaction ID: SB21B.74605
	Mailing Address P.O. Box 201630	Date of Disbursement MM / DD / YYYY 05 / 24 / 2007
	City Dallas State TX Zip Code 75320	Amount of Each Disbursement this Period 2382.89
	Purpose of Disbursement RENT	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) MGP Shirlington Gateway	Transaction ID: SB21B.74620
	Mailing Address P.O. Box 201630	Date of Disbursement MM / DD / YYYY 06 / 25 / 2007
	City Dallas State TX Zip Code 75320	Amount of Each Disbursement this Period 2382.89
	Purpose of Disbursement RENT	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	5423.30
<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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) <b>MILLERS OFFICE SUPPLY</b> <hr/> Mailing Address P.O. Box 990098 <hr/> City Hartford State CT Zip Code 06199 <hr/> Purpose of Disbursement OFFICE SUPPLIES Candidate Name <span style="float: right;">Category/Type</span> <hr/> 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>Transaction ID: SB21B.74521</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 8 / 2 0 0 7 <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: right;">9.96</div>
<b>B.</b>	Full Name (Last, First, Middle Initial) <b>MILLERS OFFICE SUPPLY</b> <hr/> Mailing Address P.O. Box 990098 <hr/> City Hartford State CT Zip Code 06199 <hr/> Purpose of Disbursement OFFICE SUPPLIES Candidate Name <span style="float: right;">Category/Type</span> <hr/> 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>Transaction ID: SB21B.74547</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 7 <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: right;">61.06</div>
<b>C.</b>	Full Name (Last, First, Middle Initial) <b>MILLERS OFFICE SUPPLY</b> <hr/> Mailing Address P.O. Box 990098 <hr/> City Hartford State CT Zip Code 06199 <hr/> Purpose of Disbursement OFFICE SUPPLIES Candidate Name <span style="float: right;">Category/Type</span> <hr/> 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>Transaction ID: SB21B.74574</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 2 / 2 0 0 7 <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: right;">60.27</div>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<div style="border: 1px solid black; padding: 5px;">131.29</div>
<b>TOTAL</b> This Period (last page this line number only) .....	<div style="border: 1px solid black; padding: 5px; height: 20px;"></div>



# 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 137 / 172

<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) Bill Moeller	Transaction ID: SB21B.74537 Date of Disbursement 02 / 27 / 2007
	Mailing Address 2800 Shirlington Road #930	Amount of Each Disbursement this Period 2300.00
	City Arlington State VA Zip Code 22206	
	Purpose of Disbursement CONSULTING - POLITICAL RESEARCHER	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Bill Moeller	Transaction ID: SB21B.74557 Date of Disbursement 03 / 26 / 2007
	Mailing Address 2800 Shirlington Road #930	Amount of Each Disbursement this Period 2300.00
	City Arlington State VA Zip Code 22206	
	Purpose of Disbursement CONSULTING - POLITICAL RESEARCHER	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Bill Moeller	Transaction ID: SB21B.74564 Date of Disbursement 03 / 27 / 2007
	Mailing Address 2800 Shirlington Road #930	Amount of Each Disbursement this Period 20.31
	City Arlington State VA Zip Code 22206	
	Purpose of Disbursement TRAVEL EXPENSE REIMBURSEMENT	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	4620.31
<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 138 / 172

<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

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Bill Moeller</p> <p>Mailing Address 2800 Shirlington Road #930</p> <p>City Arlington State VA Zip Code 22206</p> <p>Purpose of Disbursement CONSULTING - POLITICAL RESEARCHER</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.74584</p> <p>Date of Disbursement 04 / 27 / 2007</p> <p>Amount of Each Disbursement this Period 2300.00</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Bill Moeller</p> <p>Mailing Address 2800 Shirlington Road #930</p> <p>City Arlington State VA Zip Code 22206</p> <p>Purpose of Disbursement TRAVEL EXPENSE REIMBURSEMENT</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.74602</p> <p>Date of Disbursement 05 / 07 / 2007</p> <p>Amount of Each Disbursement this Period 6.79</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Bill Moeller</p> <p>Mailing Address 2800 Shirlington Road #930</p> <p>City Arlington State VA Zip Code 22206</p> <p>Purpose of Disbursement CONSULTING - POLITICAL RESEARCHER</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.74607</p> <p>Date of Disbursement 05 / 24 / 2007</p> <p>Amount of Each Disbursement this Period 2300.00</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	4606.79
<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

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) Bill Moeller	Transaction ID: SB21B.74622 Date of Disbursement 06 / 25 / 2007
	Mailing Address 2800 Shirlington Road #930	Amount of Each Disbursement this Period 2300.00
	City Arlington State VA Zip Code 22206	
	Purpose of Disbursement CONSULTING - POLITICAL RESEARCHER	
	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.	Full Name (Last, First, Middle Initial) NATIONAL JOURNAL	Transaction ID: SB21B.74642 Date of Disbursement 01 / 17 / 2007
	Mailing Address 1501 M Street, NW	Amount of Each Disbursement this Period 1597.50
	City Washington State DC Zip Code 20005	
	Purpose of Disbursement DUES AND SUBSCRIPTIONS	
	Candidate Name	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) ▼

C.	Full Name (Last, First, Middle Initial) NATIONAL JOURNAL	Transaction ID: SB21B.74672 Date of Disbursement 06 / 25 / 2007
	Mailing Address 1501 M Street, NW	Amount of Each Disbursement this Period 1645.00
	City Washington State DC Zip Code 20005	
	Purpose of Disbursement DUES AND SUBSCRIPTIONS	
	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) .....	5542.50
<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 140 / 172

<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)  
**PERSONALIZED MARKETING SERV**

Mailing Address 85 Air Park Drive

City Lynchburg State VA Zip Code 24502

Purpose of Disbursement  
PAC - DIRECT MAIL PRODUCTION

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

**Transaction ID:** SB21B.74638

Date of Disbursement

01 / 17 / 2007

Amount of Each Disbursement this Period

2359.42

**B.** Full Name (Last, First, Middle Initial)  
**PERSONALIZED MARKETING SERV**

Mailing Address 85 Air Park Drive

City Lynchburg State VA Zip Code 24502

Purpose of Disbursement  
PAC - DIRECT MAIL POSTAGE

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

**Transaction ID:** SB21B.74645

Date of Disbursement

01 / 17 / 2007

Amount of Each Disbursement this Period

3440.20

**C.** Full Name (Last, First, Middle Initial)  
**PERSONALIZED MARKETING SERV**

Mailing Address 85 Air Park Drive

City Lynchburg State VA Zip Code 24502

Purpose of Disbursement  
PAC - DIRECT MAIL PRODUCTION

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

**Transaction ID:** SB21B.74654

Date of Disbursement

03 / 26 / 2007

Amount of Each Disbursement this Period

4414.56

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

10214.18

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

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

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

FOR LINE NUMBER: (check only one)

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

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) RECORDS MGMT INC	Transaction ID: SB21B.74490
	Mailing Address 7726 Southern Drive	Date of Disbursement MM / DD / YYYY 01 / 17 / 2007
	City Springfield State VA Zip Code 22150	Amount of Each Disbursement this Period 290.72
	Purpose of Disbursement STORAGE FEES	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) RECORDS MGMT INC	Transaction ID: SB21B.74528
	Mailing Address 7726 Southern Drive	Date of Disbursement MM / DD / YYYY 02 / 16 / 2007
	City Springfield State VA Zip Code 22150	Amount of Each Disbursement this Period 188.16
	Purpose of Disbursement STORAGE FEES	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) RECORDS MGMT INC	Transaction ID: SB21B.74556
	Mailing Address 7726 Southern Drive	Date of Disbursement MM / DD / YYYY 03 / 26 / 2007
	City Springfield State VA Zip Code 22150	Amount of Each Disbursement this Period 188.16
	Purpose of Disbursement STORAGE FEES	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	667.04
<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 142 / 172

<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) RECORDS MGMT INC	Transaction ID: SB21B.74578
	Mailing Address 7726 Southern Drive	Date of Disbursement MM / DD / YYYY 04 / 24 / 2007
	City Springfield State VA Zip Code 22150	Amount of Each Disbursement this Period 188.16
	Purpose of Disbursement STORAGE FEES	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) RECORDS MGMT INC	Transaction ID: SB21B.74606
	Mailing Address 7726 Southern Drive	Date of Disbursement MM / DD / YYYY 05 / 24 / 2007
	City Springfield State VA Zip Code 22150	Amount of Each Disbursement this Period 191.08
	Purpose of Disbursement STORAGE FEES	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) RECORDS MGMT INC	Transaction ID: SB21B.74621
	Mailing Address 7726 Southern Drive	Date of Disbursement MM / DD / YYYY 06 / 25 / 2007
	City Springfield State VA Zip Code 22150	Amount of Each Disbursement this Period 191.08
	Purpose of Disbursement STORAGE FEES	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	570.32
<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

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) SHANNON ROYCE	Transaction ID: SB21B.74603 Date of Disbursement
	Mailing Address 419 LINCOLN AVE	<input type="text" value="05"/> / <input type="text" value="16"/> / <input type="text" value="2007"/>
	City FALLS CHURCH State VA Zip Code 22046	Amount of Each Disbursement this Period
	Purpose of Disbursement MEETING ROOM EXPENSE REIMBURSEMENT	<input type="text" value="980.65"/>
	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.	Full Name (Last, First, Middle Initial) DAVID SALKELD	Transaction ID: SB21B.74678 Date of Disbursement
	Mailing Address 2916 STUART DRIVE	<input type="text" value="01"/> / <input type="text" value="29"/> / <input type="text" value="2007"/>
	City FALLS CHURCH State VA Zip Code 22042	Amount of Each Disbursement this Period
	Purpose of Disbursement MEDIA	<input type="text" value="500.00"/>
	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) ▼

C.	Full Name (Last, First, Middle Initial) DAVID SALKELD	Transaction ID: SB21B.74679 Date of Disbursement
	Mailing Address 2916 STUART DRIVE	<input type="text" value="03"/> / <input type="text" value="13"/> / <input type="text" value="2007"/>
	City FALLS CHURCH State VA Zip Code 22042	Amount of Each Disbursement this Period
	Purpose of Disbursement MEDIA	<input type="text" value="1000.00"/>
	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) .....	<input type="text" value="2480.65"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>



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

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

FOR LINE NUMBER:  
(check only one)

PAGE 145 / 172

<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) <b>THE HARTFORD</b>	<b>Transaction ID: SB21B.74598</b>
	Mailing Address P.O. Box 659519	Date of Disbursement 05 / 08 / 2007
	City San Antonio State TX Zip Code 78265	Amount of Each Disbursement this Period 2346.00
	Purpose of Disbursement LIABILITY INSURANCE	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) <b>THE LUKENS COMPANY'</b>	<b>Transaction ID: SB21B.74683</b>
	Mailing Address 2800 Shirlington Road 9th Floor	Date of Disbursement 01 / 17 / 2007
	City Arlington State VA Zip Code 22206	Amount of Each Disbursement this Period 711.98
	Purpose of Disbursement PAC - DIRECT MAIL CONSULTING	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) <b>THE LUKENS COMPANY'</b>	<b>Transaction ID: SB21B.74684</b>
	Mailing Address 2800 Shirlington Road 9th Floor	Date of Disbursement 01 / 17 / 2007
	City Arlington State VA Zip Code 22206	Amount of Each Disbursement this Period 1600.00
	Purpose of Disbursement PAC- DIRECT MAIL CONSULTING	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>4657.98</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: (check only one)

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

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) THE LUKENS COMPANY'	Transaction ID: SB21B.74687
	Mailing Address 2800 Shirlington Road 9th Floor	Date of Disbursement MM / DD / YYYY 03 / 26 / 2007
	City Arlington State VA Zip Code 22206	Amount of Each Disbursement this Period 2400.00
	Purpose of Disbursement PAC - DIRECT MAIL CONSULTING	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) THE LUKENS COMPANY'	Transaction ID: SB21B.74690
	Mailing Address 2800 Shirlington Road 9th Floor	Date of Disbursement MM / DD / YYYY 06 / 06 / 2007
	City Arlington State VA Zip Code 22206	Amount of Each Disbursement this Period 2600.00
	Purpose of Disbursement PAC - DIRECT MAIL CONSULTING	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) THE LUKENS COMPANY'	Transaction ID: SB21B.74691
	Mailing Address 2800 Shirlington Road 9th Floor	Date of Disbursement MM / DD / YYYY 06 / 06 / 2007
	City Arlington State VA Zip Code 22206	Amount of Each Disbursement this Period 2600.00
	Purpose of Disbursement PAC - DIRECT MAIL CONSULTING	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	7600.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 147 / 172

<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) THE LUKENS COMPANY'	Transaction ID: SB21B.74693
	Mailing Address 2800 Shirlington Road 9th Floor	Date of Disbursement 06 / 25 / 2007
	City Arlington State VA Zip Code 22206	Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement PAC - DIRECT MAIL CONSULTING	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) US POSTMASTER	Transaction ID: SB21B.74476
	Mailing Address Main Post Office	Date of Disbursement 01 / 05 / 2007
	City Washington State DC Zip Code 20000	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement PAC - REIMBURSE BRE ACCT	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) US POSTMASTER	Transaction ID: SB21B.74477
	Mailing Address Main Post Office	Date of Disbursement 01 / 26 / 2007
	City Washington State DC Zip Code 20000	Amount of Each Disbursement this Period 868.00
	Purpose of Disbursement PAC - PO BOX FEES	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3868.00</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 148 / 172

<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) US POSTMASTER	Transaction ID: SB21B.74522 Date of Disbursement 02 / 08 / 2007
	Mailing Address Main Post Office	Amount of Each Disbursement this Period 780.00
	City Washington State DC Zip Code 20000	
	Purpose of Disbursement PAC - GENERAL OFFICE POSTAGE	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) US POSTMASTER	Transaction ID: SB21B.74479 Date of Disbursement 05 / 07 / 2007
	Mailing Address Main Post Office	Amount of Each Disbursement this Period 660.00
	City Washington State DC Zip Code 20000	
	Purpose of Disbursement PAC - BRE ACCOUNT FEES	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) US POSTMASTER	Transaction ID: SB21B.74601 Date of Disbursement 05 / 10 / 2007
	Mailing Address Main Post Office	Amount of Each Disbursement this Period 30.00
	City Washington State DC Zip Code 20000	
	Purpose of Disbursement PAC - GENERAL OFFICE POSTAGE	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1470.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER:  
(check only one)

<input 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) US POSTMASTER	Transaction ID: SB21B.74480 Date of Disbursement
	Mailing Address Main Post Office	<input type="text" value="05"/> <input type="text" value="31"/> / <input type="text" value="2007"/>
	City Washington State DC Zip Code 20000	Amount of Each Disbursement this Period
	Purpose of Disbursement PAC - REPLENISH BRE ACCOUNT	<input type="text" value="500.00"/>
	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) ▼

B.	Full Name (Last, First, Middle Initial) Dorie Velezis	Transaction ID: SB21B.74486 Date of Disbursement
	Mailing Address 2800 Shirlington Road #930	<input type="text" value="01"/> <input type="text" value="02"/> / <input type="text" value="2007"/>
	City Arlington State VA Zip Code 22206	Amount of Each Disbursement this Period
	Purpose of Disbursement ACCOUNTING SERVICES	<input type="text" value="2000.00"/>
	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) Dorie Velezis	Transaction ID: SB21B.74510 Date of Disbursement
	Mailing Address 2800 Shirlington Road #930	<input type="text" value="01"/> <input type="text" value="29"/> / <input type="text" value="2007"/>
	City Arlington State VA Zip Code 22206	Amount of Each Disbursement this Period
	Purpose of Disbursement ACCOUNTING SERVICES	<input type="text" value="2000.00"/>
	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) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="4500.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: (check only one)

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

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) Dorie Velezis	Transaction ID: SB21B.74538 Date of Disbursement 02 / 27 / 2007
	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.	Full Name (Last, First, Middle Initial) Dorie Velezis	Transaction ID: SB21B.74558 Date of Disbursement 03 / 26 / 2007
	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) ▼

C.	Full Name (Last, First, Middle Initial) Dorie Velezis	Transaction ID: SB21B.74585 Date of Disbursement 04 / 27 / 2007
	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) .....	6000.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input 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) Dorie Velezis	Transaction ID: SB21B.74608
	Mailing Address 2800 Shirlington Road #930	Date of Disbursement MM / DD / YYYY 05 / 24 / 2007
	City Arlington State VA Zip Code 22206	Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement ACCOUNTING SERVICES	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Dorie Velezis	Transaction ID: SB21B.74624
	Mailing Address 2800 Shirlington Road #930	Date of Disbursement MM / DD / YYYY 06 / 25 / 2007
	City Arlington State VA Zip Code 22206	Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement ACCOUNTING SERVICES	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) VERIZON	Transaction ID: SB21B.74498
	Mailing Address P.O. Box 17577	Date of Disbursement MM / DD / YYYY 01 / 17 / 2007
	City Baltimore State MD Zip Code 21297	Amount of Each Disbursement this Period 397.04
	Purpose of Disbursement TELEPHONE EXPENSE	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	4397.04
<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

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

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) VERIZON</p> <p>Mailing Address P.O. Box 17577</p> <p>City Baltimore State MD Zip Code 21297</p> <p>Purpose of Disbursement TELEPHONE EXPENSE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.74535</p> <p>Date of Disbursement 02 / 16 / 2007</p> <p>Amount of Each Disbursement this Period 404.78</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) VERIZON</p> <p>Mailing Address P.O. Box 17577</p> <p>City Baltimore State MD Zip Code 21297</p> <p>Purpose of Disbursement TELEPHONE EXPENSE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.74563</p> <p>Date of Disbursement 03 / 26 / 2007</p> <p>Amount of Each Disbursement this Period 387.44</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) VERIZON</p> <p>Mailing Address P.O. Box 17577</p> <p>City Baltimore State MD Zip Code 21297</p> <p>Purpose of Disbursement TELEPHONE EXPENSE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.74582</p> <p>Date of Disbursement 04 / 24 / 2007</p> <p>Amount of Each Disbursement this Period 398.46</p>

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

1190.68

**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 153 / 172

<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

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) VERIZON</p> <p>Mailing Address P.O. Box 17577</p> <p>City Baltimore State MD Zip Code 21297</p> <p>Purpose of Disbursement TELEPHONE EXPENSE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.74613</p> <p>Date of Disbursement 05 / 24 / 2007</p> <p>Amount of Each Disbursement this Period 395.36</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) VERIZON</p> <p>Mailing Address P.O. Box 17577</p> <p>City Baltimore State MD Zip Code 21297</p> <p>Purpose of Disbursement TELEPHONE EXPENSE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.74631</p> <p>Date of Disbursement 06 / 25 / 2007</p> <p>Amount of Each Disbursement this Period 389.23</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Dean Virag</p> <p>Mailing Address 14039 Westwind Lane</p> <p>City Culpeper State VA Zip Code 22701</p> <p>Purpose of Disbursement WEBSITE SUPPORT</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.74487</p> <p>Date of Disbursement 01 / 02 / 2007</p> <p>Amount of Each Disbursement this Period 350.00</p>

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

1134.59

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

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

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

FOR LINE NUMBER: (check only one)

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

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) Dean Virag	Transaction ID: SB21B.74517 Date of Disbursement 02 / 08 / 2007
	Mailing Address 14039 Westwind Lane	Amount of Each Disbursement this Period 350.00
	City Culpeper State VA Zip Code 22701	
	Purpose of Disbursement WEBSITE SUPPORT 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.	Full Name (Last, First, Middle Initial) Dean Virag	Transaction ID: SB21B.74544 Date of Disbursement 03 / 13 / 2007
	Mailing Address 14039 Westwind Lane	Amount of Each Disbursement this Period 350.00
	City Culpeper State VA Zip Code 22701	
	Purpose of Disbursement WEBSITE SUPPORT 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) ▼

C.	Full Name (Last, First, Middle Initial) Dean Virag	Transaction ID: SB21B.74569 Date of Disbursement 04 / 11 / 2007
	Mailing Address 14039 Westwind Lane	Amount of Each Disbursement this Period 350.00
	City Culpeper State VA Zip Code 22701	
	Purpose of Disbursement WEBSITE SUPPORT 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) .....	▶	1050.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 155 / 172

<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

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Dean Virag</p> <p>Mailing Address 14039 Westwind Lane</p> <p>City Culpeper State VA Zip Code 22701</p> <p>Purpose of Disbursement WEBSITE SUPPORT</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.74589</p> <p>Date of Disbursement 05 / 08 / 2007</p> <p>Amount of Each Disbursement this Period 350.00</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Dean Virag</p> <p>Mailing Address 14039 Westwind Lane</p> <p>City Culpeper State VA Zip Code 22701</p> <p>Purpose of Disbursement WEBSITE SUPPORT</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.74616</p> <p>Date of Disbursement 06 / 06 / 2007</p> <p>Amount of Each Disbursement this Period 350.00</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) WASHINGTON INTELLIGENCE BUREAU</p> <p>Mailing Address 4128 PEPSI PLACE</p> <p>City CHANTILLY State VA Zip Code 20151</p> <p>Purpose of Disbursement PAC - CAGING AND DATA ENTRY</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.74641</p> <p>Date of Disbursement 01 / 17 / 2007</p> <p>Amount of Each Disbursement this Period 467.76</p>

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

1167.76

**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 156 / 172

<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

<p><b>A.</b> Full Name (Last, First, Middle Initial) WASHINGTON INTELLIGENCE BUREAU</p> <p>Mailing Address 4128 PEPSI PLACE</p> <p>City CHANTILLY State VA Zip Code 20151</p> <p>Purpose of Disbursement PAC - CAGING AND DATA ENTRY</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.74648</p> <p>Date of Disbursement MM / DD / YYYY 02 / 08 / 2007</p> <p>Amount of Each Disbursement this Period 584.47</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) WASHINGTON INTELLIGENCE BUREAU</p> <p>Mailing Address 4128 PEPSI PLACE</p> <p>City CHANTILLY State VA Zip Code 20151</p> <p>Purpose of Disbursement PAC - CAGING AND DATA ENTRY</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.74650</p> <p>Date of Disbursement MM / DD / YYYY 03 / 13 / 2007</p> <p>Amount of Each Disbursement this Period 500.52</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) WASHINGTON INTELLIGENCE BUREAU</p> <p>Mailing Address 4128 PEPSI PLACE</p> <p>City CHANTILLY State VA Zip Code 20151</p> <p>Purpose of Disbursement PAC - CAGING AND DATA ENTRY</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.74656</p> <p>Date of Disbursement MM / DD / YYYY 03 / 26 / 2007</p> <p>Amount of Each Disbursement this Period 780.58</p>

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

1865.57

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

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

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

FOR LINE NUMBER: (check only one)

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

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) WASHINGTON INTELLIGENCE BUREAU	Transaction ID: SB21B.74660
	Mailing Address 4128 PEPSI PLACE	Date of Disbursement 04 / 24 / 2007
	City CHANTILLY State VA Zip Code 20151	Amount of Each Disbursement this Period 545.65
	Purpose of Disbursement PAC - CAGING AND DATA ENTRY	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) WASHINGTON INTELLIGENCE BUREAU	Transaction ID: SB21B.74666
	Mailing Address 4128 PEPSI PLACE	Date of Disbursement 05 / 24 / 2007
	City CHANTILLY State VA Zip Code 20151	Amount of Each Disbursement this Period 860.18
	Purpose of Disbursement PAC - CAGING AND DATA ENTRY	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) WASHINGTON INTELLIGENCE BUREAU	Transaction ID: SB21B.74674
	Mailing Address 4128 PEPSI PLACE	Date of Disbursement 06 / 25 / 2007
	City CHANTILLY State VA Zip Code 20151	Amount of Each Disbursement this Period 841.61
	Purpose of Disbursement PAC - CAGING AND DATA ENTRY	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	2247.44
<b>TOTAL</b> This Period (last page this line number only) .....	▶	219241.72

**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 158 / 172

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

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) COBURN FOR SENATE 2010	Transaction ID: SB23.74502 Date of Disbursement
	Mailing Address POST OFFICE BOX 977	<input type="text" value="01"/> / <input type="text" value="22"/> / <input type="text" value="2007"/>
	City MUSKOGEE State OK Zip Code 74402	Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION	<input type="text" value="1000.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OK District: 00	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) COMMITTEE TO REELECT ROHRBACHER	Transaction ID: SB23.74541 Date of Disbursement
	Mailing Address PO BOX 823	<input type="text" value="03"/> / <input type="text" value="09"/> / <input type="text" value="2007"/>
	City HUNTINGTON BEACH State CA Zip Code 92648	Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION	<input type="text" value="250.00"/>
	Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 46	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) FRIENDS OF JIM INHOFE COMMITTEE	Transaction ID: SB23.74600 Date of Disbursement
	Mailing Address PO BOX 13300	<input type="text" value="05"/> / <input type="text" value="09"/> / <input type="text" value="2007"/>
	City OKLAHOMA CITY State OK Zip Code 73113	Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION	<input type="text" value="1000.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OK District: 00	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="2250.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 159 / 172

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

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)  
KEITH BUTLER FOR US SENATE

Mailing Address 19785 W 12 MILE RD STE 637

City SOUTHFIELD State MI Zip Code 48076

Purpose of Disbursement  
Debt Retirement Contribution

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

State: MI District: 00

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB23.74576

Date of Disbursement

04 / 12 / 2007

Amount of Each Disbursement this Period

5000.00

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

Mailing Address 6769 Teachout Road

City Tipton State MI Zip Code 49287

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

State: MI District: 07

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB23.74515

Date of Disbursement

02 / 02 / 2007

Amount of Each Disbursement this Period

5000.00

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

10000.00

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

12250.00

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 160 / 172
	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 CAPITOL ADVANTAGE	Nature of Debt (Purpose): Dues and Subscriptions
Mailing Address P.O. 1223	
City State ZIP Code McLean VA 22101	

Outstanding Balance Beginning This Period <input type="text" value="1500.00"/>	<b>Transaction ID:</b> SD10.66612	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="1500.00"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

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

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	<b>Transaction ID:</b> SD10.74651	
Amount Incurred This Period <input type="text" value="1500.00"/>	Payment This Period <input type="text" value="1500.00"/>	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 CAPITOL ADVANTAGE	Nature of Debt (Purpose): DUES AND SUBSCRIPTIONS
Mailing Address P.O. 1223	
City State ZIP Code McLean VA 22101	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	<b>Transaction ID:</b> SD10.74667	
Amount Incurred This Period <input type="text" value="1500.00"/>	Payment This Period <input type="text" value="1500.00"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

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

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 161 / 172
	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 Gaithersburg State MD ZIP Code 20877	

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

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

Outstanding Balance Beginning This Period 2532.94	<b>Transaction ID:</b> SD10.70617	
Amount Incurred This Period 0.00	Payment This Period 2532.94	Outstanding Balance at Close of This Period 0.00

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

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID:</b> SD10.74639	
Amount Incurred This Period 1820.83	Payment This Period 1820.83	Outstanding Balance at Close of This Period 0.00

1) <b>SUBTOTALS</b> This Period This Page (optional).....	▶	223.11
2) <b>TOTALS</b> This Period (last page this line number only).....	▶	
3) <b>TOTAL 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)	PAGE 162 / 172
	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 INKWELL, INC	Nature of Debt (Purpose): PAC - DIRECT MAIL PRODUCT- ION
Mailing Address 1973 COUNTY ROAD C2 WEST	
City State ZIP Code ROSEVILLE MN 55113	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	<b>Transaction ID: SD10.74661</b>	
Amount Incurred This Period <input type="text" value="3217.89"/>	Payment This Period <input type="text" value="3217.89"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

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

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	<b>Transaction ID: SD10.74658</b>	
Amount Incurred This Period <input type="text" value="3234.00"/>	Payment This Period <input type="text" value="3234.00"/>	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 INKWELL, INC	Nature of Debt (Purpose): PAC - DIRECT MAIL PRODUCT- ION
Mailing Address 1973 COUNTY ROAD C2 WEST	
City State ZIP Code ROSEVILLE MN 55113	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	<b>Transaction ID: SD10.74712</b>	
Amount Incurred This Period <input type="text" value="3190.31"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="3190.31"/>

1) <b>SUBTOTALS</b> This Period This Page (optional).....	<input type="text" value="3190.31"/>
2) <b>TOTALS</b> This Period (last page this line number only).....	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

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

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)  
Campaign for Working Families

<b>A. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> INTEGRAM			Nature of Debt (Purpose): PAC - DIRECT MAIL POSTAGE
Mailing Address 8421 Hilltop Road			
City Fairfax	State VA	ZIP Code 22031	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>		<b>Transaction ID: SD10.74664</b>	
Amount Incurred This Period <input type="text" value="2858.00"/>	Payment This Period <input type="text" value="2858.00"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>	

<b>B. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> INTEGRAM			Nature of Debt (Purpose): PAC - DIRECT MAIL PRODUCT- ION
Mailing Address 8421 Hilltop Road			
City Fairfax	State VA	ZIP Code 22031	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>		<b>Transaction ID: SD10.74669</b>	
Amount Incurred This Period <input type="text" value="3212.89"/>	Payment This Period <input type="text" value="3212.89"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>	

<b>C. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> MWM Direct Marketing Services			Nature of Debt (Purpose): 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"/>		<b>Transaction ID: SD10.15344</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="2320.90"/>	

<b>1) SUBTOTALS</b> This Period This Page (optional).....	<input type="text" value="2320.90"/>
<b>2) TOTALS</b> This Period (last page this line number only).....	<input type="text"/>
<b>3) TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text"/>
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

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

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)  
Campaign for Working Families

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

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

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

Outstanding Balance Beginning This Period 0.00		<b>Transaction ID:</b> SD10.74671	
Amount Incurred This Period 1645.00	Payment This Period 1645.00	Outstanding Balance at Close of This Period 0.00	

<b>C. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> PERSONALIZED MARKETING SERV			Nature of Debt (Purpose): PAC - DIRECT MAIL PRODUCT- ION
Mailing Address 85 Air Park Drive			
City Lynchburg	State VA	ZIP Code 24502	

Outstanding Balance Beginning This Period 2359.42		<b>Transaction ID:</b> SD10.70618	
Amount Incurred This Period 0.00	Payment This Period 2359.42	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) TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

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

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)  
Campaign for Working Families

<b>A. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> PERSONALIZED MARKETING SERV			Nature of Debt (Purpose): PAC - DIRECT MAIL POSTAGE
Mailing Address 85 Air Park Drive			
City Lynchburg	State VA	ZIP Code 24502	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>		<b>Transaction ID: SD10.74643</b>	
Amount Incurred This Period <input type="text" value="3440.20"/>	Payment This Period <input type="text" value="3440.20"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>	

<b>B. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> PERSONALIZED MARKETING SERV			Nature of Debt (Purpose): PAC - DIRECT MAIL PRODUCT- ION
Mailing Address 85 Air Park Drive			
City Lynchburg	State VA	ZIP Code 24502	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>		<b>Transaction ID: SD10.74653</b>	
Amount Incurred This Period <input type="text" value="4414.56"/>	Payment This Period <input type="text" value="4414.56"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>	

<b>C. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> DAVID SALKELD			Nature of Debt (Purpose): MEDIA
Mailing Address 2916 STUART DRIVE			
City FALLS CHURCH	State VA	ZIP Code 22042	

Outstanding Balance Beginning This Period <input type="text" value="500.00"/>		<b>Transaction ID: SD10.70622</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="500.00"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>	

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

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

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

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)  
Campaign for Working Families

<b>A. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> DAVID SALKELD			Nature of Debt (Purpose): MEDIA
Mailing Address 2916 STUART DRIVE			
City FALLS CHURCH	State VA	ZIP Code 22042	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>		<b>Transaction ID:</b> SD10.74677	
Amount Incurred This Period <input type="text" value="1000.00"/>	Payment This Period <input type="text" value="1000.00"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>	

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

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

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

Outstanding Balance Beginning This Period <input type="text" value="1022.32"/>		<b>Transaction ID:</b> SD10.15340	
Amount Incurred This Period <input type="text" value="-1022.32"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>	

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

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

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

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)  
Campaign for Working Families

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

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

<b>B. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> 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: SD10.74680</b>	
0.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
711.98	711.98	0.00	

<b>C. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> 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: SD10.74681</b>	
0.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
1600.00	1600.00	0.00	

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

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

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

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)  
Campaign for Working Families

<b>A. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> THE LUKENS COMPANY <sup>1</sup>			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 <input type="text" value="0.00"/>		<b>Transaction ID: SD10.74685</b>	
Amount Incurred This Period <input type="text" value="2400.00"/>	Payment This Period <input type="text" value="2400.00"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>	

<b>B. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> THE LUKENS COMPANY <sup>1</sup>			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 <input type="text" value="0.00"/>		<b>Transaction ID: SD10.74688</b>	
Amount Incurred This Period <input type="text" value="2600.00"/>	Payment This Period <input type="text" value="2600.00"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>	

<b>C. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> THE LUKENS COMPANY <sup>1</sup>			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 <input type="text" value="0.00"/>		<b>Transaction ID: SD10.74689</b>	
Amount Incurred This Period <input type="text" value="2600.00"/>	Payment This Period <input type="text" value="2600.00"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>	

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

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

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

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)  
Campaign for Working Families

<b>A. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> THE LUKENS COMPANY <sup>1</sup>			Nature of Debt (Purpose): PAC - DIRECT MAIL CONSULT- ING
Mailing Address 2800 Shirlington Road 9th Floor			
City	State	ZIP Code	
Arlington	VA	22206	

Outstanding Balance Beginning This Period		Transaction ID: SD10.74692	
0.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
2000.00	2000.00	0.00	

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

Outstanding Balance Beginning This Period		Transaction ID: SD10.70620	
467.76			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	467.76	0.00	

<b>C. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> WASHINGTON INTELLIGENCE BUREAU			Nature of Debt (Purpose): PAC - CAGING AND DATA ENT- RY
Mailing Address 4128 PEPSI PLACE			
City	State	ZIP Code	
CHANTILLY	VA	20151	

Outstanding Balance Beginning This Period		Transaction ID: SD10.74647	
0.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
584.47	584.47	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).....	▶	
3) <b>TOTAL 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. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> WASHINGTON INTELLIGENCE BUREAU			Nature of Debt (Purpose): PAC - CAGING AND DATA ENT- RY
Mailing Address 4128 PEPSI PLACE			
City	State	ZIP Code	
CHANTILLY	VA	20151	

Outstanding Balance Beginning This Period		Transaction ID: SD10.74649	
0.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
500.52	500.52	0.00	

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

Outstanding Balance Beginning This Period		Transaction ID: SD10.74655	
0.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
780.58	780.58	0.00	

<b>C. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> WASHINGTON INTELLIGENCE BUREAU			Nature of Debt (Purpose): PAC - CAGING AND DATA ENT- RY
Mailing Address 4128 PEPSI PLACE			
City	State	ZIP Code	
CHANTILLY	VA	20151	

Outstanding Balance Beginning This Period		Transaction ID: SD10.74657	
0.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
545.65	545.65	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).....	▶	
3) <b>TOTAL 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. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> WASHINGTON INTELLIGENCE BUREAU			Nature of Debt (Purpose): PAC - CAGING AND DATA ENT- RY
Mailing Address 4128 PEPSI PLACE			
City CHANTILLY	State VA	ZIP Code 20151	

Outstanding Balance Beginning This Period 0.00		<b>Transaction ID: SD10.74663</b>	
Amount Incurred This Period 860.18	Payment This Period 860.18	Outstanding Balance at Close of This Period 0.00	

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

Outstanding Balance Beginning This Period 0.00		<b>Transaction ID: SD10.74673</b>	
Amount Incurred This Period 841.61	Payment This Period 841.61	Outstanding Balance at Close of This Period 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).....	▶	5734.32
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	▶	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	▶	5734.32

Image# 28930264397

Form/Schedule: **SD10** This credit from the vendor is being deleted because it was reflected on another invoice and was taken by CWF -  
Transaction ID: **SD10.15354** this is to correct the negative entry.

\*\*\*\*\*