

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

CAMPAIGN FOR WORKING FAMILIES

ADDRESS (number and street) 2800 Shirlington Road, Suite 930

Check if different than previously reported. (ACC) Arlington VA 22206

2. **FEC IDENTIFICATION NUMBER** CITY STATE ZIPCODE

C00325076

3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

### 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report(Q1)
- July 15 Quarterly Report(Q2)
- October 15 Quarterly Report(Q3)
- January 31 Quarterly Report(YE)
- July 31 Mid-Year Report(Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- |                                      |                                                 |                                       |                                                                |
|--------------------------------------|-------------------------------------------------|---------------------------------------|----------------------------------------------------------------|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5)            | <input type="checkbox"/> Aug 20 (M8)  | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6)            | <input type="checkbox"/> Sep 20 (M9)  | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input checked="" type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE)                           |

- (c) 12-Day **PRE-Election** Report for the:
- |                                           |                                        |                                       |
|-------------------------------------------|----------------------------------------|---------------------------------------|
| <input type="checkbox"/> Primary (12P)    | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) |                                       |

Election on \_\_\_\_\_ in the State of \_\_\_\_\_

- (d) 30-Day **Post -Election** Report for the:
- |                                        |                                       |                                        |
|----------------------------------------|---------------------------------------|----------------------------------------|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|----------------------------------------|---------------------------------------|----------------------------------------|

Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 06 01 2010 through 06 30 2010

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

Type or Print Name of Treasurer Dorie Velezis

Signature of Treasurer Electronically Filed by Dorie Velezis Date 10 08 2010

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

|                 |  |  |  |  |  |  |  |
|-----------------|--|--|--|--|--|--|--|
| Office Use Only |  |  |  |  |  |  |  |
|-----------------|--|--|--|--|--|--|--|

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

**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
CAMPAIGN FOR WORKING FAMILIES

Report Covering the Period: From: 

|   |   |
|---|---|
| M | M |
| 0 | 6 |

|   |   |
|---|---|
| D | D |
| 0 | 1 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

 To: 

|   |   |
|---|---|
| M | M |
| 0 | 6 |

|   |   |
|---|---|
| D | D |
| 3 | 0 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

|                                                                                                                                                               | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-Date |   |   |   |   |   |   |  |            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-----------------------------------|---|---|---|---|---|---|--|------------|
| 6. (a) Cash on Hand<br>January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table> | Y                       | Y                                 | Y | Y | 2 | 0 | 1 | 0 |  | 1942798.34 |
| Y                                                                                                                                                             | Y                       | Y                                 | Y |   |   |   |   |   |  |            |
| 2                                                                                                                                                             | 0                       | 1                                 | 0 |   |   |   |   |   |  |            |
| (b) Cash on Hand at<br>Beginning of Reporting Period .....                                                                                                    | 2042395.82              |                                   |   |   |   |   |   |   |  |            |
| (c) Total Receipts (from Line 19) .....                                                                                                                       | 99520.94                | 392437.02                         |   |   |   |   |   |   |  |            |
| (d) Subtotal (add lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B) .....                                                          | 2141916.76              | 2335235.36                        |   |   |   |   |   |   |  |            |
| 7. Total Disbursements (from Line 31) .....                                                                                                                   | 55471.61                | 248790.21                         |   |   |   |   |   |   |  |            |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)) .....                                                                     | 2086445.15              | 2086445.15                        |   |   |   |   |   |   |  |            |
| 9. Debts and Obligations owed <b>TO</b><br>the committee (Itemize all on<br>Schedule C and/or Schedule D) .....                                               | 0.00                    |                                   |   |   |   |   |   |   |  |            |
| 10. Debts and Obligations owed <b>BY</b><br>the committee (Itemize all on<br>Schedule C and/or Schedule D) .....                                              | 8397.93                 |                                   |   |   |   |   |   |   |  |            |

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name  
CAMPAIGN FOR WORKING FAMILIES

Report Covering the Period: From: 

|   |   |
|---|---|
| M | M |
| 0 | 6 |

|   |   |
|---|---|
| D | D |
| 0 | 1 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

 To: 

|   |   |
|---|---|
| M | M |
| 0 | 6 |

|   |   |
|---|---|
| D | D |
| 3 | 0 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

| I. Receipts                                                                                            | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From:                                                             |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees                                                |                               |                                   |
| (i) Itemized (use Schedule A) .....                                                                    | 51003.00                      | 205366.24                         |
| (ii) Unitemized .....                                                                                  | 29691.13                      | 122515.51                         |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) .....                                                         | 80694.13                      | 327881.75                         |
| (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) .....     | 80694.13                      | 327881.75                         |
| 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) ..... | 176.28                        | 211.28                            |
| 16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....           | 0.00                          | 0.00                              |
| 17. Other Federal Receipts (Dividends, Interest, etc.) .....                                           | 9775.53                       | 11093.99                          |
| 18. Transfers from Non-Federal and Levin Funds                                                         |                               |                                   |
| (a) Non-Federal Account (from Schedule H3) .....                                                       | 8875.00                       | 53250.00                          |
| (b) Levin Funds (from Schedule H5) .....                                                               | 0.00                          | 0.00                              |
| (c) Total Transfer (add 18(a) and 18(b)).                                                              | 8875.00                       | 53250.00                          |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....                          | 99520.94                      | 392437.02                         |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....                                    | 90645.94                      | 339187.02                         |

## DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

| II. DISBURSEMENTS                                                                                    | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------------------|
| 21. Operating Expenditures:                                                                          |                               |                                   |
| (a) Shared Federal/Non-Federal<br>Activity (from Schedule H4)                                        |                               |                                   |
| (i) Federal Share.....                                                                               | 8875.00                       | 53000.00                          |
| (ii) Non-Federal Share.....                                                                          | 8875.00                       | 53000.00                          |
| (b) Other Federal Operating<br>Expenditures.....                                                     | 24672.50                      | 109641.10                         |
| (c) Total Operating Expenditures<br>(add 21(a)(i), (a)(ii) and (b))..... ▶                           | 42422.50                      | 215641.10                         |
| 22. Transfers to Affiliated/Other Party<br>Committees.....                                           | 0.00                          | 0.00                              |
| 23. Contributions to<br>Federal Candidates/Committees.....<br>and Other Political Committees.....    | 2500.00                       | 17500.00                          |
| 24. Independent Expenditure<br>(use Schedule E) .....                                                | 8549.11                       | 8549.11                           |
| 25. Coordinated Expenditures Made by Party<br>Committees (2 U.S.C. 441a(d))<br>(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<br>Than Political Committees .....                                     | 0.00                          | 5100.00                           |
| (b) Political Party Committees                                                                       | 0.00                          | 0.00                              |
| (c) Other Political Committees<br>(such as PACs) .....                                               | 0.00                          | 0.00                              |
| (d) Total Contribution Refunds<br>(add Lines 28(a), (b), and (c)) .....                              | 0.00                          | 5100.00                           |
| 29. Other Disbursements.....                                                                         | 2000.00                       | 2000.00                           |
| 30. Federal Election Activity (2 U.S.C 431(20))                                                      |                               |                                   |
| (a) Shared Federal Election Activity<br>(from Schedule H6)                                           |                               |                                   |
| (i) Federal Share .....                                                                              | 0.00                          | 0.00                              |
| (ii) "Levin" Share .....                                                                             | 0.00                          | 0.00                              |
| (b) Federal Election Activity Paid Entirely<br>With Federal Funds .....                              | 0.00                          | 0.00                              |
| (c) Total Federal Election Activity (add<br>Lines 30(a)(i), 30(a)(ii) and 30(b))....                 | 0.00                          | 0.00                              |
| 31. Total Disbursements (add Lines 21(c), 22,<br>23, 24, 25, 26, 27, 28(d), 29 and 30(c))..          | 55471.61                      | 248790.21                         |
| 32. Total Federal Disbursements<br>(subtract Line 21(a)(ii) and Line 30(a)(ii)<br>from Line 31)..... | 46596.61                      | 195790.21                         |

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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| III. Net Contributions/Operating Expenditures                                       | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|-------------------------------------------------------------------------------------|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans)<br>from Line 11(d), page 3) .....        | 80694.13                      | 327881.75                         |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                           | 0.00                          | 5100.00                           |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....   | 80694.13                      | 322781.75                         |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b))..... | 33547.50                      | 162641.10                         |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3) .....               | 176.28                        | 211.28                            |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) .....             | 33371.22                      | 162429.82                         |

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

|                                                                               |                                                                                                                                                                                                                                                                              |              |
|-------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: (check only one)                                                                                                                                                                                                                                            | PAGE 6 / 159 |
|                                                                               | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |              |

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NAME OF COMMITTEE (In Full)  
CAMPAIGN FOR WORKING FAMILIES

|                                                                                                                                                 |                                                                 |                                                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|-----------------------------------------------------|
| <b>A.</b>                                                                                                                                       | Full Name (Last, First, Middle Initial)<br>MR CHRISTOPHER ALLEN | Date of Receipt<br>MM / DD / YYYY<br>06 / 28 / 2010 |
|                                                                                                                                                 | Mailing Address 600 TRAVIS ST STE 4200                          | <b>Transaction ID:</b> SA11AI.43488                 |
|                                                                                                                                                 | City State Zip Code<br>HOUSTON TX 77002                         | Amount of Each Receipt this Period<br>100.00        |
|                                                                                                                                                 | FEC ID number of contributing federal political committee.<br>C |                                                     |
|                                                                                                                                                 | Name of Employer Occupation<br>ANDREWS KURTH LLP ATTORNEY       |                                                     |
| Receipt For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>600.00                              |                                                     |

|                                                                                                                                                 |                                                                 |                                                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|-----------------------------------------------------|
| <b>B.</b>                                                                                                                                       | Full Name (Last, First, Middle Initial)<br>MR GARY P ALLEN      | Date of Receipt<br>MM / DD / YYYY<br>06 / 30 / 2010 |
|                                                                                                                                                 | Mailing Address 5744 E FALL CREEK PARKWAY NORTH DR              | <b>Transaction ID:</b> SA11AI.43190                 |
|                                                                                                                                                 | City State Zip Code<br>INDIANAPOLIS IN 46226                    | Amount of Each Receipt this Period<br>500.00        |
|                                                                                                                                                 | FEC ID number of contributing federal political committee.<br>C |                                                     |
|                                                                                                                                                 | Name of Employer Occupation<br>RETIRED RETIRED                  |                                                     |
| Receipt For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>500.00                              |                                                     |

|                                                                                                                                                 |                                                                 |                                                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|-----------------------------------------------------|
| <b>C.</b>                                                                                                                                       | Full Name (Last, First, Middle Initial)<br>MRS LISA B ANDERSON  | Date of Receipt<br>MM / DD / YYYY<br>06 / 29 / 2010 |
|                                                                                                                                                 | Mailing Address 3455 CHRYSLER DR                                | <b>Transaction ID:</b> SA11AI.43042                 |
|                                                                                                                                                 | City State Zip Code<br>JACKSONVILLE FL 32257                    | Amount of Each Receipt this Period<br>100.00        |
|                                                                                                                                                 | FEC ID number of contributing federal political committee.<br>C |                                                     |
|                                                                                                                                                 | Name of Employer Occupation<br>N/A HOMEMAKER                    |                                                     |
| Receipt For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>300.00                              |                                                     |

|                                                                  |        |
|------------------------------------------------------------------|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | 700.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... |        |

A. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.43488**

0101360-0000635

B. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.43190**

0098524-0000347

C. Form/Schedule : **SA11AI**

0003538-0000204

Transaction ID : **SA11AI.43042**

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 159  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**CAMPAIGN FOR WORKING FAMILIES**

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

Mailing Address **3869 W GULF DR**

City **SANIBEL** State **FL** Zip Code **33957**

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

Name of Employer **NONE** Occupation **RETIRED**

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2000.00**

Date of Receipt **06 / 30 / 2010**  
**Transaction ID: SA11AI.43073**  
 Amount of Each Receipt this Period **1000.00**

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

Mailing Address **950 E PACES FERRY RD NE**

City **ATLANTA** State **GA** Zip Code **30326**

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

Name of Employer **NORTHWESTERN BENEFIT CORP.** Occupation **OWNER**

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **06 / 30 / 2010**  
**Transaction ID: SA11AI.43017**  
 Amount of Each Receipt this Period **100.00**

**C.** Full Name (Last, First, Middle Initial)  
**MR CHARLES D AYRES**

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: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt **06 / 11 / 2010**  
**Transaction ID: SA11AI.43712**  
 Amount of Each Receipt this Period **100.00**

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

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

A. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.43073**

0107243-0000236

B. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.43017**

0107820-0000179

C. Form/Schedule : **SA11AI**

0103804-0000849

Transaction ID : **SA11AI.43712**

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

|                                                                               |                              |                              |
|-------------------------------------------------------------------------------|------------------------------|------------------------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:             | PAGE 12 / 159                |
|                                                                               | (check only one)             |                              |
| <input checked="" type="checkbox"/> 11a                                       | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13                                                   | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  |
| <input type="checkbox"/> 12                                                   | <input type="checkbox"/> 16  | <input type="checkbox"/> 17  |

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NAME OF COMMITTEE (In Full)  
CAMPAIGN FOR WORKING FAMILIES

|                                                                                                                                                 |                                                                 |                                        |                                                     |                                             |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|----------------------------------------|-----------------------------------------------------|---------------------------------------------|--|
| <b>A.</b>                                                                                                                                       | Full Name (Last, First, Middle Initial)<br>MRS JUDITH BIRDSEYE  |                                        | Date of Receipt<br>MM / DD / YYYY<br>06 / 15 / 2010 |                                             |  |
|                                                                                                                                                 | Mailing Address 15816 197TH PL NE                               |                                        | <b>Transaction ID:</b> SA11AI.43782                 |                                             |  |
|                                                                                                                                                 | City<br>WOODINVILLE                                             | State<br>WA                            | Zip Code<br>98077                                   | Amount of Each Receipt this Period<br>50.00 |  |
|                                                                                                                                                 | FEC ID number of contributing federal political committee.<br>C |                                        |                                                     |                                             |  |
|                                                                                                                                                 | Name of Employer<br>INFO REQUESTED- NOT RECD                    | Occupation<br>INFO REQUESTED- NOT RECD |                                                     |                                             |  |
| Receipt For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                                                 | Aggregate Year-to-Date ▼<br>300.00     |                                                     |                                             |  |

|                                                                                                                                                 |                                                                 |                                    |                                                     |                                             |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|------------------------------------|-----------------------------------------------------|---------------------------------------------|--|
| <b>B.</b>                                                                                                                                       | Full Name (Last, First, Middle Initial)<br>DR GARY R BISHOP     |                                    | Date of Receipt<br>MM / DD / YYYY<br>06 / 07 / 2010 |                                             |  |
|                                                                                                                                                 | Mailing Address 15144 LARRY ST                                  |                                    | <b>Transaction ID:</b> SA11AI.43661                 |                                             |  |
|                                                                                                                                                 | City<br>POWAY                                                   | State<br>CA                        | Zip Code<br>92064                                   | Amount of Each Receipt this Period<br>35.00 |  |
|                                                                                                                                                 | FEC ID number of contributing federal political committee.<br>C |                                    |                                                     |                                             |  |
|                                                                                                                                                 | Name of Employer<br>RIVERSIDE COUNTY                            | Occupation<br>PHARMACIST           |                                                     |                                             |  |
| Receipt For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                                                 | Aggregate Year-to-Date ▼<br>210.00 |                                                     |                                             |  |

|                                                                                                                                                 |                                                                   |                                    |                                                     |                                              |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|------------------------------------|-----------------------------------------------------|----------------------------------------------|--|
| <b>C.</b>                                                                                                                                       | Full Name (Last, First, Middle Initial)<br>MR KENNETH N BLACKBURN |                                    | Date of Receipt<br>MM / DD / YYYY<br>06 / 21 / 2010 |                                              |  |
|                                                                                                                                                 | Mailing Address 10 SHALLOWBROOK DR                                |                                    | <b>Transaction ID:</b> SA11AI.43362                 |                                              |  |
|                                                                                                                                                 | City<br>O FALLON                                                  | State<br>IL                        | Zip Code<br>62269                                   | Amount of Each Receipt this Period<br>100.00 |  |
|                                                                                                                                                 | FEC ID number of contributing federal political committee.<br>C   |                                    |                                                     |                                              |  |
|                                                                                                                                                 | Name of Employer<br>AIRTRAN AIRWAYS                               | Occupation<br>PILOT                |                                                     |                                              |  |
| Receipt For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                                                   | Aggregate Year-to-Date ▼<br>500.00 |                                                     |                                              |  |

|                                                                  |   |        |
|------------------------------------------------------------------|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 185.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |        |

A. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.43782**

0107438-0000920

B. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.43661**

0009108-0000798

C. Form/Schedule : **SA11AI**

0014063-0000512

Transaction ID : **SA11AI.43362**

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 159

(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)  
MS ANGELYN BLANCHARD

Mailing Address 3025 HARTLEY DR

City State Zip Code  
SANTA ROSA CA 95405

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

Name of Employer Occupation  
SELF PRIVATE TEACHER

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
208.00

Date of Receipt

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

Transaction ID: SA11AI.43742

Amount of Each Receipt this Period

88.00

**B.**

Full Name (Last, First, Middle Initial)  
MS ANGELYN BLANCHARD

Mailing Address 3025 HARTLEY DR

City State Zip Code  
SANTA ROSA CA 95405

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

Name of Employer Occupation  
SELF PRIVATE TEACHER

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
408.00

Date of Receipt

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

Transaction ID: SA11AI.43743

Amount of Each Receipt this Period

200.00

**C.**

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

Mailing Address PO BOX 231

City State Zip Code  
AVA MO 65608

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

Name of Employer Occupation  
OATS PUBLIC TRANSPORTATION DRIVER

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
500.00

Date of Receipt

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

Transaction ID: SA11AI.43382

Amount of Each Receipt this Period

500.00

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

788.00

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

A. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.43742**

0103906-0000880

B. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.43743**

0103906-0000881

C. Form/Schedule : **SA11AI**

0006997-0000532

Transaction ID : **SA11AI.43382**

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 159  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
CAMPAIGN FOR WORKING FAMILIES

**A.**

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

Mailing Address 200 BLACK SKIMMER CT

City State Zip Code  
EDGEWATER MD 21037

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2010

**Transaction ID:** SA11AI.42888

Amount of Each Receipt this Period  
2500.00

**B.**

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

Mailing Address 344 E FOOTHILLS PKWY  
RED ROOM 9-W

City State Zip Code  
FORT COLLINS CO 80525

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

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

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
06 / 07 / 2010

**Transaction ID:** SA11AI.43559

Amount of Each Receipt this Period  
50.00

**C.**

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

Mailing Address 12789 MUIRFIELD BLVD N

City State Zip Code  
JACKSONVILLE FL 32225

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

Name of Employer Occupation  
SMURFIT STORE CONT. CORP GEN MGR

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
06 / 01 / 2010

**Transaction ID:** SA11AI.43041

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2600.00**

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

A. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.42888**

0100966-000063

B. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.43559**

0024811-0000704

C. Form/Schedule : **SA11AI**

0012784-0000203

Transaction ID : **SA11AI.43041**

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 159  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)  
MR WENDELL BROWN

Mailing Address 300 N FILLMORE ST

City ARLINGTON State VA Zip Code 22201

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

Name of Employer BE SERVICES Occupation ACCOUNTANT

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1400.00

Date of Receipt: 06 / 17 / 2010  
**Transaction ID: SA11AI.42902**  
 Amount of Each Receipt this Period: 100.00

**B.**

Full Name (Last, First, Middle Initial)  
MR WENDELL BROWN

Mailing Address 300 N FILLMORE ST

City ARLINGTON State VA Zip Code 22201

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

Name of Employer BE SERVICES Occupation ACCOUNTANT

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1450.00

Date of Receipt: 06 / 28 / 2010  
**Transaction ID: SA11AI.42903**  
 Amount of Each Receipt this Period: 50.00

**C.**

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

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: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt: 06 / 21 / 2010  
**Transaction ID: SA11AI.43090**  
 Amount of Each Receipt this Period: 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 250.00

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

A. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.42902**

0107255-0000077

B. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.42903**

0107255-0000078

C. Form/Schedule : **SA11AI**

0101854-0000252

Transaction ID : **SA11AI.43090**

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 159  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)  
MR EARLE CANTY

Mailing Address 5467 SAUNDERS AVE

City State Zip Code  
LOOMIS CA 95650

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

Name of Employer Occupation  
NOVOSTENT CORPORATION VICE PRESIDENT

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
400.00

Date of Receipt

M M / D D / Y Y Y Y  
06 / 30 / 2010

Transaction ID: SA11AI.43748

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)  
RUSSELL A CARDENAS

Mailing Address 510 E SUNSHINE DR

City State Zip Code  
SAN ANTONIO TX 78228

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

Name of Employer Occupation  
ALCOA COST ANALYST

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
250.00

Date of Receipt

M M / D D / Y Y Y Y  
06 / 15 / 2010

Transaction ID: SA11AI.43514

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)  
MR GORDON CHAN

Mailing Address 1023 NE 98TH ST

City State Zip Code  
SEATTLE WA 98115

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

Name of Employer Occupation  
NORTHWEST HOSP C. T. TECHNOLOGIST

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
300.00

Date of Receipt

M M / D D / Y Y Y Y  
06 / 07 / 2010

Transaction ID: SA11AI.43784

Amount of Each Receipt this Period

50.00

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

300.00

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

A. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.43748**

0103911-0000887

B. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.43514**

0103281-0000660

C. Form/Schedule : **SA11AI**

0032286-0000923

Transaction ID : **SA11AI.43784**

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

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

FOR LINE NUMBER: PAGE 27 / 159  
(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.** Full Name (Last, First, Middle Initial)  
MR C DAN CHENOWETH

Mailing Address 5515 W RICHEY RD

City HOUSTON State TX Zip Code 77066

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

Name of Employer TWSCO INC Occupation CHAIRMAN

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt: 06 / 18 / 2010  
Transaction ID: SA11AI.43495  
Amount of Each Receipt this Period: 1000.00

**B.** Full Name (Last, First, Middle Initial)  
MRS DEBRA M COFFEY

Mailing Address 362 WILSON RD

City BRANSON State MO Zip Code 65616

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

Name of Employer NONE Occupation HOMEMAKER

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 06 / 22 / 2010  
Transaction ID: SA11AI.43383  
Amount of Each Receipt this Period: 100.00

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

Mailing Address 208 S OAK AVE

City BROKEN ARROW State OK Zip Code 74012

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

Name of Employer SHARON COMBS INTERIORS-INC. Occupation SMALL BUSINESS OWNER

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 06 / 30 / 2010  
Transaction ID: SA11AI.43445  
Amount of Each Receipt this Period: 50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1150.00

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

A. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.43495**

0104559-0000642

B. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.43383**

0007001-0000534

C. Form/Schedule : **SA11AI**

0104779-0000594

Transaction ID : **SA11AI.43445**

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 / 159  
(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)  
MS DEBORAH R COWDEN

Mailing Address 3437 COUNTY ROAD 959

City Loudonville State OH Zip Code 44842

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

Name of Employer SELF Occupation PHYSICIAN

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 18 / 2010  
**Transaction ID:** SA11AI.43165  
 Amount of Each Receipt this Period 150.00

**B.** Full Name (Last, First, Middle Initial)  
MRS DOREEN J DEBLIEK

Mailing Address 5523 WOODVIEW PASS

City Midland State MI Zip Code 48642

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

Name of Employer N/A Occupation RETIRED

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 28 / 2010  
**Transaction ID:** SA11AI.43216  
 Amount of Each Receipt this Period 100.00

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

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: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 07 / 2010  
**Transaction ID:** SA11AI.42845  
 Amount of Each Receipt this Period 50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 300.00

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

A. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.43165**

0107701-0000325

B. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.43216**

0072207-0000372

C. Form/Schedule : **SA11AI**

0001536-0000022

Transaction ID : **SA11AI.42845**

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 33 / 159  
(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)  
FRANKLIN DEREMER

Mailing Address 8 S CIRCLE DR

City State Zip Code  
SANTA CRUZ CA 95060

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 2 8 / 2 0 1 0

Transaction ID: SA11AI.43734

Amount of Each Receipt this Period  
100.00

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

Mailing Address 3816 MAPLEWOOD LN

City State Zip Code  
PLACERVILLE CA 95667

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 2 8 / 2 0 1 0

Transaction ID: SA11AI.43751

Amount of Each Receipt this Period  
150.00

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

Mailing Address 3816 MAPLEWOOD LN

City State Zip Code  
PLACERVILLE CA 95667

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

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

Transaction ID: SA11AI.43752

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 350.00

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

A. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.43734**

0101353-0000872

B. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.43751**

0060273-0000890

C. Form/Schedule : **SA11AI**

0060273-0000891

Transaction ID : **SA11AI.43752**

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 36 / 159

(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 KATHLEEN A ECHELBERGER

Mailing Address 620 SUNSET AVE N

City State Zip Code  
EDMONDS WA 98020

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

Name of Employer Occupation  
SELF DEVELOPER

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
900.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.43783

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)  
MR ROBERT EDMUNDS

Mailing Address 5417 NW 67TH ST

City State Zip Code  
GAINESVILLE FL 32653

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

Name of Employer Occupation  
JONES EDMUNDS & ASSOCIATE-S- INC. ENGINEER

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
500.00

Date of Receipt

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

Transaction ID: SA11AI.43052

Amount of Each Receipt this Period

500.00

**C.**

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

Mailing Address 27001 HIGHWAY 128

City State Zip Code  
YORKVILLE CA 95494

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

Name of Employer Occupation  
JAYMES & JAYMES INSURANCE BROKER

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
540.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 0

Transaction ID: SA11AI.43744

Amount of Each Receipt this Period

100.00

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

1100.00

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

A. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.43783**

0108004-0000921

B. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.43052**

0104231-0000212

C. Form/Schedule : **SA11AI**

0101847-0000883

Transaction ID : **SA11AI.43744**

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

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

FOR LINE NUMBER: PAGE 39 / 159  
(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.** Full Name (Last, First, Middle Initial)  
MR JAMES S ENGLUND  
 Mailing Address 302 CINDI CT  
 City State Zip Code  
 LONGVIEW TX 75605  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 6 / 2 9 / 2 0 1 0  
**Transaction ID:** SA11AI.43471  
 Amount of Each Receipt this Period  
 100.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED ENGINEER  
 Receipt For: 2010  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 201.00

**B.** Full Name (Last, First, Middle Initial)  
MRS DEBORAH EVERLEY  
 Mailing Address 1008 CENTENNIAL DR  
 City State Zip Code  
 CHATTANOOGA TN 37405  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 6 / 2 1 / 2 0 1 0  
**Transaction ID:** SA11AI.43121  
 Amount of Each Receipt this Period  
 240.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 BLUE CROSS & BLUE SHIELD OF TN MANAGEMENT/ HOMEMAKER (WIFE)  
 Receipt For: 2010  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 240.00

**C.** Full Name (Last, First, Middle Initial)  
MRS CYNTHIA FOLEY  
 Mailing Address 201 LA COSTA CT  
 City State Zip Code  
 COSTA MESA CA 92627  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 6 / 2 8 / 2 0 1 0  
**Transaction ID:** SA11AI.43677  
 Amount of Each Receipt this Period  
 500.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SELF PROPERTY MANAGER  
 Receipt For: 2010  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **840.00**  
**TOTAL** This Period (last page this line number only) ..... ►

A. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.43471**

0014348-0000621

B. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.43121**

0098314-0000280

C. Form/Schedule : **SA11AI**

0107424-0000813

Transaction ID : **SA11AI.43677**

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 42 / 159

(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)  
ZENA FUHRMANN

Mailing Address 6226 155TH AVE CRT E

City State Zip Code  
SUMNER WA 98390

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

Name of Employer Occupation  
FHS RN

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 0

Transaction ID: SA11AI.43798

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
MR ROBERT W GARTHWAIT, SR

Mailing Address PO BOX 1367

City State Zip Code  
WATERBURY CT 06721

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

Name of Employer Occupation  
CLY-DEL MEQ CO CHAIRMAN OF THE BOARD

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt

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

Transaction ID: SA11AI.42837

Amount of Each Receipt this Period  
500.00

**C.**

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

Mailing Address 122 TOOWEKA CIR

City State Zip Code  
LOUDON TN 37774

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

Name of Employer Occupation  
RETIRED FROM MONSANTO RETIRED

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 0

Transaction ID: SA11AI.43126

Amount of Each Receipt this Period  
250.00

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

1000.00

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

A. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.43798**

0108089-0000933

B. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.42837**

0025360-0000015

C. Form/Schedule : **SA11AI**

0107711-0000287

Transaction ID : **SA11AI.43126**

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 45 / 159  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)  
MR EARL GJELDE

Mailing Address 790 ROSE ACRES CT

City Loveland State CO Zip Code 80537

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

Name of Employer SPGI Occupation MANAGER

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt 06 / 30 / 2010  
**Transaction ID: SA11AI.43561**  
 Amount of Each Receipt this Period 500.00

**B.**

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

Mailing Address PO BOX 8173

City Truckee State CA Zip Code 96162

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

Name of Employer NONE Occupation RETIRED BUILDING CONTRACTOR

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 15 / 2010  
**Transaction ID: SA11AI.43753**  
 Amount of Each Receipt this Period 100.00

**C.**

Full Name (Last, First, Middle Initial)  
CARL E GREEN

Mailing Address 541 PINEHAVEN DR

City Houston State TX Zip Code 77024

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

Name of Employer C.E. GREEN & CO. Occupation OWNER

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 06 / 30 / 2010  
**Transaction ID: SA11AI.43490**  
 Amount of Each Receipt this Period 250.00

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

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

A. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.43561**

0106982-0000706

B. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.43753**

0103452-0000893

C. Form/Schedule : **SA11AI**

0104949-0000637

Transaction ID : **SA11AI.43490**

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 48 / 159

(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

|                                                                                                                                                 |                                                                     |                                       |                                         |                                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|---------------------------------------|-----------------------------------------|-------------------------------------|
| <b>A.</b>                                                                                                                                       | Full Name (Last, First, Middle Initial)<br>MRS CARL W GUSTKE        |                                       | Date of Receipt                         |                                     |
|                                                                                                                                                 | Mailing Address 233 STATON RD                                       |                                       | M M / D D / Y Y Y Y Y<br>06 / 07 / 2010 |                                     |
|                                                                                                                                                 | City                                                                | State                                 | Zip Code                                | <b>Transaction ID:</b> SA11AI.43421 |
|                                                                                                                                                 | CABOT                                                               | AR                                    | 72023                                   | Amount of Each Receipt this Period  |
|                                                                                                                                                 | FEC ID number of contributing federal political committee. <b>C</b> |                                       | 50.00                                   |                                     |
| Name of Employer<br>FEDERAL EX - (WIFE) REBSA-MEN R. H.                                                                                         |                                                                     | Occupation<br>PILOT - WIFE DEBORAH-RN |                                         |                                     |
| Receipt For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                                                     | Aggregate Year-to-Date ▼<br>2300.00   |                                         |                                     |

|                                                                                                                                                 |                                                                     |                                    |                                         |                                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|------------------------------------|-----------------------------------------|-------------------------------------|
| <b>B.</b>                                                                                                                                       | Full Name (Last, First, Middle Initial)<br>MRS EILEEN P HAMEL       |                                    | Date of Receipt                         |                                     |
|                                                                                                                                                 | Mailing Address 645 WILLOW VALLEY SQ # J312                         |                                    | M M / D D / Y Y Y Y Y<br>06 / 11 / 2010 |                                     |
|                                                                                                                                                 | City                                                                | State                              | Zip Code                                | <b>Transaction ID:</b> SA11AI.42870 |
|                                                                                                                                                 | LANCASTER                                                           | PA                                 | 17602                                   | Amount of Each Receipt this Period  |
|                                                                                                                                                 | FEC ID number of contributing federal political committee. <b>C</b> |                                    | 375.00                                  |                                     |
| Name of Employer<br>HOMEMAKER                                                                                                                   |                                                                     | Occupation<br>HOMEMAKER            |                                         |                                     |
| Receipt For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                                                     | Aggregate Year-to-Date ▼<br>375.00 |                                         |                                     |

|                                                                                                                                                 |                                                                     |                                    |                                         |                                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|------------------------------------|-----------------------------------------|-------------------------------------|
| <b>C.</b>                                                                                                                                       | Full Name (Last, First, Middle Initial)<br>MRS ARLENE M HANSEN      |                                    | Date of Receipt                         |                                     |
|                                                                                                                                                 | Mailing Address 145 DRIFTWOOD DR                                    |                                    | M M / D D / Y Y Y Y Y<br>06 / 21 / 2010 |                                     |
|                                                                                                                                                 | City                                                                | State                              | Zip Code                                | <b>Transaction ID:</b> SA11AI.43411 |
|                                                                                                                                                 | AURORA                                                              | NE                                 | 68818                                   | Amount of Each Receipt this Period  |
|                                                                                                                                                 | FEC ID number of contributing federal political committee. <b>C</b> |                                    | 200.00                                  |                                     |
| Name of Employer<br>SELF                                                                                                                        |                                                                     | Occupation<br>HOUSEWIFE            |                                         |                                     |
| Receipt For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                                                     | Aggregate Year-to-Date ▼<br>600.00 |                                         |                                     |

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

625.00

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

A. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.43421**

0022519-0000574

B. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.42870**

0002195-0000044

C. Form/Schedule : **SA11AI**

0067626-0000562

Transaction ID : **SA11AI.43411**

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 51 / 159  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
CAMPAIGN FOR WORKING FAMILIES

**A.** Full Name (Last, First, Middle Initial)  
MOYLE E HARWARD

Mailing Address 277 NE CONIFER BLVD UNIT 136

City State Zip Code  
CORVALLIS OR 97330

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2010

**Transaction ID:** SA11AI.43768

Amount of Each Receipt this Period  
100.00

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

Mailing Address 7145 NW 125TH STREET RD

City State Zip Code  
REDDICK FL 32686

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

Name of Employer Occupation  
BONNIE HEATH FARM- LLC THOROUGHBRED HORSE FARM OWNER

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2010

**Transaction ID:** SA11AI.43053

Amount of Each Receipt this Period  
100.00

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

Mailing Address 2200 CENTRE PARK WEST DR STE 100

City State Zip Code  
WEST PALM BEACH FL 33409

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

Name of Employer Occupation  
HEDRICK BROTHERS GENERAL CONTRACTOR

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2010

**Transaction ID:** SA11AI.43060

Amount of Each Receipt this Period  
1000.00

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

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

A. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.43768**

0105078-0000906

B. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.43053**

0103677-0000214

C. Form/Schedule : **SA11AI**

0047814-0000222

Transaction ID : **SA11AI.43060**

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

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

FOR LINE NUMBER: PAGE 54 / 159  
(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.** Full Name (Last, First, Middle Initial)  
MRS ROBIN HELLMUTH  
Mailing Address 9511 LYNNHALL PL  
City ALEXANDRIA State VA Zip Code 22309  
FEC ID number of contributing federal political committee. **C**  
Name of Employer SELF Occupation FULL TIME MOM  
Receipt For: 2010  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1500.00  
Date of Receipt 06 / 29 / 2010  
Transaction ID: SA11AI.42904  
Amount of Each Receipt this Period 500.00

**B.** Full Name (Last, First, Middle Initial)  
MRS SHARON HERSCHEM  
Mailing Address 1144 LAKESIDE DR  
City BRANSON State MO Zip Code 65616  
FEC ID number of contributing federal political committee. **C**  
Name of Employer HERSCHEM FAMILY ENTR. CO- RP. Occupation THEME PARKS  
Receipt For: 2010  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00  
Date of Receipt 06 / 30 / 2010  
Transaction ID: SA11AI.43384  
Amount of Each Receipt this Period 1000.00

**C.** Full Name (Last, First, Middle Initial)  
MR ALAN HOKANSON  
Mailing Address 152 GRANDE VISTA WAY  
City CHELSEA State AL Zip Code 35043  
FEC ID number of contributing federal political committee. **C**  
Name of Employer CURRENTLY UNEMPLOYED Occupation SUPPLY CHAIN MANAGEMENT  
Receipt For: 2010  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1513.24  
Date of Receipt 06 / 21 / 2010  
Transaction ID: SA11AI.43082  
Amount of Each Receipt this Period 50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1550.00  
**TOTAL** This Period (last page this line number only) ..... ►

A. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.42904**

0106992-0000079

B. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.43384**

0101332-0000535

C. Form/Schedule : **SA11AI**

0105332-0000245

Transaction ID : **SA11AI.43082**

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 57 / 159

(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 DIANA E HULL

Mailing Address 3000 LEWIS RD

City State Zip Code  
RIVERTON WY 82501

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

Name of Employer Occupation  
SELF SELF EMPLOYED

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
300.00

Date of Receipt

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

Transaction ID: SA11AI.43573

Amount of Each Receipt this Period

|        |
|--------|
| 100.00 |
|--------|

**B.**

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

Mailing Address PO BOX 428

City State Zip Code  
MANGO FL 33550

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

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
3500.00

Date of Receipt

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

Transaction ID: SA11AI.43066

Amount of Each Receipt this Period

|         |
|---------|
| 1000.00 |
|---------|

**C.**

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

Mailing Address PO BOX 428

City State Zip Code  
MANGO FL 33550

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

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
4000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 3 | 0 |   | 2 | 0 | 1 | 0 |

Transaction ID: SA11AI.43067

Amount of Each Receipt this Period

|        |
|--------|
| 500.00 |
|--------|

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

|         |
|---------|
| 1600.00 |
|---------|

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

|  |
|--|
|  |
|--|

A. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.43573**

0008315-0000720

B. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.43066**

0103515-0000227

C. Form/Schedule : **SA11AI**

0103515-0000228

Transaction ID : **SA11AI.43067**

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 60 / 159  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
CAMPAIGN FOR WORKING FAMILIES

**A.**

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

Mailing Address 350 E HENSCHEN ST

City State Zip Code  
GARNER IA 50438

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 29 / 2010

**Transaction ID:** SA11AI.43253

Amount of Each Receipt this Period  
100.00

**B.**

Full Name (Last, First, Middle Initial)  
MRS PANDORA JURISOO

Mailing Address 310 HERMAN TER

City State Zip Code  
HOPKINS MN 55343

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

Name of Employer Occupation  
N/A HOMEMAKER

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 30 / 2010

**Transaction ID:** SA11AI.43292

Amount of Each Receipt this Period  
75.00

**C.**

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

Mailing Address 35 ERICA LN

City State Zip Code  
BELEN NM 87002

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

Name of Employer Occupation  
SAIC SCIENTIST

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
280.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 15 / 2010

**Transaction ID:** SA11AI.43617

Amount of Each Receipt this Period  
40.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **215.00**

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

A. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.43253**

0103497-0000405

B. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.43292**

0106943-0000446

C. Form/Schedule : **SA11AI**

0100128-0000757

Transaction ID : **SA11AI.43617**

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 63 / 159  
(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.** Full Name (Last, First, Middle Initial)  
DR JOHN D KEISLING

Mailing Address 35 ERICA LN

City BELEN State NM Zip Code 87002

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

Name of Employer SAIC Occupation SCIENTIST

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt: 06 / 21 / 2010  
**Transaction ID:** SA11AI.43618  
 Amount of Each Receipt this Period: 50.00

**B.** Full Name (Last, First, Middle Initial)  
MR ROBERT P KENNETT

Mailing Address 9038 BUBBLING WELLS RD

City LAKESIDE State CA Zip Code 92040

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

Name of Employer SELF Occupation TECHNICIAN

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 06 / 28 / 2010  
**Transaction ID:** SA11AI.43660  
 Amount of Each Receipt this Period: 100.00

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

Mailing Address 111 BENSON BLVD

City MADISON State AL Zip Code 35758

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

Name of Employer HOME Occupation RN/HOMEHAKER

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 06 / 30 / 2010  
**Transaction ID:** SA11AI.43093  
 Amount of Each Receipt this Period: 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 250.00

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

A. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.43618**

0100128-0000758

B. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.43660**

0102875-0000797

C. Form/Schedule : **SA11AI**

0107048-0000255

Transaction ID : **SA11AI.43093**

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 66 / 159  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)  
MR H KERKSTRA

Mailing Address 1711 TOURS CT

City BAKERSFIELD State CA Zip Code 93311

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt 06 / 11 / 2010  
Transaction ID: SA11AI.43719  
Amount of Each Receipt this Period 60.00

**B.**

Full Name (Last, First, Middle Initial)  
MRS CAROLYN C KINDER

Mailing Address 4212 KEEPSAKE CT

City MODESTO State CA Zip Code 95356

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

Name of Employer DIALYSIS CENTER Occupation RENAL DICTITIAN

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 08 / 2010  
Transaction ID: SA11AI.43741  
Amount of Each Receipt this Period 50.00

**C.**

Full Name (Last, First, Middle Initial)  
MR ROBERT M KISER

Mailing Address 9106 BEDFORD DR

City ODESSA State TX Zip Code 79764

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

Name of Employer RETIRED Occupation ELEC ENGX

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 06 / 18 / 2010  
Transaction ID: SA11AI.43541  
Amount of Each Receipt this Period 150.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 260.00

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

A. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.43719**

0103362-0000856

B. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.43741**

0013787-0000879

C. Form/Schedule : **SA11AI**

0021000-0000688

Transaction ID : **SA11AI.43541**

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 69 / 159

(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 BETTY L KORCEK  
Mailing Address 11816 DATE RD

City State Zip Code  
BRIDGMAN MI 49106

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

Name of Employer Occupation  
HOMEMAKER HOMEMAKER

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 30 / 2010

Transaction ID: SA11AI.43227

Amount of Each Receipt this Period  
100.00

**B.**

Full Name (Last, First, Middle Initial)  
MR JOSEPH L KRAUSE, JR  
Mailing Address PO BOX 189

City State Zip Code  
WILLCOX AZ 85644

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

Name of Employer Occupation  
SELF EMPLOYED ENGINEER

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 30 / 2010

Transaction ID: SA11AI.43612

Amount of Each Receipt this Period  
50.00

**C.**

Full Name (Last, First, Middle Initial)  
MR CHRISTOPHER J LAIL  
Mailing Address 158 BERRY MANOR CIR

City State Zip Code  
SAINT PETERS MO 63376

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

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

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
210.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 30 / 2010

Transaction ID: SA11AI.43370

Amount of Each Receipt this Period  
70.00

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

220.00

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

A. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.43227**

0106527-0000381

B. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.43612**

0103893-0000751

C. Form/Schedule : **SA11AI**

0105294-0000520

Transaction ID : **SA11AI.43370**

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

|                                                                               |                                                                                                                                             |               |
|-------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|---------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: (check only one)                                                                                                           | PAGE 72 / 159 |
|                                                                               | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12               |               |
|                                                                               | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |               |

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NAME OF COMMITTEE (In Full)  
**CAMPAIGN FOR WORKING FAMILIES**

|                                                                                                                                                 |                                                                     |                          |                                         |                                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|--------------------------|-----------------------------------------|-------------------------------------|
| <b>A.</b>                                                                                                                                       | Full Name (Last, First, Middle Initial)<br>MR ROBERT LAKE           |                          | Date of Receipt                         |                                     |
|                                                                                                                                                 | Mailing Address 2721 18TH ST                                        |                          | M M / D D / Y Y Y Y Y<br>06 / 03 / 2010 |                                     |
|                                                                                                                                                 | City                                                                | State                    | Zip Code                                | <b>Transaction ID:</b> SA11AI.43717 |
|                                                                                                                                                 | BAKERSFIELD                                                         | CA                       | 93301                                   | Amount of Each Receipt this Period  |
|                                                                                                                                                 | FEC ID number of contributing federal political committee. <b>C</b> |                          | 50.00                                   |                                     |
| Name of Employer<br>WESTERN OILFIELDS SUPPLY CO                                                                                                 |                                                                     | Occupation<br>CFO        |                                         |                                     |
| Receipt For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                                                     | Aggregate Year-to-Date ▼ |                                         |                                     |
|                                                                                                                                                 |                                                                     | 250.00                   |                                         |                                     |

|                                                                                                                                                 |                                                                     |                          |                                         |                                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|--------------------------|-----------------------------------------|-------------------------------------|
| <b>B.</b>                                                                                                                                       | Full Name (Last, First, Middle Initial)<br>MR ROBERT LAKE           |                          | Date of Receipt                         |                                     |
|                                                                                                                                                 | Mailing Address 2721 18TH ST                                        |                          | M M / D D / Y Y Y Y Y<br>06 / 30 / 2010 |                                     |
|                                                                                                                                                 | City                                                                | State                    | Zip Code                                | <b>Transaction ID:</b> SA11AI.43718 |
|                                                                                                                                                 | BAKERSFIELD                                                         | CA                       | 93301                                   | Amount of Each Receipt this Period  |
|                                                                                                                                                 | FEC ID number of contributing federal political committee. <b>C</b> |                          | 50.00                                   |                                     |
| Name of Employer<br>WESTERN OILFIELDS SUPPLY CO                                                                                                 |                                                                     | Occupation<br>CFO        |                                         |                                     |
| Receipt For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                                                     | Aggregate Year-to-Date ▼ |                                         |                                     |
|                                                                                                                                                 |                                                                     | 300.00                   |                                         |                                     |

|                                                                                                                                                 |                                                                     |                          |                                         |                                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|--------------------------|-----------------------------------------|-------------------------------------|
| <b>C.</b>                                                                                                                                       | Full Name (Last, First, Middle Initial)<br>MRS SHERRILL A LARSON    |                          | Date of Receipt                         |                                     |
|                                                                                                                                                 | Mailing Address 13510 BRAEMAR DR                                    |                          | M M / D D / Y Y Y Y Y<br>06 / 07 / 2010 |                                     |
|                                                                                                                                                 | City                                                                | State                    | Zip Code                                | <b>Transaction ID:</b> SA11AI.43271 |
|                                                                                                                                                 | ELM GROVE                                                           | WI                       | 53122                                   | Amount of Each Receipt this Period  |
|                                                                                                                                                 | FEC ID number of contributing federal political committee. <b>C</b> |                          | 100.00                                  |                                     |
| Name of Employer<br>MED COLLEGE OF NI                                                                                                           |                                                                     | Occupation<br>HOMEMAKER  |                                         |                                     |
| Receipt For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                                                     | Aggregate Year-to-Date ▼ |                                         |                                     |
|                                                                                                                                                 |                                                                     | 300.00                   |                                         |                                     |

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

A. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.43717**

0009387-0000854

B. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.43718**

0009387-0000855

C. Form/Schedule : **SA11AI**

0038115-0000424

Transaction ID : **SA11AI.43271**

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

|                                                                         |                                                                                                                                             |               |
|-------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                                                                                           | PAGE 75 / 159 |
|                                                                         | <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)<br>MRS JOAN K LAUTENSCHLEGE                                                                             |                                    | Date of Receipt<br>MM / DD / YYYY<br>06 / 28 / 2010 |
| Mailing Address 24621 CHARLTON DR                                                                                                               |                                    | <b>Transaction ID:</b> SA11AI.43685                 |
| City<br>LAGUNA HILLS                                                                                                                            | State<br>CA                        | Zip Code<br>92653                                   |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |                                    | Amount of Each Receipt this Period<br>300.00        |
| Name of Employer<br>RETIRED                                                                                                                     | Occupation<br>RETIRED              |                                                     |
| Receipt For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>700.00 |                                                     |

**B.**

|                                                                                                                                                 |                                    |                                                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-----------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br>DR JACK W LESCH                                                                                      |                                    | Date of Receipt<br>MM / DD / YYYY<br>06 / 28 / 2010 |
| Mailing Address 34 SILVERSTRAND PL                                                                                                              |                                    | <b>Transaction ID:</b> SA11AI.43504                 |
| City<br>THE WOODLANDS                                                                                                                           | State<br>TX                        | Zip Code<br>77381                                   |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |                                    | Amount of Each Receipt this Period<br>100.00        |
| Name of Employer<br>LIGHTHOUSE HOSPICE                                                                                                          | Occupation<br>FAMILY PHYSICIAN     |                                                     |
| Receipt For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>300.00 |                                                     |

**C.**

|                                                                                                                                                 |                                    |                                                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-----------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br>MR LARRY LEWIS                                                                                       |                                    | Date of Receipt<br>MM / DD / YYYY<br>06 / 28 / 2010 |
| Mailing Address 4717 HERITAGE DR                                                                                                                |                                    | <b>Transaction ID:</b> SA11AI.42926                 |
| City<br>LYNCHBURG                                                                                                                               | State<br>VA                        | Zip Code<br>24503                                   |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |                                    | Amount of Each Receipt this Period<br>100.00        |
| Name of Employer<br>RETIRED                                                                                                                     | Occupation<br>RETIRED              |                                                     |
| Receipt For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>235.00 |                                                     |

|                                                                  |        |
|------------------------------------------------------------------|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | 500.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... |        |

A. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.43685**

0107445-0000822

B. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.43504**

0020241-0000650

C. Form/Schedule : **SA11AI**

0105274-0000099

Transaction ID : **SA11AI.42926**

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

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

FOR LINE NUMBER: PAGE 78 / 159  
(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.** Full Name (Last, First, Middle Initial)  
MR LARRY LEWIS

Mailing Address 4717 HERITAGE DR

City State Zip Code  
LYNCHBURG VA 24503

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
335.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 2 | 8 | / | 2 | 0 | 1 | 0 |

**Transaction ID:** SA11AI.42927

Amount of Each Receipt this Period  
100.00

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

Mailing Address 83 VIA SANTO TOMAS

City State Zip Code  
RANCHO MIRAGE CA 92270

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

Name of Employer Occupation  
TELESIS RESTAURANT GROUP-INC SELF EMPLOYED

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 2 | 8 | / | 2 | 0 | 1 | 0 |

**Transaction ID:** SA11AI.43666

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
MR RICHARD A LINDBERG

Mailing Address PO BOX 797766

City State Zip Code  
DALLAS TX 75379

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

Name of Employer Occupation  
SELF RETIRED HOTEL OWNER/OPERATOR

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 3 | 0 | / | 2 | 0 | 1 | 0 |

**Transaction ID:** SA11AI.43470

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **400.00**

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

A. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.42927**

0105274-0000100

B. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.43666**

0105923-0000803

C. Form/Schedule : **SA11AI**

0101400-0000619

Transaction ID : **SA11AI.43470**

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

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

FOR LINE NUMBER: PAGE 81 / 159  
(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.** Full Name (Last, First, Middle Initial)  
GARY W LOCKE, JR  
 Mailing Address 2602 BOOGER HILL RD  
 City State Zip Code  
 DANIELSVILLE GA 30633  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 28 / 2010  
**Transaction ID:** SA11AI.43029  
 Amount of Each Receipt this Period  
 100.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 US NAVY / STATE OF GA RETIRED  
 Receipt For: 2010  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

**B.** Full Name (Last, First, Middle Initial)  
MAJ JAMES P LUKE  
 Mailing Address 4273 BRISTOL DR  
 City State Zip Code  
 DAYTON OH 45440  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 30 / 2010  
**Transaction ID:** SA11AI.43176  
 Amount of Each Receipt this Period  
 50.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 USAF INFO REQUESTED- NOT RECD  
 Receipt For: 2010  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

**C.** Full Name (Last, First, Middle Initial)  
MRS DONNA LUNDHOLM  
 Mailing Address 858 MONA LN  
 City State Zip Code  
 MUSKEGON MI 49441  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 30 / 2010  
**Transaction ID:** SA11AI.43242  
 Amount of Each Receipt this Period  
 50.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 NA RETIRED  
 Receipt For: 2010  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 200.00  
**TOTAL** This Period (last page this line number only) ..... ►

A. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.43029**

0102864-0000191

B. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.43176**

0101785-0000335

C. Form/Schedule : **SA11AI**

0106883-0000394

Transaction ID : **SA11AI.43242**

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

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

FOR LINE NUMBER: PAGE 84 / 159  
(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.** Full Name (Last, First, Middle Initial)  
JOCELYN MANULLANG

Mailing Address 8303 121ST AVE SE

City State Zip Code  
NEWCASTLE WA 98056

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

Name of Employer NOT APPLICABLE Occupation **HOMEMAKER**

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 17 / 2010

**Transaction ID:** SA11AI.43780

Amount of Each Receipt this Period  
100.00

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

Mailing Address 8303 121ST AVE SE

City State Zip Code  
NEWCASTLE WA 98056

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

Name of Employer NOT APPLICABLE Occupation **HOMEMAKER**

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
700.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 28 / 2010

**Transaction ID:** SA11AI.43781

Amount of Each Receipt this Period  
200.00

**C.** Full Name (Last, First, Middle Initial)  
MS PATRICIA ANN MARKS

Mailing Address PO BOX 605

City State Zip Code  
BELVEDERE TIBURON CA 94920

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

Name of Employer SELF Occupation **KITCHEN DESIGNER**

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 30 / 2010

**Transaction ID:** SA11AI.43729

Amount of Each Receipt this Period  
5000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **5300.00**

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

A. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.43780**

0107670-0000917

B. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.43781**

0107670-0000918

C. Form/Schedule : **SA11AI**

0103354-0000866

Transaction ID : **SA11AI.43729**

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

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

FOR LINE NUMBER: PAGE 87 / 159  
(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.** Full Name (Last, First, Middle Initial)  
MAE L MCKINLEY

Mailing Address 515 11TH AVE NE

City State Zip Code  
MINOT ND 58703

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

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

**Transaction ID:** SA11AI.43319

Amount of Each Receipt this Period  
50.00

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

Mailing Address 515 11TH AVE NE

City State Zip Code  
MINOT ND 58703

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 3 | 0 | / | 2 | 0 | 1 | 0 |

**Transaction ID:** SA11AI.43320

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
DR JAMES E MILLER

Mailing Address 835 W 55TH ST

City State Zip Code  
KANSAS CITY MO 64113

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

Name of Employer Occupation  
EAST CAROLINA UNIV SCHL OF ME CARDIOTHORACIC SURGEON

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 3 | 0 | / | 2 | 0 | 1 | 0 |

**Transaction ID:** SA11AI.43375

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **350.00**

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

A. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.43319**

0101794-0000471

B. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.43320**

0101794-0000472

C. Form/Schedule : **SA11AI**

0002971-0000525

Transaction ID : **SA11AI.43375**

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 90 / 159  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)  
MR LESLIE A MILLER

Mailing Address 1821 E CALLE DEL VASO

City State Zip Code  
ORO VALLEY AZ 85737

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

Name of Employer Occupation  
CONCEPT 100 REALTY REALTOR

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2010

**Transaction ID:** SA11AI.43615

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
MR WILLIAM T MILLS, III

Mailing Address PO BOX 52592

City State Zip Code  
LAFAYETTE LA 70505

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

Name of Employer Occupation  
MPW PROPERTIES- LLC OWNER

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2010

**Transaction ID:** SA11AI.43413

Amount of Each Receipt this Period  
5000.00

**C.**

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

Mailing Address 555 TAXTER RD

City State Zip Code  
ELMSFORD NY 10523

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

Name of Employer Occupation  
FUSION FINANCIAL GROUP FINANCIAL PLANNER

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
06 / 03 / 2010

**Transaction ID:** SA11AI.42855

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **5300.00**

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

A. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.43615**

0101137-0000754

B. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.43413**

0090913-0000565

C. Form/Schedule : **SA11AI**

0104421-0000030

Transaction ID : **SA11AI.42855**

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 93 / 159  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)  
MR JOHN NICHOLS, JR

Mailing Address 1654 LA JOLLA RANCHO ROAD

City LA JOLLA State CA Zip Code 92037

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

Name of Employer SELF Occupation RETRIED

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt: 06 / 28 / 2010  
**Transaction ID: SA11AI.43659**  
 Amount of Each Receipt this Period: 100.00

**B.**

Full Name (Last, First, Middle Initial)  
DAVID NOEBEL

Mailing Address BOX 207

City MANITOU SPRINGS State CO Zip Code 80829

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

Name of Employer SUMMIT MINITRRIES Occupation PRESIDENT

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 06 / 30 / 2010  
**Transaction ID: SA11AI.43563**  
 Amount of Each Receipt this Period: 100.00

**C.**

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

Mailing Address 35 CYPRESS MARSH DR

City HILTON HEAD ISLAND State SC Zip Code 29926

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

Name of Employer ENGINEERED SYSTEMS Occupation ENGINEER

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 06 / 15 / 2010  
**Transaction ID: SA11AI.42990**  
 Amount of Each Receipt this Period: 50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 250.00

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

A. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.43659**

0105158-0000796

B. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.43563**

0108083-0000709

C. Form/Schedule : **SA11AI**

0031336-0000156

Transaction ID : **SA11AI.42990**

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 96 / 159

(check only one)

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

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NAME OF COMMITTEE (In Full)  
CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)  
MR LINTON PARK

Mailing Address 1630 EASTLAKE CIR

City State Zip Code  
TRACY CA 95304

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

Name of Employer Occupation  
NATIONAL SEMICONDUCTOR ENGINEER

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 0

Transaction ID: SA11AI.43739

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)  
MRS MELINDA PARK

Mailing Address 2193 RIDGEPONTE CT

City State Zip Code  
WALNUT CREEK CA 94596

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

Name of Employer Occupation  
CONTRA COSTA CHRISTIAN SC- HOOL ADMIN ASST.

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
750.00

Date of Receipt

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

Transaction ID: SA11AI.43728

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)  
MRS KATRINKA PARRY

Mailing Address 340 KNOLL CREEK CIR

City State Zip Code  
CHATTANOOGA TN 37415

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

Name of Employer Occupation  
MARCH ADAMS CONTROLLER

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 0

Transaction ID: SA11AI.43123

Amount of Each Receipt this Period

250.00

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

750.00

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

A. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.43739**

0100155-0000876

B. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.43728**

0053038-0000864

C. Form/Schedule : **SA11AI**

0106674-0000283

Transaction ID : **SA11AI.43123**

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 99 / 159  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
CAMPAIGN FOR WORKING FAMILIES

**A.**

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

Mailing Address 160 WILLOW PL S

City State Zip Code  
BROOMFIELD CO 80020

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
MM / DD / YYYY  
06 / 15 / 2010

Transaction ID: SA11AI.43544

Amount of Each Receipt this Period  
100.00

**B.**

Full Name (Last, First, Middle Initial)  
MRS NANCY PHARRIS

Mailing Address 174 EMERALD BAY

City State Zip Code  
LAGUNA BEACH CA 92651

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

Name of Employer HOMEMAKER Occupation HOMEMAKER

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
900.00

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2010

Transaction ID: SA11AI.43684

Amount of Each Receipt this Period  
200.00

**C.**

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

Mailing Address 1476 KELSO BLVD

City State Zip Code  
WINDERMERE FL 34786

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

Name of Employer CERTI-FINE FRUIT CO Occupation CITRUS GROWER

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
MM / DD / YYYY  
06 / 02 / 2010

Transaction ID: SA11AI.43081

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **400.00**

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

A. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.43544**

0107896-0000691

B. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.43684**

0103953-0000820

C. Form/Schedule : **SA11AI**

0011922-0000244

Transaction ID : **SA11AI.43081**

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 102 / 159

(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)  
MISS KRISTIN E ROBBINS

Mailing Address 5106 RAINBOW HARBOUR CIR

City State Zip Code  
COLORADO SPGS CO 80917

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

Name of Employer  
EL PASO COUNTY SCHOOL DISTRICT #11

Occupation  
MUSIC TEACHER

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 0

Transaction ID: SA11AI.43567

Amount of Each Receipt this Period

300.00

**B.**

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

Mailing Address 5028 LONGVIEW CT

City State Zip Code  
WEDDINGTON NC 28104

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

Name of Employer  
ACUMED LLC

Occupation  
SALES MANAGER

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
765.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 0

Transaction ID: SA11AI.42946

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)  
MRS TERESA A SCHAEFER

Mailing Address 1003 WRIGHT ST

City State Zip Code  
PLEASANT HILL MO 64080

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

Name of Employer  
SANOFI - AVENTIS US

Occupation  
SUPPLY CHAIN

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 0

Transaction ID: SA11AI.43374

Amount of Each Receipt this Period

300.00

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

700.00

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

A. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.43567**

0020480-0000713

B. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.42946**

0103053-0000117

C. Form/Schedule : **SA11AI**

0006928-0000523

Transaction ID : **SA11AI.43374**

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 105 / 159  
(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.**

Full Name (Last, First, Middle Initial)  
DR WILLIAM SCOTT

Mailing Address 3061 E ARM RD

City State Zip Code  
ELY MN 55731

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

Name of Employer SELF EMPLOYED      Occupation DENTIST

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 3 | 0 |   | 2 | 0 | 1 | 0 |

**Transaction ID:** SA11AI.43303

Amount of Each Receipt this Period  
1000.00

**B.**

Full Name (Last, First, Middle Initial)  
RICHARD SEABERG

Mailing Address 1424 VIA ZUMAYA

City State Zip Code  
PALOS VERDES ESTAT CA 90274

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

Name of Employer RETIRED      Occupation RETIRED

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

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

**Transaction ID:** SA11AI.43634

Amount of Each Receipt this Period  
1000.00

**C.**

Full Name (Last, First, Middle Initial)  
MR CRAIG SEIBERT

Mailing Address 708 ELLSWORTH RD

City State Zip Code  
CHARLOTTE NC 28211

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

Name of Employer CAMPUS CRUSADE FOR CHRIST      Occupation MINISTER

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  

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

**Transaction ID:** SA11AI.42954

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2050.00**

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

A. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.43303**

0100307-0000456

B. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.43634**

0108068-0000772

C. Form/Schedule : **SA11AI**

0101767-0000125

Transaction ID : **SA11AI.42954**

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

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

FOR LINE NUMBER: PAGE 108 / 159  
(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.** Full Name (Last, First, Middle Initial)  
MR GARY J SELF

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: 2010  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt: 06 / 21 / 2010  
**Transaction ID: SA11AI.43508**  
 Amount of Each Receipt this Period 50.00

**B.** Full Name (Last, First, Middle Initial)  
MR PAUL V SERENIUS

Mailing Address 321 VILLAGE SQUARE DR

City CENTERVILLE State OH Zip Code 45458

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 06 / 28 / 2010  
**Transaction ID: SA11AI.43178**  
 Amount of Each Receipt this Period 100.00

**C.** Full Name (Last, First, Middle Initial)  
MR GREGORY L SIMONS

Mailing Address 11205 W 140TH PL

City OVERLAND PARK State KS Zip Code 66221

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

Name of Employer INFO REQUESTED- NOT RECD Occupation PROF SERVICES

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 06 / 07 / 2010  
**Transaction ID: SA11AI.43394**  
 Amount of Each Receipt this Period 500.00

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

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

A. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.43508**

0013298-0000654

B. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.43178**

0104852-0000337

C. Form/Schedule : **SA11AI**

0015041-0000545

Transaction ID : **SA11AI.43394**

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

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

FOR LINE NUMBER: PAGE 111 / 159  
(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.** Full Name (Last, First, Middle Initial)  
MR RANDALL SKOV  
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: 2010  
 Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00  
Date of Receipt 06 / 07 / 2010  
Transaction ID: SA11AI.43011  
Amount of Each Receipt this Period 50.00

**B.** Full Name (Last, First, Middle Initial)  
MRS SYLVIA SLIFKO  
Mailing Address 9143 COAL BANK RD  
City MARSHALLVILLE State OH Zip Code 44645  
FEC ID number of contributing federal political committee. **C**  
Name of Employer SELF EMPLOYED Occupation MANAGEMENT  
Receipt For: 2010  
 Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00  
Date of Receipt 06 / 30 / 2010  
Transaction ID: SA11AI.43163  
Amount of Each Receipt this Period 3000.00

**C.** Full Name (Last, First, Middle Initial)  
DR WILLIAM H SMITH  
Mailing Address PO BOX 203  
City KAAAWA State HI Zip Code 96730  
FEC ID number of contributing federal political committee. **C**  
Name of Employer STATE OF HAWAII Occupation TEACHER  
Receipt For: 2010  
 Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00  
Date of Receipt 06 / 07 / 2010  
Transaction ID: SA11AI.43754  
Amount of Each Receipt this Period 50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 3100.00  
**TOTAL** This Period (last page this line number only) ..... ►

A. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.43011**

0014942-0000173

B. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.43163**

0097722-0000322

C. Form/Schedule : **SA11AI**

0103927-0000894

Transaction ID : **SA11AI.43754**

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

|                                                                               |                                                                                                                                                                                                                                                                              |                |
|-------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: (check only one)                                                                                                                                                                                                                                            | PAGE 114 / 159 |
|                                                                               | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |                |

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NAME OF COMMITTEE (In Full)  
**CAMPAIGN FOR WORKING FAMILIES**

|                                                                                                                                                 |                                                             |                                        |                                                                                                                                                                                             |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|----------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>A.</b>                                                                                                                                       | Full Name (Last, First, Middle Initial)<br>MS LONETTE SOLIS |                                        | Date of Receipt                                                                                                                                                                             |
|                                                                                                                                                 | Mailing Address 1909 BUCKTHORN LN                           |                                        | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y |
|                                                                                                                                                 | City                                                        | State                                  | Zip Code                                                                                                                                                                                    |
|                                                                                                                                                 | RESTON                                                      | VA                                     | 20191                                                                                                                                                                                       |
|                                                                                                                                                 | FEC ID number of contributing federal political committee.  |                                        | <input type="text"/> C <input type="text"/>                                                                                                                                                 |
| Name of Employer<br>NORTHROP GRUMMAN                                                                                                            |                                                             | Occupation<br>ADMINISTRATIVE ASSISTANT | <b>Transaction ID:</b> SA11AI.42886                                                                                                                                                         |
| Receipt For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                                             | Aggregate Year-to-Date ▼               | Amount of Each Receipt this Period                                                                                                                                                          |
|                                                                                                                                                 |                                                             | <input type="text"/> 250.00            | <input type="text"/> 50.00                                                                                                                                                                  |

|                                                                                                                                                 |                                                                  |                             |                                                                                                                                                                                             |
|-------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|-----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>B.</b>                                                                                                                                       | Full Name (Last, First, Middle Initial)<br>MRS TAMMY E STEINBERG |                             | Date of Receipt                                                                                                                                                                             |
|                                                                                                                                                 | Mailing Address 101 WINDINGHAM DR NW                             |                             | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y |
|                                                                                                                                                 | City                                                             | State                       | Zip Code                                                                                                                                                                                    |
|                                                                                                                                                 | HUNTSVILLE                                                       | AL                          | 35806                                                                                                                                                                                       |
|                                                                                                                                                 | FEC ID number of contributing federal political committee.       |                             | <input type="text"/> C <input type="text"/>                                                                                                                                                 |
| Name of Employer<br>HARRO APOTHERAPY                                                                                                            |                                                                  | Occupation<br>HOMEMAKER     | <b>Transaction ID:</b> SA11AI.43095                                                                                                                                                         |
| Receipt For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                                                  | Aggregate Year-to-Date ▼    | Amount of Each Receipt this Period                                                                                                                                                          |
|                                                                                                                                                 |                                                                  | <input type="text"/> 220.00 | <input type="text"/> 50.00                                                                                                                                                                  |

|                                                                                                                                                 |                                                               |                             |                                                                                                                                                                                             |
|-------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|-----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>C.</b>                                                                                                                                       | Full Name (Last, First, Middle Initial)<br>MR FRED T STIMPSON |                             | Date of Receipt                                                                                                                                                                             |
|                                                                                                                                                 | Mailing Address 15 HILLWOOD RD                                |                             | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y |
|                                                                                                                                                 | City                                                          | State                       | Zip Code                                                                                                                                                                                    |
|                                                                                                                                                 | MOBILE                                                        | AL                          | 36608                                                                                                                                                                                       |
|                                                                                                                                                 | FEC ID number of contributing federal political committee.    |                             | <input type="text"/> C <input type="text"/>                                                                                                                                                 |
| Name of Employer<br>SCOTCH AND GULF LUMBER CO. LLC                                                                                              |                                                               | Occupation<br>CEO           | <b>Transaction ID:</b> SA11AI.43107                                                                                                                                                         |
| Receipt For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                                               | Aggregate Year-to-Date ▼    | Amount of Each Receipt this Period                                                                                                                                                          |
|                                                                                                                                                 |                                                               | <input type="text"/> 700.00 | <input type="text"/> 250.00                                                                                                                                                                 |

|                                                                  |                             |
|------------------------------------------------------------------|-----------------------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <input type="text"/> 350.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <input type="text"/>        |

A. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.42886**

0103894-0000061

B. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.43095**

0011951-0000257

C. Form/Schedule : **SA11AI**

0101392-0000267

Transaction ID : **SA11AI.43107**

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 117 / 159  
(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.**

Full Name (Last, First, Middle Initial)  
MR W S STIMPSON

Mailing Address PO BOX 1663

City State Zip Code  
MOBILE AL 36633

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

Name of Employer Occupation  
GULF LUMBER CO CFO

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1250.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 3 | 0 | / | 2 | 0 | 1 | 0 |

**Transaction ID:** SA11AI.43108

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
MR WILLIAM STIMPSON

Mailing Address PO BOX 413

City State Zip Code  
MOBILE AL 36601

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

Name of Employer Occupation  
GULF LUMBER COMPANY CFO

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2250.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 3 | 0 | / | 2 | 0 | 1 | 0 |

**Transaction ID:** SA11AI.43101

Amount of Each Receipt this Period  
1000.00

**C.**

Full Name (Last, First, Middle Initial)  
MR RICHARD SUNGAILA

Mailing Address 1827 PORT STANHOPE PL

City State Zip Code  
NEWPORT BEACH CA 92660

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

Name of Employer Occupation  
SELF EMPLOYED REAL ESTATE & PROP MGMNT

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
375.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 2 | 8 | / | 2 | 0 | 1 | 0 |

**Transaction ID:** SA11AI.43687

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1300.00**

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

A. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.43108**

0103259-0000269

B. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.43101**

0100947-0000262

C. Form/Schedule : **SA11AI**

0106678-0000825

Transaction ID : **SA11AI.43687**

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 120 / 159  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)  
MR RICHARD SUNGAILA

Mailing Address 1827 PORT STANHOPE PL

City State Zip Code  
NEWPORT BEACH CA 92660

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

Name of Employer Occupation  
SELF EMPLOYED REAL ESTATE & PROP MGMNT

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
425.00

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2010

Transaction ID: SA11AI.43688

Amount of Each Receipt this Period  
50.00

**B.**

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

Mailing Address 24902 N POINT PL

City State Zip Code  
KATY TX 77494

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

Name of Employer Occupation  
AVIARA ENERGY CORPORATION ENGINEER

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
06 / 07 / 2010

Transaction ID: SA11AI.43505

Amount of Each Receipt this Period  
50.00

**C.**

Full Name (Last, First, Middle Initial)  
MRS ANNITA TAYLOR

Mailing Address 4306 ARP PL

City State Zip Code  
AMARILLO TX 79109

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

Name of Employer Occupation  
HOMEMAKER HOMEMAKER

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
415.00

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2010

Transaction ID: SA11AI.43534

Amount of Each Receipt this Period  
20.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **120.00**

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

A. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.43688**

0106678-0000826

B. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.43505**

0048257-0000651

C. Form/Schedule : **SA11AI**

0108011-0000680

Transaction ID : **SA11AI.43534**

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 123 / 159  
(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)  
JOHN TELLING

Mailing Address 60202 DAVIE

City State Zip Code  
CHAPEL HILL NC 27517

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2010

**Transaction ID:** SA11AI.42824

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
PATTI TESSEN

Mailing Address 9319 COUNTY ROAD 331

City State Zip Code  
GRAHAM TX 76450

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

Name of Employer Occupation  
REGION 14 EDUCATION SERVICE CENTER EDUCATIONAL CONSULTANT

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2010

**Transaction ID:** SA11AI.43481

Amount of Each Receipt this Period  
100.00

**C.**

Full Name (Last, First, Middle Initial)  
WOODY THAMES

Mailing Address 12201 MERIT DR

City State Zip Code  
DALLAS TX 75251

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  
MM / DD / YYYY  
06 / 28 / 2010

**Transaction ID:** SA11AI.43469

Amount of Each Receipt this Period  
250.00

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

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

A. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.42824**

0108101-0000001

B. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.43481**

0107807-0000629

C. Form/Schedule : **SA11AI**

0108026-0000617

Transaction ID : **SA11AI.43469**

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

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

FOR LINE NUMBER: PAGE 126 / 159  
(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.** Full Name (Last, First, Middle Initial)  
MR KEITH THORNTON

Mailing Address 6131 LUTHER LN

City State Zip Code  
DALLAS TX 75225

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

Name of Employer SELF Occupation DENTIST

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

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

**Transaction ID:** SA11AI.43460

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
MR PAUL A TONDRE

Mailing Address 410 RUA DE MATTA ST

City State Zip Code  
SAN ANTONIO TX 78232

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

Name of Employer WIFE Occupation RETIRED

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 245.00

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

**Transaction ID:** SA11AI.43516

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
MR GEORGE E TRAGOS

Mailing Address 818 ISLAND WAY

City State Zip Code  
CLEARWATER FL 33767

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

Name of Employer SELF Occupation ATTORNEY

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 6 / 0 8 / 2 0 1 0

**Transaction ID:** SA11AI.43070

Amount of Each Receipt this Period  
2500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3600.00**

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

A. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.43460**

0106962-0000608

B. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.43516**

0046592-0000662

C. Form/Schedule : **SA11AI**

0003815-0000232

Transaction ID : **SA11AI.43070**

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 129 / 159  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
CAMPAIGN FOR WORKING FAMILIES

**A.**

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

Mailing Address 3108 CARUTH BLVD

City State Zip Code  
DALLAS TX 75225

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

Name of Employer Occupation  
SELF SURGEON

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2010

**Transaction ID:** SA11AI.43461

Amount of Each Receipt this Period  
5000.00

**B.**

Full Name (Last, First, Middle Initial)  
MR LEON WALTHALL

Mailing Address PO BOX 17991

City State Zip Code  
SAN ANTONIO TX 78217

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

Name of Employer Occupation  
MORTIMER PRODUCTION COMPAN- NY VICE PRESIDENT

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
MM / DD / YYYY  
06 / 29 / 2010

**Transaction ID:** SA11AI.43513

Amount of Each Receipt this Period  
50.00

**C.**

Full Name (Last, First, Middle Initial)  
ROBERT WERT

Mailing Address 250 S ORANGE ST STE 3

City State Zip Code  
ESCONDIDO CA 92025

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

Name of Employer Occupation  
LPS COMPUTER SERVICE GROU- P- INC. BUSINESS OWNER

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
06 / 29 / 2010

**Transaction ID:** SA11AI.43656

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **5300.00**

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

A. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.43461**

0102387-0000610

B. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.43513**

0075254-0000659

C. Form/Schedule : **SA11AI**

0107847-0000792

Transaction ID : **SA11AI.43656**

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

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

FOR LINE NUMBER: PAGE 132 / 159  
(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.** Full Name (Last, First, Middle Initial)  
MRS DONALD A WHITE, JR  
Mailing Address 9412 ROCKY HILLS DR  
City State Zip Code  
CORDOVA TN 38018  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
HOMEMAKER HOMEMAKER  
Receipt For: 2010  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
300.00  
Date of Receipt  
M M / D D / Y Y Y Y  
06 / 08 / 2010  
Transaction ID: SA11AI.43133  
Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
MR KEITH M WHITE  
Mailing Address 15 OAK PL  
City State Zip Code  
NEW IBERIA LA 70563  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
QUAIL TOOLS LP VP  
Receipt For: 2010  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
1000.00  
Date of Receipt  
M M / D D / Y Y Y Y  
06 / 03 / 2010  
Transaction ID: SA11AI.43414  
Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
MRS WARD A WHITEMAN  
Mailing Address 4007 NORWOOD ST  
City State Zip Code  
MIDLAND TX 79707  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
BURLINGTON RESOURCES GEOLOGIST  
Receipt For: 2010  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
500.00  
Date of Receipt  
M M / D D / Y Y Y Y  
06 / 10 / 2010  
Transaction ID: SA11AI.43540  
Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1550.00**  
**TOTAL** This Period (last page this line number only) ..... ►

A. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.43133**

0101707-0000295

B. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.43414**

0080400-0000567

C. Form/Schedule : **SA11AI**

0059494-0000686

Transaction ID : **SA11AI.43540**

# 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 135 / 159 |
|                                                                         | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12               |                |
|                                                                         | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |                |

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NAME OF COMMITTEE (In Full)  
CAMPAIGN FOR WORKING FAMILIES

|                                                                                                                                                 |                                                                     |                                                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|-----------------------------------------------------|
| <b>A.</b>                                                                                                                                       | Full Name (Last, First, Middle Initial)<br>MR DEREK M WOODS         | Date of Receipt<br>MM / DD / YYYY<br>06 / 30 / 2010 |
|                                                                                                                                                 | Mailing Address 2910 VILLA CT                                       | <b>Transaction ID:</b> SA11AI.43268                 |
|                                                                                                                                                 | City State Zip Code<br>BETTENDORF IA 52722                          | Amount of Each Receipt this Period<br>50.00         |
|                                                                                                                                                 | FEC ID number of contributing federal political committee. <b>C</b> |                                                     |
| Name of Employer<br>CROWN CONSULTING- LLC                                                                                                       | Occupation<br>SELF EMPLOYED                                         |                                                     |
| Receipt For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>250.00                                  |                                                     |

|                                                                                                                                                 |                                                                     |                                                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|-----------------------------------------------------|
| <b>B.</b>                                                                                                                                       | Full Name (Last, First, Middle Initial)<br>MRS MARILYN WOY          | Date of Receipt<br>MM / DD / YYYY<br>06 / 21 / 2010 |
|                                                                                                                                                 | Mailing Address 27511 HYATT CT                                      | <b>Transaction ID:</b> SA11AI.43692                 |
|                                                                                                                                                 | City State Zip Code<br>LAGUNA NIGUEL CA 92677                       | Amount of Each Receipt this Period<br>100.00        |
|                                                                                                                                                 | FEC ID number of contributing federal political committee. <b>C</b> |                                                     |
| Name of Employer<br>MARINERS CHURCH                                                                                                             | Occupation<br>ADMIN. ASSISTANT                                      |                                                     |
| Receipt For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>350.00                                  |                                                     |

|                                                                                                                                                 |                                                                     |                                                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|-----------------------------------------------------|
| <b>C.</b>                                                                                                                                       | Full Name (Last, First, Middle Initial)<br>MRS MARILYN WOY          | Date of Receipt<br>MM / DD / YYYY<br>06 / 29 / 2010 |
|                                                                                                                                                 | Mailing Address 27511 HYATT CT                                      | <b>Transaction ID:</b> SA11AI.43693                 |
|                                                                                                                                                 | City State Zip Code<br>LAGUNA NIGUEL CA 92677                       | Amount of Each Receipt this Period<br>50.00         |
|                                                                                                                                                 | FEC ID number of contributing federal political committee. <b>C</b> |                                                     |
| Name of Employer<br>MARINERS CHURCH                                                                                                             | Occupation<br>ADMIN. ASSISTANT                                      |                                                     |
| Receipt For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>400.00                                  |                                                     |

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

A. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.43268**

0101452-0000421

B. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.43692**

0106759-0000830

C. Form/Schedule : **SA11AI**

0106759-0000831

Transaction ID : **SA11AI.43693**

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

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

FOR LINE NUMBER: PAGE 138 / 159  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)  
MR JOHN A ZIMMERMAN

Mailing Address 22614 N MAIN ST

City State Zip Code  
MORTON IL 61550

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

Name of Employer Occupation  
CATERPILLAR RETIRED

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
400.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 1 | 8 |   | 2 | 0 | 1 | 0 |

Transaction ID: SA11AI.43355

Amount of Each Receipt this Period

|        |
|--------|
| 200.00 |
|--------|

**B.**

Full Name (Last, First, Middle Initial)  
MR JOHN A ZIMMERMAN

Mailing Address 22614 N MAIN ST

City State Zip Code  
MORTON IL 61550

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

Name of Employer Occupation  
CATERPILLAR RETIRED

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
500.00

Date of Receipt

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

Transaction ID: SA11AI.43356

Amount of Each Receipt this Period

|        |
|--------|
| 100.00 |
|--------|

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

|        |
|--------|
| 300.00 |
|--------|

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

|          |
|----------|
| 51003.00 |
|----------|

A. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.43355**

0104426-0000504

B. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.43356**

0104426-0000505

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

|                                                                               |                                                                                                                                                                                                                                                                              |                |
|-------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: (check only one)                                                                                                                                                                                                                                            | PAGE 140 / 159 |
|                                                                               | <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input checked="" type="checkbox"/> 17 |                |

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NAME OF COMMITTEE (In Full)  
CAMPAIGN FOR WORKING FAMILIES

**A.**

|                                                                                                                                 |                                     |                                                     |
|---------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-----------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br>BB&T                                                                                 |                                     | Date of Receipt<br>MM / DD / YYYY<br>06 / 30 / 2010 |
| Mailing Address P.O. Box 580363                                                                                                 |                                     | <b>Transaction ID:</b> SA17.43869                   |
| City<br>Charlotte                                                                                                               | State<br>NC                         | Zip Code<br>28258                                   |
| FEC ID number of contributing federal political committee.<br>C                                                                 |                                     | Amount of Each Receipt this Period<br>237.93        |
| Name of Employer                                                                                                                | Occupation                          | INTEREST INCOME                                     |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>1183.50 |                                                     |

**B.**

|                                                                                                                                 |                                     |                                                     |
|---------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-----------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br>PINNACLE LIST CO                                                                     |                                     | Date of Receipt<br>MM / DD / YYYY<br>06 / 29 / 2010 |
| Mailing Address 2800 SHIRLINGTON RD #970                                                                                        |                                     | <b>Transaction ID:</b> SA17.43870                   |
| City<br>ARLINGTON                                                                                                               | State<br>VA                         | Zip Code<br>22206                                   |
| FEC ID number of contributing federal political committee.<br>C                                                                 |                                     | Amount of Each Receipt this Period<br>9537.60       |
| Name of Employer                                                                                                                | Occupation                          | LIST RENTAL INCOME                                  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>9537.60 |                                                     |

|                                                                  |   |         |
|------------------------------------------------------------------|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 9775.53 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ | 9775.53 |

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 141 / 159

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

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NAME OF COMMITTEE (In Full)  
CAMPAIGN FOR WORKING FAMILIES

|    |                                                                                                                                      |                                                                                                                                |
|----|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|
| A. | Full Name (Last, First, Middle Initial)<br>DAN ALLOTT                                                                                | Transaction ID: SB21B.43845<br>Date of Disbursement<br>06 / 28 / 2010                                                          |
|    | Mailing Address 2800 S. SHIRLINGTON ROAD #930                                                                                        | Amount of Each Disbursement this Period<br>2000.00                                                                             |
|    | City ARLINGTON State VA Zip Code 22206                                                                                               |                                                                                                                                |
|    | Purpose of Disbursement PAC CONSULTING POLITICAL WRITING                                                                             | Category/Type                                                                                                                  |
|    | Candidate Name                                                                                                                       |                                                                                                                                |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |                                                                                                                                      |                                                                                                                                |
|----|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|
| B. | Full Name (Last, First, Middle Initial)<br>American Express                                                                          | Transaction ID: SB21B.43820<br>Date of Disbursement<br>06 / 01 / 2010                                                          |
|    | Mailing Address P.O. Box 981540                                                                                                      | Amount of Each Disbursement this Period<br>4.95                                                                                |
|    | City El Paso State TX Zip Code 79998                                                                                                 |                                                                                                                                |
|    | Purpose of Disbursement BANK FEES                                                                                                    | Category/Type                                                                                                                  |
|    | Candidate Name                                                                                                                       |                                                                                                                                |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |                                                                                                                                      |                                                                                                                                |
|----|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|
| C. | Full Name (Last, First, Middle Initial)<br>American Express                                                                          | Transaction ID: SB21B.43822<br>Date of Disbursement<br>06 / 21 / 2010                                                          |
|    | Mailing Address P.O. Box 981540                                                                                                      | Amount of Each Disbursement this Period<br>0.80                                                                                |
|    | City El Paso State TX Zip Code 79998                                                                                                 |                                                                                                                                |
|    | Purpose of Disbursement BANK FEES                                                                                                    | Category/Type                                                                                                                  |
|    | Candidate Name                                                                                                                       |                                                                                                                                |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>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) .....      | 2005.75 |
| <b>TOTAL</b> This Period (last page this line number only) ..... |         |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 142 / 159

|                                         |                              |                              |                              |                             |                              |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>American Express</p> <p>Mailing Address P.O. Box 981540</p> <p>City El Paso State TX Zip Code 79998</p> <p>Purpose of Disbursement<br/>BANK FEES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>               | <p><b>Transaction ID:</b> SB21B.43823</p> <p>Date of Disbursement<br/>06 / 21 / 2010</p> <p>Amount of Each Disbursement this Period<br/>0.96</p>   |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>Authorize.net</p> <p>Mailing Address 808 East Utah Valley Drive</p> <p>City American Fork State UT Zip Code 84003</p> <p>Purpose of Disbursement<br/>BANK FEES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> SB21B.43819</p> <p>Date of Disbursement<br/>06 / 01 / 2010</p> <p>Amount of Each Disbursement this Period<br/>38.95</p>  |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>BB&amp;T</p> <p>Mailing Address P.O. Box 580363</p> <p>City Charlotte State NC Zip Code 28258</p> <p>Purpose of Disbursement<br/>BANK FEES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>                     | <p><b>Transaction ID:</b> SB21B.43821</p> <p>Date of Disbursement<br/>06 / 15 / 2010</p> <p>Amount of Each Disbursement this Period<br/>446.92</p> |

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

**486.83**

**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

|    |                                                                                                                  |                                                                                                                                   |
|----|------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|
| A. | Full Name (Last, First, Middle Initial)<br>CHOI COMPANIES                                                        | Transaction ID: SB21B.43841<br>Date of Disbursement                                                                               |
|    | Mailing Address 5999 STEVENSON AVE #310                                                                          | <input type="text" value="06"/> <input type="text" value="25"/> / <input type="text" value="20"/> <input type="text" value="10"/> |
|    | City ALEXANDRIA State VA Zip Code 22304                                                                          | Amount of Each Disbursement this Period                                                                                           |
|    | Purpose of Disbursement RENT                                                                                     | <input type="text" value="2756.00"/>                                                                                              |
|    | Candidate Name                                                                                                   | Category/Type                                                                                                                     |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General                                               |
|    | State: District:                                                                                                 | <input type="checkbox"/> Other (specify) ▼                                                                                        |

|    |                                                                                                                  |                                                                                                                                   |
|----|------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|
| B. | Full Name (Last, First, Middle Initial)<br>COVAD COMMUNICATIONS                                                  | Transaction ID: SB21B.43830<br>Date of Disbursement                                                                               |
|    | Mailing Address P.O. BOX 39000                                                                                   | <input type="text" value="06"/> <input type="text" value="14"/> / <input type="text" value="20"/> <input type="text" value="10"/> |
|    | City SAN FRANCISCO State CA Zip Code 94139                                                                       | Amount of Each Disbursement this Period                                                                                           |
|    | Purpose of Disbursement COMPUTER SERVICES                                                                        | <input type="text" value="104.45"/>                                                                                               |
|    | Candidate Name                                                                                                   | Category/Type                                                                                                                     |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General                                               |
|    | State: District:                                                                                                 | <input type="checkbox"/> Other (specify) ▼                                                                                        |

|    |                                                                                                                  |                                                                                                                                   |
|----|------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|
| C. | Full Name (Last, First, Middle Initial)<br>DESIGN 4 INC.                                                         | Transaction ID: SB21B.43856<br>Date of Disbursement                                                                               |
|    | Mailing Address 106 N. Collins Street                                                                            | <input type="text" value="06"/> <input type="text" value="29"/> / <input type="text" value="20"/> <input type="text" value="10"/> |
|    | City Plant City State FL Zip Code 33563                                                                          | Amount of Each Disbursement this Period                                                                                           |
|    | Purpose of Disbursement PAC WEB VIDEO PRODUCTION                                                                 | <input type="text" value="1725.00"/>                                                                                              |
|    | Candidate Name                                                                                                   | Category/Type                                                                                                                     |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General                                               |
|    | State: District:                                                                                                 | <input type="checkbox"/> Other (specify) ▼                                                                                        |

|                                                                  |                                      |
|------------------------------------------------------------------|--------------------------------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <input type="text" value="4585.45"/> |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <input type="text"/>                 |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 144 / 159

|                                         |                              |                              |                              |                             |                              |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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

|           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                        |
|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br><b>FEDERAL EXPRESS</b><br><hr/> Mailing Address P.O. BOX 1140<br><hr/> City MEMPHIS State TN Zip Code 38101<br><hr/> Purpose of Disbursement SHIPPING FEES<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <b>Transaction ID:</b> SB21B.43833<br>Date of Disbursement<br>06 / 14 / 2010<br><hr/> Amount of Each Disbursement this Period<br>63.80 |
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br><b>FEDERAL EXPRESS</b><br><hr/> Mailing Address P.O. BOX 1140<br><hr/> City MEMPHIS State TN Zip Code 38101<br><hr/> Purpose of Disbursement SHIPPING FEES<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <b>Transaction ID:</b> SB21B.43842<br>Date of Disbursement<br>06 / 25 / 2010<br><hr/> Amount of Each Disbursement this Period<br>16.17 |
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br><b>FEDERAL EXPRESS</b><br><hr/> Mailing Address P.O. BOX 1140<br><hr/> City MEMPHIS State TN Zip Code 38101<br><hr/> Purpose of Disbursement SHIPPING FEES<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <b>Transaction ID:</b> SB21B.43846<br>Date of Disbursement<br>06 / 29 / 2010<br><hr/> Amount of Each Disbursement this Period<br>85.03 |

|                                                                  |               |
|------------------------------------------------------------------|---------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <b>165.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |               |

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
CAMPAIGN FOR WORKING FAMILIES

|    |                                                                                                                                      |                                                                                                                                |
|----|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|
| A. | Full Name (Last, First, Middle Initial)<br>INTEGRAM                                                                                  | Transaction ID: SB21B.43860<br>Date of Disbursement<br>06 / 09 / 2010                                                          |
|    | Mailing Address 8421 HILLTOP ROAD                                                                                                    | Amount of Each Disbursement this Period<br>2553.41                                                                             |
|    | City FAIRFAX State VA Zip Code 22031                                                                                                 |                                                                                                                                |
|    | Purpose of Disbursement PAC DIRECT MAIL PRODUCTION                                                                                   |                                                                                                                                |
|    | Candidate Name                                                                                                                       | Category/Type                                                                                                                  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |                                                                                                                                      |                                                                                                                                |
|----|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|
| B. | Full Name (Last, First, Middle Initial)<br>INTEGRAM                                                                                  | Transaction ID: SB21B.43858<br>Date of Disbursement<br>06 / 25 / 2010                                                          |
|    | Mailing Address 8421 HILLTOP ROAD                                                                                                    | Amount of Each Disbursement this Period<br>3657.62                                                                             |
|    | City FAIRFAX State VA Zip Code 22031                                                                                                 |                                                                                                                                |
|    | Purpose of Disbursement PAC DIRECT MAIL PRODUCTION                                                                                   |                                                                                                                                |
|    | Candidate Name                                                                                                                       | Category/Type                                                                                                                  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |                                                                                                                                      |                                                                                                                                |
|----|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|
| C. | Full Name (Last, First, Middle Initial)<br>IRON MOUNTAIN                                                                             | Transaction ID: SB21B.43834<br>Date of Disbursement<br>06 / 14 / 2010                                                          |
|    | Mailing Address 745 ATLANTIC AVE                                                                                                     | Amount of Each Disbursement this Period<br>238.95                                                                              |
|    | City BOSTON State MA Zip Code 02111                                                                                                  |                                                                                                                                |
|    | Purpose of Disbursement STORAGE FEES                                                                                                 |                                                                                                                                |
|    | Candidate Name                                                                                                                       | Category/Type                                                                                                                  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>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) .....      | 6449.98 |
| <b>TOTAL</b> This Period (last page this line number only) ..... |         |

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
CAMPAIGN FOR WORKING FAMILIES

|    |                                                                                                                                      |                                                                                                                                |
|----|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|
| A. | Full Name (Last, First, Middle Initial)<br>J&J PRINTING                                                                              | Transaction ID: SB21B.43853<br>Date of Disbursement<br>06 / 14 / 2010                                                          |
|    | Mailing Address 5540 PORT ROYAL ROAD                                                                                                 | Amount of Each Disbursement this Period<br>1185.98                                                                             |
|    | City SPRINGFIELD State VA Zip Code 22151                                                                                             |                                                                                                                                |
|    | Purpose of Disbursement PAC GENERAL OFFICE PRINTING                                                                                  | Category/Type                                                                                                                  |
|    | Candidate Name                                                                                                                       |                                                                                                                                |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |                                                                                                                                      |                                                                                                                                |
|----|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|
| B. | Full Name (Last, First, Middle Initial)<br>LASER AGE                                                                                 | Transaction ID: SB21B.43843<br>Date of Disbursement<br>06 / 25 / 2010                                                          |
|    | Mailing Address 7210 E GARY ROAD                                                                                                     | Amount of Each Disbursement this Period<br>343.75                                                                              |
|    | City MANASSAS State VA Zip Code 20109                                                                                                |                                                                                                                                |
|    | Purpose of Disbursement OFFICE SUPPLIES                                                                                              | Category/Type                                                                                                                  |
|    | Candidate Name                                                                                                                       |                                                                                                                                |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |                                                                                                                                      |                                                                                                                                |
|----|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|
| C. | Full Name (Last, First, Middle Initial)<br>LEXIS NEXIS                                                                               | Transaction ID: SB21B.43836<br>Date of Disbursement<br>06 / 14 / 2010                                                          |
|    | Mailing Address P.O. BOX 7247-7090                                                                                                   | Amount of Each Disbursement this Period<br>350.00                                                                              |
|    | City PHILADELPHIA State PA Zip Code 19170                                                                                            |                                                                                                                                |
|    | Purpose of Disbursement DUES & SUBSCRIPTIONS                                                                                         | Category/Type                                                                                                                  |
|    | Candidate Name                                                                                                                       |                                                                                                                                |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>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) .....      | ▶ | 1879.73 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |         |

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
CAMPAIGN FOR WORKING FAMILIES

|    |                                                                                                                                      |                                                                                                                                |
|----|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|
| A. | Full Name (Last, First, Middle Initial)<br>LPS                                                                                       | Transaction ID: SB21B.43861<br>Date of Disbursement<br>06 / 14 / 2010                                                          |
|    | Mailing Address P.O. BOX 2325                                                                                                        | Amount of Each Disbursement this Period<br>399.95                                                                              |
|    | City FAIRFAX State VA Zip Code 22031                                                                                                 |                                                                                                                                |
|    | Purpose of Disbursement PAC - DATA ENTRY SERVICES                                                                                    |                                                                                                                                |
|    | Candidate Name                                                                                                                       | Category/Type                                                                                                                  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |                                                                                                                                      |                                                                                                                                |
|----|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|
| B. | Full Name (Last, First, Middle Initial)<br>LPS                                                                                       | Transaction ID: SB21B.43857<br>Date of Disbursement<br>06 / 29 / 2010                                                          |
|    | Mailing Address P.O. BOX 2325                                                                                                        | Amount of Each Disbursement this Period<br>1349.74                                                                             |
|    | City FAIRFAX State VA Zip Code 22031                                                                                                 |                                                                                                                                |
|    | Purpose of Disbursement PAC DATA PROCESSING SERVICES                                                                                 |                                                                                                                                |
|    | Candidate Name                                                                                                                       | Category/Type                                                                                                                  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |                                                                                                                                      |                                                                                                                                |
|----|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|
| C. | Full Name (Last, First, Middle Initial)<br>PR NEWSWIRE                                                                               | Transaction ID: SB21B.43837<br>Date of Disbursement<br>06 / 14 / 2010                                                          |
|    | Mailing Address 810 7TH AVE 32ND FL                                                                                                  | Amount of Each Disbursement this Period<br>195.00                                                                              |
|    | City NEW YORK State NY Zip Code 10019                                                                                                |                                                                                                                                |
|    | Purpose of Disbursement PAC PRESS RELEASE                                                                                            |                                                                                                                                |
|    | Candidate Name                                                                                                                       | Category/Type                                                                                                                  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>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) .....      | ▶ | 1944.69 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |         |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
CAMPAIGN FOR WORKING FAMILIES

|    |                                                                                                                                      |                                                                                                                                |
|----|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|
| A. | Full Name (Last, First, Middle Initial)<br>PR NEWSWIRE                                                                               | Transaction ID: SB21B.43847<br>Date of Disbursement                                                                            |
|    | Mailing Address 810 7TH AVE 32ND FL                                                                                                  | <input type="text" value="06"/> / <input type="text" value="29"/> / <input type="text" value="2010"/>                          |
|    | City NEW YORK State NY Zip Code 10019                                                                                                | Amount of Each Disbursement this Period                                                                                        |
|    | Purpose of Disbursement<br>PAC NEWS RELEASE                                                                                          | <input type="text" value="320.00"/>                                                                                            |
|    | Candidate Name                                                                                                                       | Category/Type                                                                                                                  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |                                                                                                                                      |                                                                                                                                |
|----|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|
| B. | Full Name (Last, First, Middle Initial)<br>TOM ROSE                                                                                  | Transaction ID: SB21B.43864<br>Date of Disbursement                                                                            |
|    | Mailing Address P.O. BOX 40879                                                                                                       | <input type="text" value="06"/> / <input type="text" value="17"/> / <input type="text" value="2010"/>                          |
|    | City INDIANAPOLIS State IN Zip Code 46260                                                                                            | Amount of Each Disbursement this Period                                                                                        |
|    | Purpose of Disbursement<br>PAC CONSULTING POLITICAL RESEARCH/WRITING                                                                 | <input type="text" value="2500.00"/>                                                                                           |
|    | Candidate Name                                                                                                                       | Category/Type                                                                                                                  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |                                                                                                                                      |                                                                                                                                |
|----|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|
| C. | Full Name (Last, First, Middle Initial)<br>THE LUKENS COMPANY                                                                        | Transaction ID: SB21B.43859<br>Date of Disbursement                                                                            |
|    | Mailing Address 2800 SHIRLINGTON ROAD #900                                                                                           | <input type="text" value="06"/> / <input type="text" value="25"/> / <input type="text" value="2010"/>                          |
|    | City ARLINGTON State VA Zip Code 22206                                                                                               | Amount of Each Disbursement this Period                                                                                        |
|    | Purpose of Disbursement<br>PAC DIRECT MAIL PRODUCTION                                                                                | <input type="text" value="2000.00"/>                                                                                           |
|    | Candidate Name                                                                                                                       | Category/Type                                                                                                                  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|                                                                  |                                      |
|------------------------------------------------------------------|--------------------------------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <input type="text" value="4820.00"/> |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <input type="text"/>                 |

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
CAMPAIGN FOR WORKING FAMILIES

|    |                                                                                                                                      |                                                                                                                                |
|----|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|
| A. | Full Name (Last, First, Middle Initial)<br>UNITED BANK                                                                               | Transaction ID: SB21B.43824<br>Date of Disbursement<br>06 / 30 / 2010                                                          |
|    | Mailing Address 4501 DALY DRIVE                                                                                                      | Amount of Each Disbursement this Period<br>92.71                                                                               |
|    | City CHANTILLY State VA Zip Code 20151                                                                                               |                                                                                                                                |
|    | Purpose of Disbursement BANK FEES<br>Candidate Name                                                                                  | Category/Type                                                                                                                  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |                                                                                                                                      |                                                                                                                                |
|----|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|
| B. | Full Name (Last, First, Middle Initial)<br>VERIZON                                                                                   | Transaction ID: SB21B.43844<br>Date of Disbursement<br>06 / 25 / 2010                                                          |
|    | Mailing Address P.O. BOX 17577                                                                                                       | Amount of Each Disbursement this Period<br>433.36                                                                              |
|    | City BALTIMORE State MD Zip Code 21297                                                                                               |                                                                                                                                |
|    | Purpose of Disbursement TELEPHONE<br>Candidate Name                                                                                  | Category/Type                                                                                                                  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |                                                                                                                                      |                                                                                                                                |
|----|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|
| C. | Full Name (Last, First, Middle Initial)<br>DEAN VIRAG                                                                                | Transaction ID: SB21B.43831<br>Date of Disbursement<br>06 / 14 / 2010                                                          |
|    | Mailing Address 14039 WESTWIND LANE                                                                                                  | Amount of Each Disbursement this Period<br>500.00                                                                              |
|    | City CULPEPER State VA Zip Code 22701                                                                                                |                                                                                                                                |
|    | Purpose of Disbursement WEBSITE SUPPORT<br>Candidate Name                                                                            | Category/Type                                                                                                                  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>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) .....      | 1026.07 |
| <b>TOTAL</b> This Period (last page this line number only) ..... |         |

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 150 / 159

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

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NAME OF COMMITTEE (In Full)  
CAMPAIGN FOR WORKING FAMILIES

A.

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

Transaction ID: SB21B.43854

Date of Disbursement

Mailing Address 4128 PEPSI PLACE

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 1 | 4 |   | 2 | 0 | 1 | 0 |

City State Zip Code  
CHANTILLY VA 20151

Amount of Each Disbursement this Period

|         |
|---------|
| 1249.57 |
|---------|

Purpose of Disbursement  
PAC CAGING AND DATA ENTRY SERVICES

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

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

|         |
|---------|
| 1249.57 |
|---------|

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

|          |
|----------|
| 24613.07 |
|----------|

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

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

FOR LINE NUMBER:  
(check only one)

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|                              |                              |                                        |                              |                             |                              |
|------------------------------|------------------------------|----------------------------------------|------------------------------|-----------------------------|------------------------------|
| <input 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

A.

Full Name (Last, First, Middle Initial)  
FRIENDS OF FRANK WOLF

Transaction ID: SB23.43828

Date of Disbursement

Mailing Address P. O. BOX 710235

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

City State Zip Code  
OAK HILL VA 20171

Amount of Each Disbursement this Period

|         |
|---------|
| 2500.00 |
|---------|

Purpose of Disbursement  
CONTRIBUTION

|  |
|--|
|  |
|--|

Candidate Name  
FRIENDS OF FRANK WOLF

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: VA District: 10

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

|         |
|---------|
| 2500.00 |
|---------|

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

|         |
|---------|
| 2500.00 |
|---------|

**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)

PAGE 152 / 159

|                              |                              |                              |                              |                                        |                              |
|------------------------------|------------------------------|------------------------------|------------------------------|----------------------------------------|------------------------------|
| <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 |

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NAME OF COMMITTEE (In Full)  
CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)  
BRIAN BIRDWELL CAMPAIGN

Transaction ID: SB29.43865

Date of Disbursement

Mailing Address 1602 CATALINA BAY COURT

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 1 | 4 |   | 2 | 0 | 1 | 0 |

City State Zip Code  
GRANBURY TX 76048

Amount of Each Disbursement this Period

|         |
|---------|
| 2000.00 |
|---------|

Purpose of Disbursement  
CONTRIBUTION TO STATE SENATE RACE

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

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

2000.00

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

2000.00

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

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

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)  
CAMPAIGN FOR WORKING FAMILIES

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

|                                                   |                             |                                                        |  |
|---------------------------------------------------|-----------------------------|--------------------------------------------------------|--|
| Outstanding Balance Beginning This Period<br>0.00 |                             | <b>Transaction ID: SD10.43867</b>                      |  |
| Amount Incurred This Period<br>1215.00            | Payment This Period<br>0.00 | Outstanding Balance at Close of This Period<br>1215.00 |  |

|                                                                                                |             |                   |                                             |
|------------------------------------------------------------------------------------------------|-------------|-------------------|---------------------------------------------|
| <b>B. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b><br>COVINGTON & BURLING |             |                   | Nature of Debt (Purpose):<br>PAC LEGAL FEES |
| Mailing Address 1201 PENNSYLVANIA AVE NW                                                       |             |                   |                                             |
| City<br>WASHINGTON                                                                             | State<br>DC | ZIP Code<br>20044 |                                             |

|                                                   |                             |                                                        |  |
|---------------------------------------------------|-----------------------------|--------------------------------------------------------|--|
| Outstanding Balance Beginning This Period<br>0.00 |                             | <b>Transaction ID: SD10.43868</b>                      |  |
| Amount Incurred This Period<br>3308.32            | Payment This Period<br>0.00 | Outstanding Balance at Close of This Period<br>3308.32 |  |

|                                                                                      |             |                   |                                                         |
|--------------------------------------------------------------------------------------|-------------|-------------------|---------------------------------------------------------|
| <b>C. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b><br>DIRECTECH |             |                   | Nature of Debt (Purpose):<br>CAGING AND DATA PROCESSING |
| Mailing Address 8595 GROVEMONT CIRCLE                                                |             |                   |                                                         |
| City<br>GAITHERSBURG                                                                 | State<br>MD | ZIP Code<br>20877 |                                                         |

|                                                     |                             |                                                       |  |
|-----------------------------------------------------|-----------------------------|-------------------------------------------------------|--|
| Outstanding Balance Beginning This Period<br>223.11 |                             | <b>Transaction ID: SD10.4694</b>                      |  |
| Amount Incurred This Period<br>0.00                 | Payment This Period<br>0.00 | Outstanding Balance at Close of This Period<br>223.11 |  |

|                                                                                                |         |
|------------------------------------------------------------------------------------------------|---------|
| <b>1) SUBTOTALS</b> This Period This Page (optional).....                                      | 4746.43 |
| <b>2) TOTALS</b> This Period (last page this line number only).....                            |         |
| <b>3) TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....                        |         |
| <b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) |         |

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

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

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)  
CAMPAIGN FOR WORKING FAMILIES

|                                                                                         |             |                   |                                                            |
|-----------------------------------------------------------------------------------------|-------------|-------------------|------------------------------------------------------------|
| <b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor<br>J&J PRINTING |             |                   | Nature of Debt (Purpose):<br>PAC GENERAL OFFICE STATIONERY |
| Mailing Address 5540 PORT ROYAL ROAD                                                    |             |                   |                                                            |
| City<br>SPRINGFIELD                                                                     | State<br>VA | ZIP Code<br>22151 |                                                            |

|                                                      |                                |                                                     |  |
|------------------------------------------------------|--------------------------------|-----------------------------------------------------|--|
| Outstanding Balance Beginning This Period<br>1185.98 |                                | Transaction ID: SD10.42818                          |  |
| Amount Incurred This Period<br>0.00                  | Payment This Period<br>1185.98 | Outstanding Balance at Close of This Period<br>0.00 |  |

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

|                                                      |                             |                                                        |  |
|------------------------------------------------------|-----------------------------|--------------------------------------------------------|--|
| Outstanding Balance Beginning This Period<br>2320.90 |                             | Transaction ID: SD10.4696                              |  |
| Amount Incurred This Period<br>0.00                  | Payment This Period<br>0.00 | Outstanding Balance at Close of This Period<br>2320.90 |  |

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

|                                                      |                                |                                                     |  |
|------------------------------------------------------|--------------------------------|-----------------------------------------------------|--|
| Outstanding Balance Beginning This Period<br>1249.57 |                                | Transaction ID: SD10.42819                          |  |
| Amount Incurred This Period<br>0.00                  | Payment This Period<br>1249.57 | Outstanding Balance at Close of This Period<br>0.00 |  |

|                                                                                                |   |         |
|------------------------------------------------------------------------------------------------|---|---------|
| 1) <b>SUBTOTALS</b> This Period This Page (optional).....                                      | ▶ | 2320.90 |
| 2) <b>TOTALS</b> This Period (last page this line number only).....                            | ▶ |         |
| 3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....                        | ▶ |         |
| 4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) | ▶ |         |

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

|                                                            |                                                                                                           |
|------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| (Use separate<br>schedule(s)<br>for each<br>numbered line) | PAGE 155 / 159                                                                                            |
|                                                            | FOR LINE NUMBER:<br>(check only one) <input type="checkbox"/> 9<br><input checked="" type="checkbox"/> 10 |

NAME OF COMMITTEE (In Full)  
CAMPAIGN FOR WORKING FAMILIES

|                                                                                                                                                                                                                                                 |                                                                 |          |       |          |           |    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|----------|-------|----------|-----------|----|
| <b>A. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b><br>WASHINGTON INTELLIGENCE BUREAU                                                                                                                                       | Nature of Debt (Purpose):<br>PAC CAGING AND DATA ENTRY SERVICES |          |       |          |           |    |
| Mailing Address 4128 PEPSI PLACE                                                                                                                                                                                                                |                                                                 |          |       |          |           |    |
| <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">City</td> <td style="width: 33%;">State</td> <td style="width: 33%;">ZIP Code</td> </tr> <tr> <td>CHANTILLY</td> <td>VA</td> <td>20151</td> </tr> </table> |                                                                 | City     | State | ZIP Code | CHANTILLY | VA |
| City                                                                                                                                                                                                                                            | State                                                           | ZIP Code |       |          |           |    |
| CHANTILLY                                                                                                                                                                                                                                       | VA                                                              | 20151    |       |          |           |    |

|                                                                                                                                      |                                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| Outstanding Balance Beginning This Period<br><div style="border: 1px solid black; padding: 2px; text-align: center;">0.00</div>      | <b>Transaction ID: SD10.43855</b>                                                                         |
| Amount Incurred This Period<br><div style="border: 1px solid black; padding: 2px; text-align: center;">1330.60</div>                 | Payment This Period<br><div style="border: 1px solid black; padding: 2px; text-align: center;">0.00</div> |
| Outstanding Balance at Close of This Period<br><div style="border: 1px solid black; padding: 2px; text-align: center;">1330.60</div> |                                                                                                           |

|                                                                                                |                                                                   |
|------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| <b>1) SUBTOTALS</b> This Period This Page (optional).....                                      | <div style="border: 1px solid black; padding: 2px;">1330.60</div> |
| <b>2) TOTALS</b> This Period (last page this line number only).....                            | <div style="border: 1px solid black; padding: 2px;">8397.93</div> |
| <b>3) TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....                        | <div style="border: 1px solid black; padding: 2px;">0.00</div>    |
| <b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) | <div style="border: 1px solid black; padding: 2px;">8397.93</div> |

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

|                                                                                          |                                                 |
|------------------------------------------------------------------------------------------|-------------------------------------------------|
| NAME OF COMMITTEE (In Full)<br>CAMPAIGN FOR WORKING FAMILIES                             | FEC IDENTIFICATION NUMBER<br><b>C</b> C00325076 |
| Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice |                                                 |

Full Name (Last, First, Middle, Initial) of Payee  
ccAdvertising

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

Mailing Address  
13800 Coppermine Road

Amount  
5799.11

City State Zip Code  
Herndon VA 20171

Transaction ID: SE.42045

Purpose of Expenditure  
PAC PHONE CAMPAIGN

Category/  
Type 004

Office Sought:  House State: CA  
 Senate District: \_\_\_\_\_  
 Presidential

Name of Federal Candidate supported or Opposed by expenditure:  
CAMPBELL FOR US SENATE

Check One:  Support  Oppose

Calendar Year-To-Date Per Election  
for Office Sought 5799.11

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2010

Full Name (Last, First, Middle, Initial) of Payee  
Susan B. Anthony List

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

Mailing Address  
1800 N Kent Street

Amount  
2750.00

City State Zip Code  
Arlington VA 22209

Transaction ID: SE.42046

Purpose of Expenditure  
PAC PHONE CAMPAIGN

Category/  
Type 004

Office Sought:  House State: CA  
 Senate District: \_\_\_\_\_  
 Presidential

Name of Federal Candidate supported or Opposed by expenditure:  
CAMPBELL FOR US SENATE

Check One:  Support  Oppose

Calendar Year-To-Date Per Election  
for Office Sought 8549.11

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2010

|                                                           |         |
|-----------------------------------------------------------|---------|
| (a) SUBTOTAL of Itemized Independent Expenditures .....   | 8549.11 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ..... | _____   |
| (c) TOTAL Independent Expenditures .....                  | 8549.11 |

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 Velezis  
Signature

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

METHOD OF ALLOCATION FOR:

- SHARED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS
- SHARED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES (State, District and Local Party Committees Only)
- ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE)(Separate Segregated Funds And Nonconnected Committees Only)

NAME OF COMMITTEE (In Full)  
 CAMPAIGN FOR WORKING FAMILIES

USE ONLY ONE SECTION, A or B

**A. State and Local Party Committees**

**Fixed Percentage (select one)**

- \_\_\_\_\_ Presidential-Only Election Year (28% Federal)
- \_\_\_\_\_ Presidential and Senate Election Year (36% Federal)
- \_\_\_\_\_ Senate-Only Election Year (21% Federal)
- \_\_\_\_\_ Non-Presidential and Non-Senate Election Year (15% Federal)

**B. Separate Segregated Funds and Nonconnected Committees**

**Flat Minimum Federal Percentage**

If the committee will allocate using the flat minimum percentage of 50% federal funds, check

or

If the committee is spending more than 50% federal funds, indicate ratio below

Federal.....  %

Nonfederal.....  %

This ratio applies to (check all that apply):

Administrative  Generic Voter Drive  Public Communications Referencing Party Only

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

NAME OF COMMITTEE (In Full)  
 CAMPAIGN FOR WORKING FAMILIES

|                                                  |                                                               |                                     |
|--------------------------------------------------|---------------------------------------------------------------|-------------------------------------|
| NAME OF ACCOUNT<br>CAMPAIGN FOR WORKING FAMILIES | DATE OF RECEIPT<br>M M / D D / Y Y Y Y<br>0 6 / 2 5 / 2 0 1 0 | TOTAL AMOUNT TRANSFERRED<br>8875.00 |
|--------------------------------------------------|---------------------------------------------------------------|-------------------------------------|

**BREAKDOWN OF TRANSFER RECEIVED**

|                                                                           |         |                          |
|---------------------------------------------------------------------------|---------|--------------------------|
| <b>i) Total Administrative</b> .....                                      | 8875.00 | Transaction ID: H3.43848 |
| <b>ii) Generic Voter Drive</b> .....                                      |         | Transaction ID:          |
| <b>iii) Exempt Activities</b> .....                                       |         | Transaction ID:          |
| <b>iv) Direct Fundraising</b> (List Activity or Event Identifier)         |         |                          |
| a) _____                                                                  |         | Transaction ID:          |
| b) _____                                                                  |         | Transaction ID:          |
| c) Total Amount Transferred for Direct Fundraising .....                  |         |                          |
| <b>v) Direct Candidate Support</b> (List of Activity or Event Identifier) |         |                          |
| a) _____                                                                  |         | Transaction ID:          |
| b) _____                                                                  |         | Transaction ID:          |
| c) Total Amount Transferred For Direct Candidate Support .....            |         |                          |
| <b>vi) Public Communications Referring Only to Party</b> (Made by PAC)    |         | Transaction ID:          |

**TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED**

|                                                                                |         |
|--------------------------------------------------------------------------------|---------|
| <b>TOTAL</b> This Period (Administrative) .....                                | 8875.00 |
| <b>TOTAL</b> This Period (Generic Voter Drive) .....                           | 0.00    |
| <b>TOTAL</b> This Period (Exempt Activities) .....                             | 0.00    |
| <b>TOTAL</b> This Period (Direct Fundraising) .....                            | 0.00    |
| <b>TOTAL</b> This Period (Direct Candidate Support) .....                      | 0.00    |
| <b>TOTAL</b> This Period (Public Communications Referring Only to Party) ..... | 0.00    |
| <b>TOTAL</b> This Period (Total Amount Transferred) .....                      | 8875.00 |

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

NAME OF COMMITTEE (In Full)  
CAMPAIGN FOR WORKING FAMILIES

|                                                                       |             |                   |                                                                                                                                                                                                                                                                                                                     |  |  |
|-----------------------------------------------------------------------|-------------|-------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| <b>A. Full Name (Last, First, Middle Initial)</b><br>GARY BAUER       |             |                   | Type of Allocated Activity:<br><input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt<br><input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support<br><input type="checkbox"/> Public Comm (ref to party only) by PAC |  |  |
| Mailing Address<br>2800 SHIRLINGTON ROAD #930                         |             |                   | Allocated Activity or Event Year-To-Date<br>100750.00                                                                                                                                                                                                                                                               |  |  |
| City<br>ARLINGTON                                                     | State<br>VA | Zip Code<br>22206 | Date <input type="text" value="06"/> / <input type="text" value="25"/> / <input type="text" value="2010"/>                                                                                                                                                                                                          |  |  |
| Purpose of Disbursement:<br>PAC CONSULTING POLITICAL & ADMINISTRATION |             |                   | Transaction ID: H4.43825                                                                                                                                                                                                                                                                                            |  |  |
| Activity or Event Identifier:<br>Administrative                       |             |                   |                                                                                                                                                                                                                                                                                                                     |  |  |

|               |   |                  |   |              |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 6250.00       |   | 6250.00          |   | 12500.00     |

|                                                                      |             |                   |                                                                                                                                                                                                                                                                                                                     |  |  |
|----------------------------------------------------------------------|-------------|-------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| <b>B. Full Name (Last, First, Middle Initial)</b><br>BILL MOELLER    |             |                   | Type of Allocated Activity:<br><input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt<br><input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support<br><input type="checkbox"/> Public Comm (ref to party only) by PAC |  |  |
| Mailing Address<br>2800 SHIRLINGTON ROAD #930                        |             |                   | Allocated Activity or Event Year-To-Date<br>103500.00                                                                                                                                                                                                                                                               |  |  |
| City<br>ARLINGTON                                                    | State<br>VA | Zip Code<br>22206 | Date <input type="text" value="06"/> / <input type="text" value="25"/> / <input type="text" value="2010"/>                                                                                                                                                                                                          |  |  |
| Purpose of Disbursement:<br>PAC CONSULTING POLITICAL RESEARCH/WRITER |             |                   | Transaction ID: H4.43826                                                                                                                                                                                                                                                                                            |  |  |
| Activity or Event Identifier:<br>Administrative                      |             |                   |                                                                                                                                                                                                                                                                                                                     |  |  |

|               |   |                  |   |              |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 1375.00       |   | 1375.00          |   | 2750.00      |

|                                                                    |             |                   |                                                                                                                                                                                                                                                                                                                     |  |  |
|--------------------------------------------------------------------|-------------|-------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| <b>C. Full Name (Last, First, Middle Initial)</b><br>Dorie Velezis |             |                   | Type of Allocated Activity:<br><input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt<br><input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support<br><input type="checkbox"/> Public Comm (ref to party only) by PAC |  |  |
| Mailing Address<br>2800 S. Shirlington Road, #930                  |             |                   | Allocated Activity or Event Year-To-Date<br>106000.00                                                                                                                                                                                                                                                               |  |  |
| City<br>Arlington                                                  | State<br>VA | Zip Code<br>22206 | Date <input type="text" value="06"/> / <input type="text" value="25"/> / <input type="text" value="2010"/>                                                                                                                                                                                                          |  |  |
| Purpose of Disbursement:<br>PAC ACCOUNTING SERVICES                |             |                   | Transaction ID: H4.43827                                                                                                                                                                                                                                                                                            |  |  |
| Activity or Event Identifier:<br>Administrative                    |             |                   |                                                                                                                                                                                                                                                                                                                     |  |  |

|               |   |                  |   |              |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 1250.00       |   | 1250.00          |   | 2500.00      |

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

|               |   |                  |   |              |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 8875.00       |   | 8875.00          |   | 17750.00     |

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

|               |  |                  |  |              |
|---------------|--|------------------|--|--------------|
| FEDERAL SHARE |  | NONFEDERAL SHARE |  | TOTAL AMOUNT |
| 8875.00       |  | 8875.00          |  | 17750.00     |