

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 CAMPAIGN FOR WORKING FAMILIES

ADDRESS (number and street) 2800 SHIRLINGTON ROAD, SUITE 930 ARLINGTON VA 22206

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

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report. (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31. (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special. (d) 30-Day POST-Election Report for the: General, Runoff, Special.

5. Covering Period 11 / 01 / 2013 through 11 / 30 / 2013

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Dorie Velezis

Signature of Treasurer Dorie Velezis [Electronically Filed] Date 12 / 20 / 2013

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

CAMPAIGN FOR WORKING FAMILIES

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2013"/>		930913.35
(b) Cash on Hand at Beginning of Reporting Period.....	816216.28	
(c) Total Receipts (from Line 19)	12084.34	257992.10
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	828300.62	1188905.45
7. Total Disbursements (from Line 31).....	52576.16	413180.99
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	775724.46	775724.46
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	11304.80	

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: / / To: / /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	5780.04	139298.18
(ii) Unitemized	5574.88	82466.84
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	11354.92	221765.02
(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)	11354.92	221765.02
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.).....	729.42	15977.08
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	20250.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	20250.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	12084.34	257992.10
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	12084.34	237742.10

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	20250.00
(ii) Non-Federal Share.....	0.00	20250.00
(b) Other Federal Operating Expenditures	44551.16	337532.59
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	44551.16	378032.59
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	7500.00	15750.00
24. Independent Expenditures (use Schedule E)	525.00	525.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	1000.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	1000.00
29. Other Disbursements	0.00	17873.40
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	52576.16	413180.99
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	52576.16	392930.99

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	11354.92	221765.02
34. Total Contribution Refunds (from Line 28(d))	0.00	1000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	11354.92	220765.02
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	44551.16	357782.59
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	44551.16	357782.59

**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 OF 80
<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. MR CHARLES D AYRES
Full Name (Last, First, Middle Initial)

Mailing Address 4911 CASA ORO DR

City YORBA LINDA State CA Zip Code 92886

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 11 / 05 / 2013
Transaction ID : SA11AI.8504

Amount of Each Receipt this Period 100.00

CONTRIBUTION

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

Mailing Address 1000 PECAN DR

City MCKINNEY State TX Zip Code 75069

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

Name of Employer CORWIN ENGINEERING INCORPORATED Occupation ENGINEER

Receipt For: 2014
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 05 / 2013
Transaction ID : SA11AI.8435

Amount of Each Receipt this Period 50.00

CONTRIBUTION

C. MR DAVID J BATLUCK
Full Name (Last, First, Middle Initial)

Mailing Address 17 MULLIGAN DR

City READING State PA Zip Code 19606

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

Name of Employer HAVEN BEHAVIORAL HOSPITAL Occupation PHYSICIAN

Receipt For: 2014
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 725.00

Date of Receipt 11 / 15 / 2013
Transaction ID : SA11AI.8255

Amount of Each Receipt this Period 50.00

CONTRIBUTION

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

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

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.8504

0103804-0000192

Form/Schedule: SA11AI

Transaction ID: SA11AI.8435

0104630-0000143

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.8255

0002355-0000020

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 80
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	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

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

Mailing Address 15144 LARRY ST

City POWAY State CA Zip Code 92064

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

Name of Employer RIVERSIDE COUNTY Occupation PHARMACIST

Receipt For: 2014
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **385.00**

Date of Receipt
11 / 05 / 2013

Transaction ID : SA11AI.8487

Amount of Each Receipt this Period
35.00

CONTRIBUTION

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

Mailing Address 1304 DUFF DR
STE 2 OFFICE 5

City FORT COLLINS State CO Zip Code 80524

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

Name of Employer 344E FOOTHILLS PARKWAY FC COLORADO Occupation ASSET MGR

Receipt For: 2014
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **495.00**

Date of Receipt
11 / 05 / 2013

Transaction ID : SA11AI.8471

Amount of Each Receipt this Period
45.00

CONTRIBUTION

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

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 SMURFIT STORE CONT. CORP Occupation GEN MGR

Receipt For: 2014
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt
11 / 04 / 2013

Transaction ID : SA11AI.8297

Amount of Each Receipt this Period
50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... **130.00**

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

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.8487

0009108-0000180

Form/Schedule: SA11AI

Transaction ID: SA11AI.8471

0024811-0000168

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.8297

0012784-0000050

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 80
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

A. MR WILLIAM P BUCK JR
Full Name (Last, First, Middle Initial)

Mailing Address 2084 BROOK HIGHLAND RDG

City BIRMINGHAM State AL Zip Code 35242

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

Name of Employer UNIVERSITY OF ALABAMA Occupation MOM

Receipt For: 2014
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 11 / 18 / 2013
Transaction ID : SA11AI.8315

Amount of Each Receipt this Period 100.00

CONTRIBUTION

B. MARESA SUNSHINE CHIU
Full Name (Last, First, Middle Initial)

Mailing Address 3498 BAHIA BLANCA W

City LAGUNA WOODS State CA Zip Code 92637

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

Name of Employer LA COUNTY ISD DOWNEY Occupation INFO REQUESTED- NOT RECD

Receipt For: 2014
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 21 / 2013
Transaction ID : SA11AI.8499

Amount of Each Receipt this Period 1000.00

CONTRIBUTION

C. MR DAVID C COCKE
Full Name (Last, First, Middle Initial)

Mailing Address 28 CUTTER GREEN DR

City SAN ANTONIO State TX Zip Code 78248

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

Name of Employer NUPAK Occupation OWNER

Receipt For: 2014
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.40

Date of Receipt 11 / 05 / 2013
Transaction ID : SA11AI.8457

Amount of Each Receipt this Period 25.04

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶ 1125.04

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

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.8315

0101854-0000061

Form/Schedule: SA11AI

Transaction ID: SA11AI.8499

0111219-0000187

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.8457

0110315-0000159

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 80
	<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

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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

A. MRS MURIEL COFFMAN
Full Name (Last, First, Middle Initial)

Mailing Address 11603 N 86TH ST

City SCOTTSDALE State AZ Zip Code 85260

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

Name of Employer HOUSEWIFE Occupation HOUSEWIFE - HOUSBAND RETIRED

Receipt For: 2014
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
11 / 26 / 2013
Transaction ID : SA11AI.8475

Amount of Each Receipt this Period
100.00

CONTRIBUTION

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

Mailing Address 2 SYLDEO DR

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: 2014
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt
11 / 05 / 2013
Transaction ID : SA11AI.8228

Amount of Each Receipt this Period
50.00

CONTRIBUTION

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

Mailing Address 27001 HIGHWAY 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: 2014
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1400.00

Date of Receipt
11 / 13 / 2013
Transaction ID : SA11AI.8521

Amount of Each Receipt this Period
100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 250.00

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

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.8475

0101382-0000171

Form/Schedule: SA11AI

Transaction ID: SA11AI.8228

0001536-0000004

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.8521

0101847-0000203

Form/Schedule:

Transaction ID:

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

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

FOR LINE NUMBER: PAGE 18 OF 80
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

Full Name (Last, First, Middle Initial)
A. MR WAYNE GARNER

Mailing Address 236 CROSS COUNTRY DRIVE

City HEWITT	State TX	Zip Code 76643
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FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation TEACHER
-----------------------------	-----------------------

Receipt For: 2014
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
270.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	07	/	2013

Transaction ID : SA11AI.8447

Amount of Each Receipt this Period

25.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. MR GREGORY S GEIGER

Mailing Address 12664 PROVIDENCE GLEN LN

City KNOXVILLE	State TN	Zip Code 37934
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FEC ID number of contributing federal political committee. **C**

Name of Employer MONSANTO	Occupation RETIRED
------------------------------	-----------------------

Receipt For: 2014
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	20	/	2013

Transaction ID : SA11AI.8326

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. MRS PHYLLIS L GUNTER

Mailing Address 12939 JULINGTON RIDGE DR E

City JACKSONVILLE	State FL	Zip Code 32258
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FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For: 2014
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
265.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	05	/	2013

Transaction ID : SA11AI.8298

Amount of Each Receipt this Period

30.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	305.00
TOTAL This Period (last page this line number only).....▶	

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.8447

0100558-0000152

Form/Schedule: SA11AI

Transaction ID: SA11AI.8326

0107711-0000069

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.8298

0107460-0000051

Form/Schedule:

Transaction ID:

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

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

FOR LINE NUMBER: PAGE 21 OF 80
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

A. MR CARL W GUSTKE
 Full Name (Last, First, Middle Initial)
 Mailing Address 233 STATON RD
 City CABOT State AR Zip Code 72023
 FEC ID number of contributing federal political committee. C
 Name of Employer FEDERAL EX - (WIFE) REBSAMEN R. H. Occupation PILOT - WIFE DEBORAH-RN
 Receipt For: 2014
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 05 / 2013
Transaction ID : SA11AI.8432
 Amount of Each Receipt this Period
 50.00
 CONTRIBUTION

B. MS M SANDRA HEA
 Full Name (Last, First, Middle Initial)
 Mailing Address 5924 CHILDRESS AVE
 City SAINT LOUIS State MO Zip Code 63109
 FEC ID number of contributing federal political committee. C
 Name of Employer SELF EMPLOYED Occupation REALTOR
 Receipt For: 2014
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 05 / 2013
Transaction ID : SA11AI.8410
 Amount of Each Receipt this Period
 25.00
 CONTRIBUTION

C. MR CHARLES HUMPHREY
 Full Name (Last, First, Middle Initial)
 Mailing Address 3500 LEXINGTON AVENUE
 City DALLAS State TX Zip Code 75205
 FEC ID number of contributing federal political committee. C
 Name of Employer HOC Occupation SELF EMPLOYED
 Receipt For: 2014
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 25 / 2013
Transaction ID : SA11AI.8440
 Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 575.00
TOTAL This Period (last page this line number only)..... ▶

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.8432

0022519-0000140

Form/Schedule: SA11AI

Transaction ID: SA11AI.8410

0106366-0000125

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.8440

0108643-0000146

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 80
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

Full Name (Last, First, Middle Initial) A. MARC JOHANSEN		Date of Receipt
Mailing Address 6403 RECREATION LN		<input type="text" value="11"/> / <input type="text" value="21"/> / <input type="text" value="2013"/>
City State Zip Code FALLS CHURCH VA 22041		Transaction ID : SA11AI.8261
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="250.00"/>
Name of Employer Occupation BOEING BUSINESS		CONTRIBUTION
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="450.00"/>

Full Name (Last, First, Middle Initial) B. MR ALDEN P JOHNSON		Date of Receipt
Mailing Address 5010 LA BARRANCA ST		<input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City State Zip Code SAN ANTONIO TX 78233		Transaction ID : SA11AI.8456
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="25.00"/>
Name of Employer Occupation SELF MORTGAGE LOAN OFFICER		CONTRIBUTION
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="275.00"/>

Full Name (Last, First, Middle Initial) C. DR JOHN D KEISLING		Date of Receipt
Mailing Address 35 ERICA LN		<input type="text" value="11"/> / <input type="text" value="15"/> / <input type="text" value="2013"/>
City State Zip Code BELEN NM 87002		Transaction ID : SA11AI.8479
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="40.00"/>
Name of Employer Occupation SAIC SCIENTIST		CONTRIBUTION
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="475.00"/>

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="315.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.8261

0111064-0000024

Form/Schedule: SA11AI

Transaction ID: SA11AI.8456

0104518-0000158

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.8479

0100128-0000174

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 27 OF 80
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

Full Name (Last, First, Middle Initial) A. MR HENDRICK KERKSTRA		Date of Receipt
Mailing Address 1711 TOURS CT		<input type="text" value="11"/> / <input type="text" value="13"/> / <input type="text" value="2013"/>
City	State	Zip Code
BAKERSFIELD	CA	93311
FEC ID number of contributing federal political committee.		Transaction ID : SA11Al.8507
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="60.00"/>
Name of Employer		CONTRIBUTION
RETIRE	Occupation	
RETIRE	RETIRE	
Receipt For: 2014	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="660.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. BOYD KUESTER		Date of Receipt
Mailing Address 3749 SHAWNEE DR		<input type="text" value="11"/> / <input type="text" value="23"/> / <input type="text" value="2013"/>
City	State	Zip Code
WARSAW	IN	46582
FEC ID number of contributing federal political committee.		Transaction ID : SA11Al.8348
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="100.00"/>
Name of Employer		CONTRIBUTION
WARSAW COMMUNITY CHURCH	Occupation	
	PASTOR	
Receipt For: 2014	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="300.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. MR THOMAS J KUK		Date of Receipt
Mailing Address 32265 WEEPING WILLOW ST		<input type="text" value="11"/> / <input type="text" value="22"/> / <input type="text" value="2013"/>
City	State	Zip Code
TRABUCO CANYON	CA	92679
FEC ID number of contributing federal political committee.		Transaction ID : SA11Al.8501
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="60.00"/>
Name of Employer		CONTRIBUTION
HOMEMAKER	Occupation	
HOMEMAKER	HOMEMAKER	
Receipt For: 2014	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="610.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="220.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.8507

0108310-0000195

Form/Schedule: SA11AI

Transaction ID: SA11AI.8348

0109503-0000086

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.8501

0015893-0000190

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 80
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

A. DR. ELDON LARSON
Full Name (Last, First, Middle Initial)

Mailing Address 2562 TREASURE DR APT S4100

City SANTA BARBARA	State CA	Zip Code 93105
-----------------------	-------------	-------------------

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

Name of Employer MARSHALL UNIVERSITY	Occupation PROFESSOR
---	-------------------------

Receipt For: 2014
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **275.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		15		2013

Transaction ID : SA11AI.8506

Amount of Each Receipt this Period

625.00

CONTRIBUTION

B. TINA J MANUEL
Full Name (Last, First, Middle Initial)

Mailing Address 3188 GREENBRIAR DR

City ONTARIO	State CA	Zip Code 91761
-----------------	-------------	-------------------

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

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

Receipt For: 2014
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		18		2013

Transaction ID : SA11AI.8486

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C. MRS MARY MATISOHN
Full Name (Last, First, Middle Initial)

Mailing Address 3240 MERCER LN

City SAN DIEGO	State CA	Zip Code 92122
-------------------	-------------	-------------------

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

Name of Employer SAN DIEGO GAS & ELECTRIC	Occupation PROJECT PLANNER
--	-------------------------------

Receipt For: 2014
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		16		2013

Transaction ID : SA11AI.8493

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	625.00
TOTAL This Period (last page this line number only).....▶	

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.8506

0104094-0000194

Form/Schedule: SA11AI

Transaction ID: SA11AI.8486

0104507-0000179

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.8493

0009018-0000183

Form/Schedule:

Transaction ID:

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 80
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

A. MRS LYNN MCCLATCHEY
Full Name (Last, First, Middle Initial)

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: 2014
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 05 / 2013
Transaction ID : SA11AI.8366

Amount of Each Receipt this Period
 200.00

CONTRIBUTION

B. MRS MAE L MCKINLEY
Full Name (Last, First, Middle Initial)

Mailing Address 515 11TH AVE NE

City MINOT State ND Zip Code 58703

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 22 / 2013
Transaction ID : SA11AI.8391

Amount of Each Receipt this Period
 50.00

CONTRIBUTION

C. JEAN NEWTON
Full Name (Last, First, Middle Initial)

Mailing Address 1330 COOSA RIVER RD

City DEATSVILLE State AL Zip Code 36022

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 05 / 2013
Transaction ID : SA11AI.8319

Amount of Each Receipt this Period
 25.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 95.00

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

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.8366

0023485-0000098

Form/Schedule: SA11AI

Transaction ID: SA11AI.8391

0101794-0000114

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.8319

0106562-0000064

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 80
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

A. MR EDWARD M NICHOLS
Full Name (Last, First, Middle Initial)

Mailing Address 500 SUMMIT LAKE DR STE 120

City VALHALLA State NY Zip Code 10595

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

Name of Employer SELF Occupation FUSION FINANCIAL GROUP

Receipt For: 2014
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 26 / 2013
Transaction ID : SA11AI.8232

Amount of Each Receipt this Period 50.00

CONTRIBUTION

B. MR ROBERT PASSWATERS
Full Name (Last, First, Middle Initial)

Mailing Address 160 WILLOW PL S

City BROOMFIELD State CO Zip Code 80020

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 13 / 2013
Transaction ID : SA11AI.8469

Amount of Each Receipt this Period 150.00

CONTRIBUTION

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

Mailing Address 421 E GREENWOOD ST

City MORTON State IL Zip Code 61550

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

Name of Employer IL Occupation JUDGE

Receipt For: 2014
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3705.00

Date of Receipt 11 / 03 / 2013
Transaction ID : SA11AI.8405

Amount of Each Receipt this Period 600.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 800.00

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

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.8232

0108914-0000007

Form/Schedule: SA11AI

Transaction ID: SA11AI.8469

0111217-0000166

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.8405

0111214-0000121

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 80
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

A. MR JEFFERY ROBILLARD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5028 LONGVIEW CT
 City WEDDINGTON State NC Zip Code 28104
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ACUMED Occupation SALES
 Receipt For: 2014
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 21 / 2013
Transaction ID : SA11AI.8276
 Amount of Each Receipt this Period
 200.00
 CONTRIBUTION

B. MR DONALD W RODRIGUEZ
 Full Name (Last, First, Middle Initial)
 Mailing Address 5116 N VALADEZ STREET
 City LAS VEGAS State NV Zip Code 89149
 FEC ID number of contributing federal political committee. **C**
 Name of Employer FENCING SPECIALISTS INC Occupation MANAGER
 Receipt For: 2014
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 11 / 2013
Transaction ID : SA11AI.8482
 Amount of Each Receipt this Period
 20.00
 CONTRIBUTION

C. MRS TERESA A SCHAEFER
 Full Name (Last, First, Middle Initial)
 Mailing Address 1003 WRIGHT ST
 City PLEASANT HILL State MO Zip Code 64080
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SANOFI Occupation LOGISTICS
 Receipt For: 2014
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 21 / 2013
Transaction ID : SA11AI.8412
 Amount of Each Receipt this Period
 300.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 520.00
TOTAL This Period (last page this line number only)..... ▶

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.8276

0109414-0000035

Form/Schedule: SA11AI

Transaction ID: SA11AI.8482

0103454-0000176

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.8412

0006928-0000126

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 80
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

A. MR GARY J SELF
Full Name (Last, First, Middle Initial)

Mailing Address 8508 YORKSHIRE DR

City ORANGE State TX Zip Code 77632

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

Name of Employer WAL-MART Occupation PHARMACIST

Receipt For: 2014
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 05 / 2013
Transaction ID : SA11AI.8453

Amount of Each Receipt this Period
 20.00

CONTRIBUTION

B. Mr. WARREN SIMANDLE
Full Name (Last, First, Middle Initial)

Mailing Address 2322 VISTA MADERA

City SANTA BARBARA State CA Zip Code 93101

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

Name of Employer SANTA BARBARA HIGH SCHOOL DIST Occupation PUBLIC SCHOOL TEACHER

Receipt For: 2014
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 05 / 2013
Transaction ID : SA11AI.8505

Amount of Each Receipt this Period
 25.00

CONTRIBUTION

C. MR RANDALL SKOV
Full Name (Last, First, Middle Initial)

Mailing Address 115 TALL TIMBER CT

City FAYETTEVILLE State GA Zip Code 30215

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

Name of Employer US AIR FORCE Occupation WEATHER OFFICER

Receipt For: 2014
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 05 / 2013
Transaction ID : SA11AI.8290

Amount of Each Receipt this Period
 50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 95.00

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

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.8453

0013298-0000156

Form/Schedule: SA11AI

Transaction ID: SA11AI.8505

0009367-0000193

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.8290

0014942-0000045

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 80
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

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

Mailing Address 3360 E TERRELL BRANCH CT SE

City MARIETTA State GA Zip Code 30067

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

Name of Employer: **HOMEMAKER** Occupation: **HOMEMAKER**

Receipt For: 2014
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **275.00**

Date of Receipt: **11 / 05 / 2013**

Transaction ID : SA11AI.8287

Amount of Each Receipt this Period: **25.00**

CONTRIBUTION

B. MRS LINDA C SMITH
Full Name (Last, First, Middle Initial)

Mailing Address 17618 REXWOOD ST

City LIVONIA State MI Zip Code 48152

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

Name of Employer: **ARBOR HOSPICE** Occupation: **RN**

Receipt For: 2014
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **275.00**

Date of Receipt: **11 / 05 / 2013**

Transaction ID : SA11AI.8356

Amount of Each Receipt this Period: **25.00**

CONTRIBUTION

C. LAKE C SPEED
Full Name (Last, First, Middle Initial)

Mailing Address 4025 OLD SALISBURY CONCORD RD

City KANNAPOLIS State NC Zip Code 28083

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

Name of Employer: **SELF** Occupation: **REAL ESTATE MANAGER**

Receipt For: 2014
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt: **11 / 13 / 2013**

Transaction ID : SA11AI.8275

Amount of Each Receipt this Period: **25.00**

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... **75.00**

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

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.8287

0027760-0000043

Form/Schedule: SA11AI

Transaction ID: SA11AI.8356

0038656-0000092

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.8275

0027438-0000034

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 48 OF 80
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

A. MR PATRICK A SPRUNGER
 Full Name (Last, First, Middle Initial)
 Mailing Address 5915 HEYWOOD CV
 City FORT WAYNE State IN Zip Code 46815
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SIMPLEX Occupation GEN MGR
 Receipt For: 2014
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 04 / 2013
Transaction ID : SA11AI.8351
 Amount of Each Receipt this Period
 100.00
 CONTRIBUTION

B. MRS TAMMY E STEINBERG
 Full Name (Last, First, Middle Initial)
 Mailing Address 101 WINDINGHAM DR NW
 City HUNTSVILLE State AL Zip Code 35806
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HARRO APOTHERAPY Occupation HOMEMAKER
 Receipt For: 2014
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 05 / 2013
Transaction ID : SA11AI.8318
 Amount of Each Receipt this Period
 20.00
 CONTRIBUTION

C. MR STEPHEN STUDE
 Full Name (Last, First, Middle Initial)
 Mailing Address 32797 820TH ST
 City BREWSTER State MN Zip Code 56119
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF EMPLOYED Occupation FARMER
 Receipt For: 2014
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 05 / 2013
Transaction ID : SA11AI.8388
 Amount of Each Receipt this Period
 25.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 145.00
TOTAL This Period (last page this line number only)..... ▶

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.8351

0004939-0000089

Form/Schedule: SA11AI

Transaction ID: SA11AI.8318

0011951-0000063

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.8388

0006116-0000112

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 80
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

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

Mailing Address 24902 N POINT PL

City KATY State TX Zip Code 77494

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

Name of Employer AVIARA ENERGY CORPORATION Occupation ENGINEER

Receipt For: 2014
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 05 / 2013
Transaction ID : SA11AI.8452

Amount of Each Receipt this Period 50.00

CONTRIBUTION

B. MR WILLIAM WADELL
Full Name (Last, First, Middle Initial)

Mailing Address 300 N VAN HOOREBEKE RD

City JOPLIN State MO Zip Code 64801

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

Name of Employer AMERICAN REHABILITATION MINISTRIES Occupation BUSINESS MANAGER

Receipt For: 2014
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 285.00

Date of Receipt 11 / 19 / 2013
Transaction ID : SA11AI.8420

Amount of Each Receipt this Period 25.00

CONTRIBUTION

C. MR DONALD A WHITE JR
Full Name (Last, First, Middle Initial)

Mailing Address 9412 ROCKY HILLS DR

City CORDOVA State TN Zip Code 38018

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

Name of Employer HOMEMAKER Occupation HOMEMAKER

Receipt For: 2014
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 11 / 18 / 2013
Transaction ID : SA11AI.8327

Amount of Each Receipt this Period 100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶ 175.00

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

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.8452

0048257-0000155

Form/Schedule: SA11AI

Transaction ID: SA11AI.8420

0101631-0000132

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.8327

0101707-0000071

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 80
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

A. MRS LOIS WIERENGA
Full Name (Last, First, Middle Initial)

Mailing Address 3442 OLDERIDGE DR NE

City GRAND RAPIDS State MI Zip Code 49525

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

Name of Employer GRAND RAPIDS PUBLIC SCHOOLS Occupation TEACHER

Receipt For: 2014
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
11 / 05 / 2013
Transaction ID : SA11AI.8361

Amount of Each Receipt this Period
25.00

CONTRIBUTION

B. MR STEVEN E WINTER
Full Name (Last, First, Middle Initial)

Mailing Address 2104 BENTHAM WAY

City YUKON State OK Zip Code 73099

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

Name of Employer FAA / MUSTANG PUBLIC SCHOOLS Occupation RETIRED AVIATION SAFETY INSPECTOR /

Receipt For: 2014
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt
11 / 15 / 2013
Transaction ID : SA11AI.8434

Amount of Each Receipt this Period
50.00

CONTRIBUTION

C. MS JANICE E WOOD
Full Name (Last, First, Middle Initial)

Mailing Address 3946 HOLLADAY PARK LOOP SE

City LACEY State WA Zip Code 98503

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

Name of Employer N/A Occupation RETIRED TEACHER

Receipt For: 2014
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
11 / 11 / 2013
Transaction ID : SA11AI.8540

Amount of Each Receipt this Period
25.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶ 100.00

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

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.8361

0005517-0000095

Form/Schedule: SA11AI

Transaction ID: SA11AI.8434

0007481-0000142

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.8540

0101762-0000215

Form/Schedule:

Transaction ID:

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

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

FOR LINE NUMBER: PAGE 57 OF 80
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

A. Full Name (Last, First, Middle Initial)
MRS JUNE L ZEIGLER

Mailing Address 739 E 2ND NORTH ST UNIT 363

City MORRISTOWN	State TN	Zip Code 37814
--------------------	-------------	-------------------

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

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For: 2014
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
330.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	15	/	2013

Transaction ID : SA11AI.8325

Amount of Each Receipt this Period

30.00

CONTRIBUTION

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

--

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

--

SUBTOTAL of Receipts This Page (optional).....▶	30.00
TOTAL This Period (last page this line number only).....▶	5780.04

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.8325

0098488-0000068

Form/Schedule:

Transaction ID:

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

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

FOR LINE NUMBER: PAGE 59 OF 80
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

A. U.S. POSTMASTER
 Full Name (Last, First, Middle Initial)
 Mailing Address 2850 S QUINCY ST
 City ARLINGTON State VA Zip Code 22206
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 715.01

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 19 / 2013
Transaction ID : SA17.8602
 Amount of Each Receipt this Period
 715.01
 REFUND POSTAGE BRE

B.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period

C.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	715.01
TOTAL This Period (last page this line number only).....▶	715.01

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

Full Name (Last, First, Middle Initial)

A. 1st VIRGINIA COMMUNITY BANK

Mailing Address 11325 RANDOM HILLS RD

City State Zip Code
FAIRFAX VA 22030

Purpose of Disbursement
BANK FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		04		2013

Transaction ID : SB21B.8554

Amount of Each Disbursement this Period

110.44

Full Name (Last, First, Middle Initial)

B. AMERICAN EXPRESS

Mailing Address P.O. BOX 299051

City State Zip Code
FT. LAUDERDALE FL 33329

Purpose of Disbursement
BANK FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		01		2013

Transaction ID : SB21B.8551

Amount of Each Disbursement this Period

7.95

Full Name (Last, First, Middle Initial)

C. AMERICAN EXPRESS

Mailing Address P.O. BOX 299051

City State Zip Code
FT. LAUDERDALE FL 33329

Purpose of Disbursement
BANK FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		05		2013

Transaction ID : SB21B.8555

Amount of Each Disbursement this Period

10.50

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

128.89

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

Full Name (Last, First, Middle Initial)

A. AMERICAN EXPRESS

Mailing Address P.O. BOX 299051

City State Zip Code
FT. LAUDERDALE FL 33329

Purpose of Disbursement
BANK FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11	/	05	/	2013

Transaction ID : **SB21B.8556**

Amount of Each Disbursement this Period

0.96

Full Name (Last, First, Middle Initial)

B. AUTHORIZE.NET

Mailing Address P.O. BOX 8999

City State Zip Code
SAN FRANCISCO CA 94128

Purpose of Disbursement
BANK FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11	/	04	/	2013

Transaction ID : **SB21B.8552**

Amount of Each Disbursement this Period

36.51

Full Name (Last, First, Middle Initial)

C. GARY BAUER

Mailing Address 2800 S SHIRLINGTON RD #930

City State Zip Code
ARLINGTON VA 22206

Purpose of Disbursement
PAC CONSULTING POLITICAL AND ADMIN

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11	/	25	/	2013

Transaction ID : **SB21B.8584**

Amount of Each Disbursement this Period

13750.00

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

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

13787.47

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

Full Name (Last, First, Middle Initial)

A. BB&T

Mailing Address 2800 S Quincy St.

City State Zip Code
Arlington VA 22206

Purpose of Disbursement
BANK FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			15			2013			

Transaction ID : SB21B.8558

Amount of Each Disbursement this Period

104.44

Full Name (Last, First, Middle Initial)

B. BB&T

Mailing Address 2800 S Quincy St.

City State Zip Code
Arlington VA 22206

Purpose of Disbursement
BANK FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			22			2013			

Transaction ID : SB21B.8549

Amount of Each Disbursement this Period

82.81

Full Name (Last, First, Middle Initial)

C. BB&T

Mailing Address 2800 S Quincy St.

City State Zip Code
Arlington VA 22206

Purpose of Disbursement
BANK FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			30			2013			

Transaction ID : SB21B.8550

Amount of Each Disbursement this Period

3.00

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

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

190.25

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

Full Name (Last, First, Middle Initial) A. MR KENNETH N BLACKBURN		Date of Disbursement MM / DD / YYYY 11 / 25 / 2013
Mailing Address 10 SHALLOWBROOK DR		Transaction ID : SB21B.8590
City O FALLON	State IL	
Purpose of Disbursement PAC COMPLIANCE CONSULTING		Amount of Each Disbursement this Period 3250.00
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type
State: District:		

Full Name (Last, First, Middle Initial) B. CASTLE STRATEGIES		Date of Disbursement MM / DD / YYYY 11 / 14 / 2013
Mailing Address 11105 HARROWFIELD ROAD		Transaction ID : SB21B.8563
City CHARLOTTE	State NC	
Purpose of Disbursement SOCIAL MEDIA CONSULTING		Amount of Each Disbursement this Period 1000.00
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type
State: District:		

Full Name (Last, First, Middle Initial) C. CHOI COMPANIES		Date of Disbursement MM / DD / YYYY 11 / 25 / 2013
Mailing Address 5999 STEVENSON AVE #310		Transaction ID : SB21B.8577
City ALEXANDRIA	State VA	
Purpose of Disbursement RENT		Amount of Each Disbursement this Period 3041.21
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) ▼	Category/ Type
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	7291.21
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

Full Name (Last, First, Middle Initial)

A. CLOCKWORK SYSTEMS

Mailing Address 6001 GLOSTER ROAD

City BETHESDA State MD Zip Code 20816

Purpose of Disbursement
PAC DIRECT MAIL PRODUCTION

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 25 / 2013

Transaction ID : SB21B.8578

Amount of Each Disbursement this Period

450.00

Full Name (Last, First, Middle Initial)

B. COMCAST

Mailing Address P.O. BOX 3005

City SOUTHEASTERN State PA Zip Code 19398

Purpose of Disbursement
COMPUTER SERVICES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 25 / 2013

Transaction ID : SB21B.8580

Amount of Each Disbursement this Period

250.47

Full Name (Last, First, Middle Initial)

C. DEER PARK

Mailing Address P.O. BOX 52271

City PHOENIX State AZ Zip Code 85072

Purpose of Disbursement
OFFICE EXPENSE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 14 / 2013

Transaction ID : SB21B.8565

Amount of Each Disbursement this Period

31.14

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

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

731.61

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

Full Name (Last, First, Middle Initial)

A. DIRECT RESPONSE STRATEGIES

Mailing Address 228 S. WASHINGTON ST. #B30

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
PAC DIRECT MAIL CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 25 / 2013

Transaction ID : SB21B.8581

Amount of Each Disbursement this Period

2750.00

Full Name (Last, First, Middle Initial)

B. FEDERAL EXPRESS

Mailing Address P.O. BOX 1140

City MEMPHIS State TN Zip Code 28101

Purpose of Disbursement
SHIPPING FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 14 / 2013

Transaction ID : SB21B.8566

Amount of Each Disbursement this Period

94.76

Full Name (Last, First, Middle Initial)

C. FEDERAL EXPRESS

Mailing Address P.O. BOX 1140

City MEMPHIS State TN Zip Code 28101

Purpose of Disbursement
SHIPPING FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 25 / 2013

Transaction ID : SB21B.8583

Amount of Each Disbursement this Period

19.36

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

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

2864.12

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

Full Name (Last, First, Middle Initial)

A. HELLER INFORMATION SERVICES

Mailing Address 30 W GUDE DR, #220

City State Zip Code
ROCKVILLE MD 20850

Purpose of Disbursement
COMPUTER SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
11 / 14 / 2013

Transaction ID : SB21B.8567

Amount of Each Disbursement this Period

211.50

Full Name (Last, First, Middle Initial)

B. IN ALTUM PRODUCTIONS

Mailing Address 7621 PROVINCIAL DR #201

City State Zip Code
MCLEAN VA 22105

Purpose of Disbursement
WEB AD

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
11 / 14 / 2013

Transaction ID : SB21B.8604

Amount of Each Disbursement this Period

1050.00

Full Name (Last, First, Middle Initial)

C. IRON MOUNTAIN

Mailing Address P.O. BOX 27128

City State Zip Code
NEW YORK NY 10087

Purpose of Disbursement
STORAGE FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
11 / 14 / 2013

Transaction ID : SB21B.8568

Amount of Each Disbursement this Period

322.54

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

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

1584.04

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

Full Name (Last, First, Middle Initial)

A. LEXIS NEXIS

Mailing Address P.O. BOX 7247-7090

City PHILADELPHIA State PA Zip Code 19170

Purpose of Disbursement
DUES & SUBSCRIPTIONS

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 14 / 2013

Transaction ID : SB21B.8569

Amount of Each Disbursement this Period

350.00

Full Name (Last, First, Middle Initial)

B. LPS

Mailing Address P.O. BOX 2325

City FAIRFAX State VA Zip Code 22031

Purpose of Disbursement
PAC DATA PROCESSING SERVICES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 14 / 2013

Transaction ID : SB21B.8592

Amount of Each Disbursement this Period

1206.05

Full Name (Last, First, Middle Initial)

C. BILL MOELLER

Mailing Address 2800 S SHIRLINGTON RD #930

City ARLINGTON State VA Zip Code 22206

Purpose of Disbursement
PAC CONSULTING RESEARCHER/WRITER

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 25 / 2013

Transaction ID : SB21B.8576

Amount of Each Disbursement this Period

3250.00

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

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

4806.05

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

Full Name (Last, First, Middle Initial)

A. RST MARKETING

Mailing Address 1272 Corporate Park Drive

City Forest State VA Zip Code 24551

Purpose of Disbursement
PAC DIRECT MAIL PRODUCTION

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 25 / 2013

Transaction ID : **SB21B.8585**

Amount of Each Disbursement this Period

9331.86

Full Name (Last, First, Middle Initial)

B. THE PRINTING EXPRESS

Mailing Address 21 WAREHOUSE ROAD

City HARRISONBURG State VA Zip Code 22801

Purpose of Disbursement
PAC DIRECT MAIL PRODUCTION

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 25 / 2013

Transaction ID : **SB21B.8587**

Amount of Each Disbursement this Period

1567.10

Full Name (Last, First, Middle Initial)

C. U.S. POSTMASTER

Mailing Address 2850 S QUINCY ST

City ARLINGTON State VA Zip Code 22206

Purpose of Disbursement
GENERAL OFFICE POSTAGE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 26 / 2013

Transaction ID : **SB21B.8591**

Amount of Each Disbursement this Period

281.25

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

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

11180.21

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

Full Name (Last, First, Middle Initial)

A. VERIZON

Mailing Address P.O. BOX 17577

City BALTIMORE State MD Zip Code 21297

Purpose of Disbursement TELEPHONE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 25 / 2013

Transaction ID : SB21B.8589

Amount of Each Disbursement this Period

417.07

Full Name (Last, First, Middle Initial)

B. DEAN VIRAG

Mailing Address 14511 RILLHURST DR

City CULPEPER State VA Zip Code 22701

Purpose of Disbursement WEBSITE SUPPORT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 14 / 2013

Transaction ID : SB21B.8564

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. WASHINGTON INTELLIGENCE BUREAU

Mailing Address 4128 PEPSI PLACE

City CHANTILLY State VA Zip Code 20151

Purpose of Disbursement PAC CAGING AND DATA ENTRY SERVICES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 14 / 2013

Transaction ID : SB21B.8593

Amount of Each Disbursement this Period

644.76

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

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

1561.83

44125.68

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

Full Name (Last, First, Middle Initial)

A. GARY PALMER FOR CONGRESS

Mailing Address 1919 OXMOOR RD #235

City State Zip Code
HOMEWOOD AL 35209

Purpose of Disbursement
CONTRIBUTION

Candidate Name
GARY PALMER FOR CONGRESS

Office Sought: House Senate President
 Disbursement For: 2014 Primary General Other (specify) ▼
 State: AL District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		14		2013

Transaction ID : SB23.8573

Amount of Each Disbursement this Period

5,000.00

Full Name (Last, First, Middle Initial)

B. KIRK JORGENSEN FOR CONGRESS

Mailing Address 14677 VIA BETTONA SUITE 110-835

City State Zip Code
SAN DIEGO CA 92127

Purpose of Disbursement
CONTRIBUTION

Candidate Name
KIRK JORGENSEN FOR CONGRESS

Office Sought: House Senate President
 Disbursement For: 2014 Primary General Other (specify) ▼
 State: CA District: 52

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		14		2013

Transaction ID : SB23.8574

Amount of Each Disbursement this Period

2,500.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

--

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

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

7500.00

7500.00

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 71 OF 80
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

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

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

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor COVINGTON & BURLING	Nature of Debt (Purpose): LEGAL FEES
Mailing Address 1201 PENNSYLVANIA AVE, NW	
City State Zip Code WASHINGTON DC 20004	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.8596	
Amount Incurred This Period 3810.50	Payment This Period 0.00	Outstanding Balance at Close of This Period 3810.50

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

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

1) SUBTOTALS This Period This Page (optional)..... ▶	6988.92
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 72 OF 80
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

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

Outstanding Balance Beginning This Period <input type="text" value="1206.05"/>	Transaction ID : SD10.8212	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="1206.05"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

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

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	Transaction ID : SD10.8597	
Amount Incurred This Period <input type="text" value="561.80"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="561.80"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor MCENROE VOICE AND DATA	Nature of Debt (Purpose): OFFICE EXPENSE TELEPHONE
Mailing Address 10955 GOLDEN WEST DRIVE	
City State Zip Code HUNT VALLEY MD 21031	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	Transaction ID : SD10.8594	
Amount Incurred This Period <input type="text" value="200.00"/>	Payment This Period <input type="text" value="200.00"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="561.80"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 73 OF 80
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor MCENROE VOICE AND DATA	Nature of Debt (Purpose): OFFICE EXPENSE VOICE MAIL SYSTEM
Mailing Address 10955 GOLDEN WEST DRIVE	
City State Zip Code HUNT VALLEY MD 21031	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.8598	
Amount Incurred This Period 599.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 599.00

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

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

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

Outstanding Balance Beginning This Period 644.76	Transaction ID : SD10.8211	
Amount Incurred This Period 0.00	Payment This Period 644.76	Outstanding Balance at Close of This Period 0.00

1) SUBTOTALS This Period This Page (optional)..... ▶	2919.90
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 74 OF 80
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

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

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	Transaction ID : SD10.8599	
Amount Incurred This Period <input type="text" value="834.18"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="834.18"/>

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

Outstanding Balance Beginning This Period <input type="text"/>		
Amount Incurred This Period <input type="text"/>	Payment This Period <input type="text"/>	Outstanding Balance at Close of This Period <input type="text"/>

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

Outstanding Balance Beginning This Period <input type="text"/>		
Amount Incurred This Period <input type="text"/>	Payment This Period <input type="text"/>	Outstanding Balance at Close of This Period <input type="text"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="834.18"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text" value="11304.80"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text" value="0.00"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="11304.80"/>

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) CAMPAIGN FOR WORKING FAMILIES	FEC IDENTIFICATION NUMBER ▼ C C00325076
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee IN ALTUM PRODUCTIONS	Date M M M / D D D / Y Y Y Y Y Y 11 / 20 / 2013
Mailing Address 7621 PROVINCIAL DR #201	Amount 525.00
City State Zip Code MCLEAN VA 22105	
Purpose of Expenditure WEB AD VARIOUS CANDIDATES SEE BELOW FOR DETAIL	Category/Type 004
Name of Federal Candidate Supported or Opposed by Expenditure: VARIOUS CANDIDATES SEE BELOW	Office Sought: <input type="checkbox"/> House State: _____ <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 5 5 525.00	Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) _____	

Transaction ID : SE.8668

Full Name (Last, First, Middle Initial) of Payee IN ALTUM PRODUCTIONS [MEMO ITEM]	Date M M M / D D D / Y Y Y Y Y Y 11 / 20 / 2013
Mailing Address 7621 PROVINCIAL DR #201	Amount 65.63
City State Zip Code MCLEAN VA 22105	
Purpose of Expenditure WEB AD	Category/Type 004
Name of Federal Candidate Supported or Opposed by Expenditure: RICHARD J DURBIN	Office Sought: <input type="checkbox"/> House State: IL <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 0.00	Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) _____	

Transaction ID : SE.8669

(a) SUBTOTAL of Itemized Independent Expenditures.....	525.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Dorie Velez
Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
12 / 20 / 2013

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

Form/Schedule: SE

Transaction ID : SE.8668

NOTE: This entry is for a single ad that featured several candidates. Detail of each candidate is listed below in memo entries.

Form/Schedule:

Transaction ID:

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) CAMPAIGN FOR WORKING FAMILIES	FEC IDENTIFICATION NUMBER ▼ C C00325076
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee IN ALTUM PRODUCTIONS [MEMO ITEM]		Date MM / DD / YYYY 11 / 20 / 2013
Mailing Address 7621 PROVINCIAL DR #201		Amount 65.63
City MCLEAN	State VA	
Zip Code 22105	Transaction ID : SE.8670	
Purpose of Expenditure WEB AD	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: AK <input checked="" type="checkbox"/> Senate District: <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: MARK BEGICH		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 0.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee IN ALTUM PRODUCTIONS [MEMO ITEM]		Date MM / DD / YYYY 11 / 20 / 2013
Mailing Address 7621 PROVINCIAL DR #201		Amount 65.63
City MCLEAN	State VA	
Zip Code 22105	Transaction ID : SE.8671	
Purpose of Expenditure WEB AD	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: NC <input checked="" type="checkbox"/> Senate District: <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: KAY R HAGAN		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 0.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Dorie Velez
[Electronically Filed]
Date MM / DD / YYYY
12 / 20 / 2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) CAMPAIGN FOR WORKING FAMILIES		FEC IDENTIFICATION NUMBER ▼ C C00325076
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name (Last, First, Middle Initial) of Payee
IN ALTUM PRODUCTIONS
[MEMO ITEM]

Date
MM / DD / YYYY
11 / 20 / 2013

Mailing Address 7621 PROVINCIAL DR #201

Amount
65.63
Transaction ID : SE.8672

City MCLEAN	State VA	Zip Code 22105
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Purpose of Expenditure WEB AD	Category/ Type 004
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Office Sought: House Senate President
State: LA District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
MARY L LANDRIEU

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought
0.00

Disbursement For: Primary General
2014 Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
IN ALTUM PRODUCTIONS
[MEMO ITEM]

Date
MM / DD / YYYY
11 / 20 / 2013

Mailing Address 7621 PROVINCIAL DR #201

Amount
65.62
Transaction ID : SE.8673

City MCLEAN	State VA	Zip Code 22105
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Purpose of Expenditure WEB AD	Category/ Type 004
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Office Sought: House Senate President
State: OR District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
JEFFREY ALAN MERKLEY

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought
0.00

Disbursement For: Primary General
2014 Other (specify) _____

(a) **SUBTOTAL** of Itemized Independent Expenditures..... ▶ 0.00

(b) **SUBTOTAL** of Unitemized Independent Expenditures ▶

(c) **TOTAL** Independent Expenditures..... ▶

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Dorie Velez [Electronically Filed] Date MM / DD / YYYY 12 / 20 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) CAMPAIGN FOR WORKING FAMILIES	FEC IDENTIFICATION NUMBER C C00325076
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <input type="text"/> / <input type="text"/> / <input type="text"/>	

Full Name (Last, First, Middle Initial) of Payee IN ALTUM PRODUCTIONS [MEMO ITEM]		Date <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 7621 PROVINCIAL DR #201		Amount <input type="text"/>
City MCLEAN	State VA	Zip Code 22105
Purpose of Expenditure WEB AD	Category/ Type 004	Transaction ID : SE.8674
Name of Federal Candidate Supported or Opposed by Expenditure: JACK F REED		Office Sought: <input type="checkbox"/> House State: RI <input checked="" type="checkbox"/> Senate District: <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 0.00		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee IN ALTUM PRODUCTIONS [MEMO ITEM]		Date <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 7621 PROVINCIAL DR #201		Amount <input type="text"/>
City MCLEAN	State VA	Zip Code 22105
Purpose of Expenditure WEB AD	Category/ Type 004	Transaction ID : SE.8675
Name of Federal Candidate Supported or Opposed by Expenditure: JEANNE SHAHEEN		Office Sought: <input type="checkbox"/> House State: NH <input checked="" type="checkbox"/> Senate District: <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 0.00		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<input type="text"/> 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	<input type="text"/>
(c) TOTAL Independent Expenditures.....▶	<input type="text"/>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Dorie Velez [Electronically Filed] Date / /

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) CAMPAIGN FOR WORKING FAMILIES	FEC IDENTIFICATION NUMBER ▼ C C00325076
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee IN ALTUM PRODUCTIONS		Date MM / DD / YYYY 11 / 20 / 2013
[MEMO ITEM] Mailing Address 7621 PROVINCIAL DR #201		Amount 65.62
City MCLEAN	State VA	Zip Code 22105
Purpose of Expenditure WEB AD	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: NM <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TOM UDALL		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought MM / DD / YYYY 0.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Transaction ID : SE.8677

Full Name (Last, First, Middle Initial) of Payee		Date MM / DD / YYYY
Mailing Address		Amount
City	State	Zip Code
Purpose of Expenditure	Category/ Type	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought MM / DD / YYYY		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	525.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Dorie Velez
Signature

[Electronically Filed]

Date MM / DD / YYYY
12 / 20 / 2013