

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

CAMPAIGN FOR WORKING FAMILIES

ADDRESS (number and street)

2800 SHIRLINGTON ROAD, SUITE 930

☐ Check if different than previously reported. (ACC)

ARLINGTON

VA

22206

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C 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
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☒ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

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

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

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

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
01 01 2014

through

M M M / D D D / Y Y Y Y Y Y
01 31 2014

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

Type or Print Name of Treasurer Dorie Velezis

Signature of Treasurer

Dorie Velezis

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
02 19 2014

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

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

CAMPAIGN FOR WORKING FAMILIES

Report Covering the Period: From: M M / D D / Y Y Y Y Y 01 / 01 / 2014 To: M M / D D / Y Y Y Y Y 01 / 31 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y 2014		776204.10
(b) Cash on Hand at Beginning of Reporting Period.....	776204.10	
(c) Total Receipts (from Line 19)	2959.58	2959.58
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	779163.68	779163.68
7. Total Disbursements (from Line 31)	42714.41	42714.41
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	736449.27	736449.27
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	6832.95	



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

For further information contact:

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

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

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

CAMPAIGN FOR WORKING FAMILIES

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y
01	/	01	/	2014

To:

M M	/	D D	/	Y Y Y Y
01	/	31	/	2014

I. Receipts
COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

300.00

300.00

(ii) Unitemized

2657.87

2657.87

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ►

2957.87

2957.87

(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) ►

2957.87

2957.87

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

1.71

1.71

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ►

2959.58

2959.58

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ►

2959.58

2959.58

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	35204.41	35204.41
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	35204.41	35204.41
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	7500.00	7500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	10.00	10.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	10.00	10.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	42714.41	42714.41
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	42714.41	42714.41

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	2957.87	2957.87
34. Total Contribution Refunds (from Line 28(d))	10.00	10.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	2947.87	2947.87
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	35204.41	35204.41
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	35204.41	35204.41

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

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

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 18

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

Full Name (Last, First, Middle Initial)

A. MR MIKE D RISINGER

Mailing Address 421 E GREENWOOD ST

City
MORTON

State Zip Code
IL 61550

FEC ID number of contributing
federal political committee.

C

Name of Employer
IL

Occupation
JUDGE

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 12 / 2014

Transaction ID : SA11AI.9252

Amount of Each Receipt this Period

300.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

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

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

300.00

300.00

FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION

Form/Schedule: SA11AI

Transaction ID : SA11AI.9252

0103251-0000037

Form/Schedule:

Transaction ID:

☒	21b	☐	22	☐	23	☐	24	☐	25	☐	26
☐	27	☐	28a	☐	28b	☐	28c	☐	29	☐	30b

CAMPAIGN FOR WORKING FAMILIES

A. GARY BAUER

Category/
Type

13750.00

State: District:

B. BB&T

Candidate Name

Category/
Type

442.60

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State: District:

C. BB&T

Candidate Name

Category/
Type

98.37

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State: District:

14290.97

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 9 OF 18

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

Full Name (Last, First, Middle Initial)

A. BB&T

Mailing Address 2800 S Quincy St.

City State Zip Code
Arlington VA 22206Purpose of Disbursement
BANK FEES

Candidate Name

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

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
01 31 2014**Transaction ID : SB21B.9297**

Amount of Each Disbursement this Period

3.00

Full Name (Last, First, Middle Initial)

B. CASTLE STRATEGIES

Mailing Address 11105 HARROWFIELD ROAD

City State Zip Code
CHARLOTTE NC 28226Purpose of Disbursement
SOCIAL MEDIA CONSULTING

Candidate Name

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

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
01 14 2014**Transaction ID : SB21B.9308**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. COMCAST

Mailing Address P.O. BOX 3005

City State Zip Code
SOUTHEASTERN PA 19398Purpose of Disbursement
COMPUTER SERVICES

Candidate Name

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

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
01 29 2014**Transaction ID : SB21B.9318**

Amount of Each Disbursement this Period

251.00

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

1254.00

☒	21b	☐	22	☐	23	☐	24	☐	25	☐	26
☐	27	☐	28a	☐	28b	☐	28c	☐	29	☐	30b

CAMPAIGN FOR WORKING FAMILIES

A. COVINGTON & BURLING

Date of Disbursement



Transaction ID : SB21B.9320

Category/
Type

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Amount of Each Disbursement this Period

4361.00

Full Name (Last, First, Middle Initial)

B. CO ROLL CALL

Date of Disbursement



Transaction ID : SB21B.9321

Category/
Type

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Amount of Each Disbursement this Period

1775.00

Full Name (Last, First, Middle Initial)

C. HELLER INFORMATION SERVICES

Date of Disbursement

01 / 14 / 2014

Transaction ID : SB21B.9311

Category/
Type

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Amount of Each Disbursement this Period

211.50

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

6347.50

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

☒	21b	☐	22	☐	23	☐	24	☐	25	☐	26
☐	27	☐	28a	☐	28b	☐	28c	☐	29	☐	30b

CAMPAIGN FOR WORKING FAMILIES

A. IRON MOUNTAIN

Date of Disbursement

Transaction ID : SB21B.9312

Amount of Each Disbursement this Period

322.54

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

B. LEXIS NEXIS

01 / 14 / 2014

Transaction ID : SB21B.9313

Amount of Each Disbursement this Period

Age Group	Number of People (approx.)
13-17	100
18-24	350
25-34	300
35-44	250
45-54	200
55-64	150
65-74	100
75-84	50
85+	20

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

C. BILL MOELLER

M M / D D / Y Y Y Y
01 29 2014

Transaction ID : SB21B.9317

Amount of Each Disbursement this Period

3250.00

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State: District:

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

3922.54

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

☒	21b	☐	22	☐	23	☐	24	☐	25	☐	26
☐	27	☐	28a	☐	28b	☐	28c	☐	29	☐	30b

CAMPAIGN FOR WORKING FAMILIES

A. Dorje Veleziz

Category/
Type

3250.00

State: District:

B. VERIZON



Candidate Name

Category/
Type

399.10

State: District:

C. DEAN VIRAG



Candidate Name

Category/
Type

500.00

State: District:

4149.10

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 14 OF 18

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

Full Name (Last, First, Middle Initial)

A. WASHINGTON INTELLIGENCE BUREAU

Date of Disbursement

M	M		D	D		Y	Y	Y	Y	Y	Y
0	1		2	9		2	0	1	4		

Mailing Address 4128 PEPSI PLACE

City	State	Zip Code
CHANTILLY	VA	20151

Transaction ID : SB21B.9331Purpose of Disbursement
PAC CAGING AND DATA ENTRY SERVICES

Candidate Name

Category/ Type

Amount of Each Disbursement this Period

8	5	1	.	0	8						
---	---	---	---	---	---	--	--	--	--	--	--

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

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

M	M		D	D		Y	Y	Y	Y	Y	Y

Mailing Address

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

Purpose of Disbursement

Candidate Name

Category/ Type

Amount of Each Disbursement this Period

--	--	--	--	--	--	--	--	--	--	--	--

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

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M	M		D	D		Y	Y	Y	Y	Y	Y

Mailing Address

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

Purpose of Disbursement

Candidate Name

Category/ Type

Amount of Each Disbursement this Period

--	--	--	--	--	--	--	--	--	--	--	--

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

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

8	5	1	.	0	8						
---	---	---	---	---	---	--	--	--	--	--	--

3	4	5	2	0	.	1	9				
---	---	---	---	---	---	---	---	--	--	--	--

☐	21b	☐	22	☒	23	☐	24	☐	25	☐	26
☐	27	☐	28a	☐	28b	☐	28c	☐	29	☐	30b

CAMPAIGN FOR WORKING FAMILIES

2500.00

5000.00

A diagram of a rectangular frame structure. It consists of 12 vertical members and 3 horizontal members. The vertical members are arranged in a grid, with 4 members on each of the two long vertical edges. The horizontal members are located at the top, bottom, and in the middle. The middle horizontal member is divided into three equal segments by two vertical members. The top and bottom horizontal members are continuous across the entire width. The frame is shown in a perspective view, with the top and bottom horizontal members slightly offset to show the depth of the structure.

7500.00

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 16 OF 18

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

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

AMERICA DIRECT

Nature of Debt (Purpose):

PAC DIRECT MAIL PRODUCTION

Mailing Address 1272 CORPORATE PARK DR

City State

Zip Code

FOREST

VA

24511

Outstanding Balance Beginning This Period

2955.31

Transaction ID : SD10.4357

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2955.31

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

DIRECTECH

Nature of Debt (Purpose):

CAGING AND DATA PROCESSING
SERVICES

Mailing Address 8595 GROVEMONT CIRCLE

City State

Zip Code

GAITHERSBURG

MD

20877

Outstanding Balance Beginning This Period

223.11

Transaction ID : SD10.4359

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

223.11

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

LPS

Nature of Debt (Purpose):

PAC DATA PROCESSING SERVICES

Mailing Address P.O. BOX 2325

City
FAIRFAXState
VAZip Code
22031

Outstanding Balance Beginning This Period

100.00

Transaction ID : SD10.9204

Amount Incurred This Period

0.00

Payment This Period

100.00

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

3178.42

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

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 17 OF 18

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

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

LPS

Nature of Debt (Purpose):

PAC CAGING AND DATA ENTRY SERVICES

Mailing Address P.O. BOX 2325

City State

Zip Code

FAIRFAX

VA

22031

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.9329

Amount Incurred This Period

84.82

Payment This Period

84.82

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

LPS

Nature of Debt (Purpose):

PAC - DATA PROCESSING SERVICES

Mailing Address P.O. BOX 2325

City State

Zip Code

FAIRFAX

VA

22031

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.9332

Amount Incurred This Period

631.51

Payment This Period

0.00

Outstanding Balance at Close of This Period

631.51

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

MWM DIRECT MARKETING SERVICES

Nature of Debt (Purpose):

PAC DIRECT MAIL

Mailing Address 8048 HILLRISE COURT

City

State

Zip Code

ELKRIDGE

MD

21075

Outstanding Balance Beginning This Period

2320.90

Transaction ID : SD10.4361

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2320.90

1) **SUBTOTALS** This Period This Page (optional)..... ►

2952.41

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

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 18 OF 18

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

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

WASHINGTON INTELLIGENCE BUREAU

Nature of Debt (Purpose):

PAC CAGING AND DATA ENTRY SERVICES

Mailing Address 4128 PEPSI PLACE

City State

Zip Code

CHANTILLY

VA

20151

Outstanding Balance Beginning This Period

851.08

Transaction ID : SD10.9205

Amount Incurred This Period

0.00

Payment This Period

851.08

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

WASHINGTON INTELLIGENCE BUREAU

Nature of Debt (Purpose):

PAC - CAGING AND DATA ENTRY
SERVICES

Mailing Address 4128 PEPSI PLACE

City State

Zip Code

CHANTILLY

VA

20151

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.9334

Amount Incurred This Period

702.12

Payment This Period

0.00

Outstanding Balance at Close of This Period

702.12

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

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional)..... ►

702.12

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

6832.95

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

6832.95