

# 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.   
**AMERICAN WORKING FAMILIES**

ADDRESS (number and street)   
 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
 3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

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

5. Covering Period  /  /  through  /  /

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 Bud Jackson

Signature of Treasurer Bud Jackson [Electronically Filed] Date  /  /

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

**AMERICAN WORKING FAMILIES**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>	<input type="text" value="8837.99"/>	<input type="text" value="8837.99"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="15042.15"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="167000.00"/>	<input type="text" value="397011.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="182042.15"/>	<input type="text" value="405848.99"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="173821.08"/>	<input type="text" value="397627.92"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="8221.07"/>	<input type="text" value="8221.07"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="3000.00"/>	

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

**For further information contact:**

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

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

DETAILED SUMMARY PAGE  
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

AMERICAN WORKING FAMILIES

Report Covering the Period: From: 04 / 01 / 2016 To: 06 / 30 / 2016

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).....	117500.00	172500.00
(ii) Unitemized .....	0.00	11.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	117500.00	172511.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	47500.00	222500.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	165000.00	395011.00
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).....	2000.00	2000.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	167000.00	397011.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	167000.00	397011.00

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	10491.08	15247.92
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	10491.08	15247.92
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	120080.00	339130.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	43250.00	43250.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	173821.08	397627.92
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	173821.08	397627.92

**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) .....	165000.00	395011.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	165000.00	395011.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	10491.08	15247.92
37. Offsets to Operating Expenditures (from Line 15, page 3).....	2000.00	2000.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	8491.08	13247.92

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

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

FOR LINE NUMBER: PAGE 6 OF 26  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

NAME OF COMMITTEE (In Full)  
**AMERICAN WORKING FAMILIES**

**A. Bricklayers & Allied Craftworkers Local 1 PA/DE PAC Fund**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2706 Black Lake Place  
 City Philadelphia State PA Zip Code 19154  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 25000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 15 / 2016  
**Transaction ID : SA11AI.4522**  
 Amount of Each Receipt this Period  
 25000.00  
 Memo Item

**B. Carpenters Fund for Growth & Progress**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9 Fieldcrest Avenue  
 City Edison State NJ Zip Code 08837  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 25000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 26 / 2016  
**Transaction ID : SA11AI.4549**  
 Amount of Each Receipt this Period  
 25000.00  
 Memo Item

**C. Crotona Associates LLC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 62 E 42nd Street Suite 1835  
 City New York State NY Zip Code 10165  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 10000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 23 / 2016  
**Transaction ID : SA11AI.4577**  
 Amount of Each Receipt this Period  
 10000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	60000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 7 OF 26  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

NAME OF COMMITTEE (In Full)  
**AMERICAN WORKING FAMILIES**

Full Name (Last, First, Middle Initial)  
**A. International Union of Operating Engineers Local 542 Political Action Fund**

Mailing Address 1375 Virginia Drive

City State Zip Code  
Fort Washington PA 19034

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 21 / 2016  
**Transaction ID : SA11AI.4536**

Amount of Each Receipt this Period  
2500.00

Memo Item

Full Name (Last, First, Middle Initial)  
**B. Carol Sutton Lewis**

Mailing Address 101 Central Park W Apt 7C

City State Zip Code  
New York NY 10023

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

Name of Employer Occupation  
Retired Retired

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 23 / 2016  
**Transaction ID : SA11AI.4579**

Amount of Each Receipt this Period  
10000.00

Memo Item

Full Name (Last, First, Middle Initial)  
**C. No Solar Tax PAC**

Mailing Address 2310 South Carson Street

City State Zip Code  
Carson City NV 89701

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 08 / 2016  
**Transaction ID : SA11AI.4573**

Amount of Each Receipt this Period  
5000.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 17500.00

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

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

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

FOR LINE NUMBER: PAGE 8 OF 26  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

NAME OF COMMITTEE (In Full)  
**AMERICAN WORKING FAMILIES**

**A. PSEA PACE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 400 North Third Street  
 City Harrisburg State PA Zip Code 17105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 10000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 22 / 2016  
**Transaction ID : SA11AI.4538**  
 Amount of Each Receipt this Period  
 10000.00  
 Memo Item

**B. PSEA PACE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 400 North Third Street  
 City Harrisburg State PA Zip Code 17105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 25000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 26 / 2016  
**Transaction ID : SA11AI.4551**  
 Amount of Each Receipt this Period  
 15000.00  
 Memo Item

**C. Service Employees International Union**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1800 Massachusetts Ave, NW  
 City Washington State DC Zip Code 20036  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 22 / 2016  
**Transaction ID : SA11AI.4540**  
 Amount of Each Receipt this Period  
 5000.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 30000.00  
**TOTAL** This Period (last page this line number only)..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:	PAGE 9 OF 26
(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
**AMERICAN WORKING FAMILIES**

**A.** Full Name (Last, First, Middle Initial)  
**Steamfitters Local Union 420 Committee on Political Education**

Mailing Address 14420 Townsend Road

City Philadelphia State PA Zip Code 19154

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 26 / 2016

**Transaction ID : SA11AI.4552**

Amount of Each Receipt this Period  
 10000.00

Memo Item

**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

Memo Item

**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

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	10000.00
<b>TOTAL</b> This Period (last page this line number only).....	117500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 26
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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)  
**AMERICAN WORKING FAMILIES**

**A. COMMUNICATIONS WORKERS OF AMERICA WORKING VOICES**

Full Name (Last, First, Middle Initial)  
Mailing Address 501 3RD STREET, NW

City WASHINGTON	State DC	Zip Code 20001
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00488486

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 15 / 2016  
**Transaction ID : SA11C.4525**

Amount of Each Receipt this Period  
 10000.00

Memo Item

**B. INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS LOCAL 98 COMMITTEE ON POLITICAL EDUCATION**

Full Name (Last, First, Middle Initial)  
Mailing Address 1719 SPRING GARDEN STREET

City PHILADELPHIA	State PA	Zip Code 19130
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00162818

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
25000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 15 / 2016  
**Transaction ID : SA11C.4531**

Amount of Each Receipt this Period  
 25000.00

Memo Item

**C. LABORERS' DISTRICT COUNCIL OF THE METRO AREA OF PHILADELPHIA AND VICINITY P A C**

Full Name (Last, First, Middle Initial)  
Mailing Address 665 NORTH BROAD STREET 4TH FLOOR

City PHILADELPHIA	State PA	Zip Code 19123
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00253294

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 21 / 2016  
**Transaction ID : SA11C.4534**

Amount of Each Receipt this Period  
 5000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	40000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 11 OF 26  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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)  
**AMERICAN WORKING FAMILIES**

**A. PLUMBERS UNION LOCAL 690 POLITICAL ACTION COMMITTEE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2791 SOUTHAMPTON ROAD

City PHILADELPHIA	State PA	Zip Code 19154
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00252825

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
7500.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
04 / 15 / 2016  
**Transaction ID : SA11C.4527**

Amount of Each Receipt this Period  
7500.00

Memo Item

**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 M / D D D / Y Y Y Y Y Y  
\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Amount of Each Receipt this Period  
\_\_\_\_\_

Memo Item

**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 M / D D D / Y Y Y Y Y Y  
\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Amount of Each Receipt this Period  
\_\_\_\_\_

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	7500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	47500.00

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

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

FOR LINE NUMBER: PAGE 12 OF 26  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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)  
**AMERICAN WORKING FAMILIES**

Full Name (Last, First, Middle Initial)  
**A. Aiken & Company, P.C.**

Mailing Address 3975 University Drive  
Suite 200

City State Zip Code  
Fairfax VA 22030

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  
MM / DD / YYYY  
06 / 06 / 2016

**Transaction ID : SA15.4570**

Amount of Each Receipt this Period  
2000.00

Memo Item

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

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  
MM / DD / YYYY

Amount of Each Receipt this Period

Memo Item

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

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  
MM / DD / YYYY

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	2000.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
**AMERICAN WORKING FAMILIES**

Full Name (Last, First, Middle Initial)

**A. American Express**

Mailing Address 1111 Constitution Avenue, NW

City Washington State DC Zip Code 20224

Purpose of Disbursement Event Catering

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 06 / 01 / 2016

**Transaction ID : SB21B.4568**

Amount of Each Disbursement this Period 785.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Acqua AI 2**

Mailing Address 212 7th Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement Catering

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 06 / 01 / 2016

**Transaction ID : SB21B.4568.0**

Amount of Each Disbursement this Period 785.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Bank of America**

Mailing Address 600 North Washington Street

City Alexandria State VA Zip Code 22314

Purpose of Disbursement Bank Charge

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 04 / 04 / 2016

**Transaction ID : SB21B.4586**

Amount of Each Disbursement this Period 15.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 800.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
**AMERICAN WORKING FAMILIES**

Full Name (Last, First, Middle Initial)

**A. Bank of America**

Mailing Address 600 North Washington Street

City Alexandria State VA Zip Code 22314

Purpose of Disbursement Bank Charge

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY  
04 / 07 / 2016

**Transaction ID : SB21B.4521**

Amount of Each Disbursement this Period: 10.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Bank of America**

Mailing Address 600 North Washington Street

City Alexandria State VA Zip Code 22314

Purpose of Disbursement Bank Charge

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY  
04 / 18 / 2016

**Transaction ID : SB21B.4533**

Amount of Each Disbursement this Period: 15.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Bank of America**

Mailing Address 600 North Washington Street

City Alexandria State VA Zip Code 22314

Purpose of Disbursement Bank Charge

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY  
04 / 25 / 2016

**Transaction ID : SB21B.4545**

Amount of Each Disbursement this Period: 15.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ► 40.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
**AMERICAN WORKING FAMILIES**

Full Name (Last, First, Middle Initial)		Date of Disbursement	
<b>A. Bank of America</b>		M M M / D D D / Y Y Y Y Y Y 04 / 27 / 2016	
Mailing Address 600 North Washington Street		<b>Transaction ID : SB21B.4557</b>	
City Alexandria	State VA	Zip Code 22314	Amount of Each Disbursement this Period 15.00
Purpose of Disbursement Bank Charge	Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Category/Type		

Full Name (Last, First, Middle Initial)		Date of Disbursement	
<b>B. Bank of America</b>		M M M / D D D / Y Y Y Y Y Y 05 / 02 / 2016	
Mailing Address 600 North Washington Street		<b>Transaction ID : SB21B.4587</b>	
City Alexandria	State VA	Zip Code 22314	Amount of Each Disbursement this Period 15.00
Purpose of Disbursement Bank Charge	Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Category/Type		

Full Name (Last, First, Middle Initial)		Date of Disbursement	
<b>C. Bank of America</b>		M M M / D D D / Y Y Y Y Y Y 05 / 06 / 2016	
Mailing Address 600 North Washington Street		<b>Transaction ID : SB21B.4564</b>	
City Alexandria	State VA	Zip Code 22314	Amount of Each Disbursement this Period 10.00
Purpose of Disbursement Bank Charge	Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Category/Type		

<b>SUBTOTAL</b> of Disbursements This Page (optional)..... ▶	40.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶	

# SCHEDULE B (FEC Form 3X)

## ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
**AMERICAN WORKING FAMILIES**

Full Name (Last, First, Middle Initial)

**A. Bank of America**

Mailing Address 600 North Washington Street

City State Zip Code  
Alexandria VA 22314

Purpose of Disbursement  
Bank Charge

Candidate Name

Category/Type

Office Sought:  
 House  
 Senate  
 President  
 State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

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

Transaction ID : SB21B.4588

Amount of Each Disbursement this Period

1	5	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

Memo Item

Full Name (Last, First, Middle Initial)

**B. Bank of America**

Mailing Address 600 North Washington Street

City State Zip Code  
Alexandria VA 22314

Purpose of Disbursement  
Bank Charge

Candidate Name

Category/Type

Office Sought:  
 House  
 Senate  
 President  
 State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

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

Transaction ID : SB21B.4575

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

Memo Item

Full Name (Last, First, Middle Initial)

**C. Bank of America**

Mailing Address 600 North Washington Street

City State Zip Code  
Alexandria VA 22314

Purpose of Disbursement  
Bank Charge

Candidate Name

Category/Type

Office Sought:  
 House  
 Senate  
 President  
 State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6		/	0	9		/	2	0	1	6		

Transaction ID : SB21B.4576

Amount of Each Disbursement this Period

1	5	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

Memo Item

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

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

4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

1	5	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
**AMERICAN WORKING FAMILIES**

Full Name (Last, First, Middle Initial) <b>A. Bank of America</b>	Date of Disbursement MM / DD / YYYY 06 / 24 / 2016
Mailing Address 600 North Washington Street	<b>Transaction ID : SB21B.4581</b>
City Alexandria State VA Zip Code 22314	Amount of Each Disbursement this Period 15.00
Purpose of Disbursement Bank Charge	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. Harlem Strategies</b>	Date of Disbursement MM / DD / YYYY 06 / 29 / 2016
Mailing Address 193 Malcolm X Blvd	<b>Transaction ID : SB21B.4582</b>
City New York State NY Zip Code 10026	Amount of Each Disbursement this Period 2500.00
Purpose of Disbursement Fundraising Consulting	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. Jackson Group Media, LLC</b>	Date of Disbursement MM / DD / YYYY 04 / 27 / 2016
Mailing Address 206 North Washington Street Suite 10	<b>Transaction ID : SB21B.4555</b>
City Alexandria State VA Zip Code 22311	Amount of Each Disbursement this Period 792.08
Purpose of Disbursement Data Purchase	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional)..... ▶	3307.08
<b>TOTAL</b> This Period (last page this line number only)..... ▶	

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

Form with checkboxes and input boxes for line numbers 21b through 30b.

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

NAME OF COMMITTEE (In Full)
AMERICAN WORKING FAMILIES

Form A: Patrick Mellody. Includes fields for full name, mailing address, city/state/zip, purpose of disbursement, candidate name, office sought, and disbursement for. Transaction ID: SB21B.4584. Amount: 2000.00.

Form B: Sandler, Reiff, Lamb, Rosenstein & Birkenstock, PC. Includes fields for full name, mailing address, city/state/zip, purpose of disbursement, candidate name, office sought, and disbursement for. Transaction ID: SB21B.4554. Amount: 2500.00.

Form C: Sandler, Reiff, Lamb, Rosenstein & Birkenstock, PC. Includes fields for full name, mailing address, city/state/zip, purpose of disbursement, candidate name, office sought, and disbursement for. Transaction ID: SB21B.4566. Amount: 1500.00.

Summary table with rows for SUBTOTAL of Disbursements This Page (optional) and TOTAL This Period, with corresponding amounts in input boxes (6000.00).

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

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

FOR LINE NUMBER:  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
**AMERICAN WORKING FAMILIES**

Full Name (Last, First, Middle Initial)

**A. UPS Store**

Mailing Address 2308 Mount Vernon St.

City Alexandria State VA Zip Code 22301

Purpose of Disbursement  
Shipping

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 Y  
04 / 25 / 2016

**Transaction ID : SB21B.4543**

Amount of Each Disbursement this Period

264.00

Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

Memo Item

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

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

264.00

10491.08

**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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

NAME OF COMMITTEE (In Full)  
**AMERICAN WORKING FAMILIES**

Full Name (Last, First, Middle Initial) <b>A. Buying Time, LLC</b>		Date of Disbursement MM / DD / YYYY 05 / 16 / 2016
Mailing Address 600 Massachusetts Ave, NW		<b>Transaction ID : SB29.4565</b>  Amount of Each Disbursement this Period 20000.00 <input type="checkbox"/> Memo Item
City Washington	State DC	
Zip Code 20001	Category/Type	
Purpose of Disbursement Advertising - Non-Federal		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Extreme Reach</b>		Date of Disbursement MM / DD / YYYY 05 / 29 / 2016
Mailing Address 75 Second Hill Avenue		<b>Transaction ID : SB29.4567</b>  Amount of Each Disbursement this Period 250.00 <input type="checkbox"/> Memo Item
City Brookline	State MA	
Zip Code 02445	Category/Type	
Purpose of Disbursement Advertising Delivery - Non-Federal		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Progress United</b>		Date of Disbursement MM / DD / YYYY 05 / 04 / 2016
Mailing Address 2308 Mt. Vernon Avenue Suite 222		<b>Transaction ID : SB29.4591</b>  Amount of Each Disbursement this Period 23000.00 <input type="checkbox"/> Memo Item
City Alexandria	State VA	
Zip Code 22301	Category/Type	
Purpose of Disbursement Contribution to Non-Profit		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	43250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	43250.00

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **AMERICAN WORKING FAMILIES** Transaction ID : **SC/10.4113**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) Jackson Group Media, LLC	<input type="checkbox"/> Memo Item	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 206 North Washington Street Suite 10		
City Alexandria State VA ZIP Code 22311		

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
3000.00	0.00	3000.00

**TERMS**

Date Incurred: MM / DD / YYYY (06 / 01 / 2012) Date Due: MM / DD / YYYY (None) Interest Rate: 0.00 % (apr) Secured:  Yes  No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....▶	3000.00
<b>TOTALS</b> This Period (last page in this line only).....▶	3000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>AMERICAN WORKING FAMILIES</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00511915
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 <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	

Full Name of Payee <input type="checkbox"/> Memo Item <b>Buying Time, LLC</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 04 / 19 / 2016
Mailing Address 600 Massachusetts Ave, NW	Amount <span style="border: 1px solid black; padding: 2px;">55000.00</span>
City State Zip Code Washington DC 20001	<b>Transaction ID : SE.4492</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 04 / 18 / 2016
Purpose of Expenditure TV Advertising/Production	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
Name of Federal Candidate STEVEN J SANTARSIERO	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: <u>08</u> <input type="checkbox"/> President State: <u>PA</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">55000.00</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <input type="checkbox"/> Memo Item <b>Buying Time, LLC</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 04 / 23 / 2016
Mailing Address 600 Massachusetts Ave, NW	Amount <span style="border: 1px solid black; padding: 2px;">15000.00</span>
City State Zip Code Washington DC 20001	<b>Transaction ID : SE.4495</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 04 / 23 / 2016
Purpose of Expenditure TV Advertising	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
Name of Federal Candidate STEVEN J SANTARSIERO	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: <u>08</u> <input type="checkbox"/> President State: <u>PA</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">80000.00</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">70000.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

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.

*Bud Jackson* [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
07 / 06 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
AMERICAN WORKING FAMILIES
FEC IDENTIFICATION NUMBER
C C00511915
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee: Buying Time, LLC
Mailing Address: 600 Massachusetts Ave, NW
City: Washington State: DC Zip Code: 20001
Purpose of Expenditure: TV Advertising
Name of Federal Candidate: STEVEN J SANTARSIERO
Office Sought: House District: 08 State: PA
Disbursement For: Primary
Amount: 20000.00
Transaction ID: SE.4502

Full Name of Payee: Jackson Group Media, LLC
Mailing Address: 206 North Washington Street Suite 10
City: Alexandria State: VA Zip Code: 22311
Purpose of Expenditure: Internet Advertising
Name of Federal Candidate: STEVEN J SANTARSIERO
Office Sought: House District: 08 State: PA
Disbursement For: Primary
Amount: 10000.00
Transaction ID: SE.4503

(a) SUBTOTAL of Itemized Independent Expenditures: 30000.00
(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: Bud Jackson [Electronically Filed] Date: 07/06/2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
AMERICAN WORKING FAMILIES
FEC IDENTIFICATION NUMBER
C C00511915
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee: Jackson Group Media, LLC
Mailing Address: 206 North Washington Street, Suite 10
City: Alexandria, State: VA, Zip Code: 22311
Purpose of Expenditure: Digital Advertising
Name of Federal Candidate: RUBEN KIHUEN
Office Sought: House, District: 04, State: NV
Amount: 3500.00
Transaction ID: SE.4511
Date of Disbursement or Obligation: 06/09/2016
Calendar Year-To-Date Per Election for Office Sought: 4530.00
Disbursement For: Primary

Full Name of Payee: Jackson Group Media, LLC
Mailing Address: 206 North Washington Street, Suite 10
City: Alexandria, State: VA, Zip Code: 22311
Purpose of Expenditure: Digital Advertising
Name of Federal Candidate: KEITH L T WRIGHT
Office Sought: House, District: 13, State: NY
Amount: 13000.00
Transaction ID: SE.4515
Date of Disbursement or Obligation: 06/24/2016
Calendar Year-To-Date Per Election for Office Sought: 13000.00
Disbursement For: Primary

(a) SUBTOTAL of Itemized Independent Expenditures: 16500.00
(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: Bud Jackson
Date: 07/06/2016
[Electronically Filed]

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>AMERICAN WORKING FAMILIES</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00511915
---	--

Check if  24-hour report  48-hour report  New report  Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <b>MDigital Consulting Services</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 06 / 09 / 2016
Mailing Address 555 East Silverado Ranch Blvd #2056	Amount <span style="border: 1px solid black; padding: 2px;">1030.00</span>
City State Zip Code Las Vegas NV 89193	<b>Transaction ID : SE.4508</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 06 / 09 / 2016
Purpose of Expenditure Digital Advertising	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
Name of Federal Candidate RUBEN KIHUEN	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 04 State: NV
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1030.00</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Voice Broadcasting Corporation</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 04 / 23 / 2016
Mailing Address 1527 South Cooper Street	Amount <span style="border: 1px solid black; padding: 2px;">550.00</span>
City State Zip Code Arlington TX 76010	<b>Transaction ID : SE.4496</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 04 / 23 / 2016
Purpose of Expenditure Telephone Calls	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
Name of Federal Candidate STEVEN J SANTARSIERO	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 08 State: PA
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">80550.00</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">1580.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

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.

*Bud Jackson* [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
07 / 06 / 2016

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>AMERICAN WORKING FAMILIES</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00511915
---	--

Check if  24-hour report  48-hour report  New report  Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <b>Voice Broadcasting Corporation</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">06 / 24 / 2016</span>
Mailing Address 1527 South Cooper Street	Amount <span style="border: 1px solid black; padding: 2px;">2000.00</span>
City State Zip Code Arlington TX 76010	
Purpose of Expenditure Telephone Calls	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
Name of Federal Candidate KEITH L T WRIGHT	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">06 / 24 / 2016</span>
Name of Federal Candidate KEITH L T WRIGHT	Office Sought: <input checked="" type="checkbox"/> House District: <u>13</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NY</u>
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
<span style="border: 1px solid black; padding: 2px;">15000.00</span>	

Full Name of Payee <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;"> </span>
Mailing Address	Amount <span style="border: 1px solid black; padding: 2px;"> </span>
City State Zip Code	
Purpose of Expenditure	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
Name of Federal Candidate	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;"> </span>
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
<span style="border: 1px solid black; padding: 2px;"> </span>	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">2000.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">120080.00</span>

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.

*Bud Jackson* [Electronically Filed] Date 07 / 06 / 2016

Signature