

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 OR AMENDED (N) (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), Mar 20 (M3), Jun 20 (M6), Sep 20 (M9), Dec 20 (M12), Apr 20 (M4), Jul 20 (M7), Oct 20 (M10), Jan 31 (YE)

- (c) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Runoff (12R), Convention (12C), Special (12S)

Election on [MM] / [DD] / [YYYY] in the State of [State]

- (d) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S)

Election on [MM] / [DD] / [YYYY] in the State of [State]

5. Covering Period [MM] / [DD] / [YYYY] through [MM] / [DD] / [YYYY]

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 [Signature] [Electronically Filed] Date [MM] / [DD] / [YYYY]

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

CAMPAIGN FOR WORKING FAMILIES

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>		776204.10
(b) Cash on Hand at Beginning of Reporting Period.....	706997.46	
(c) Total Receipts (from Line 19)	4612.57	154429.02
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	711610.03	930633.12
7. Total Disbursements (from Line 31).....	59143.04	278166.13
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	652466.99	652466.99
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)	8294.22	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

CAMPAIGN FOR WORKING FAMILIES

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	2978.00	98281.00
(ii) Unitemized	1632.91	55787.91
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	4610.91	154068.91
(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)	4610.91	154068.91
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.).....	1.66	360.11
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))..... ▶	4612.57	154429.02
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	4612.57	154429.02

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	44143.04	233031.13
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	44143.04	233031.13
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	15000.00	42500.00
24. Independent Expenditures (use Schedule E)	0.00	1625.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	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)).....	0.00	10.00
29. Other Disbursements	0.00	1000.00
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)) ..	59143.04	278166.13
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	59143.04	278166.13

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)	4610.91	154068.91
34. Total Contribution Refunds (from Line 28(d))	0.00	10.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	4610.91	154058.91
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	44143.04	233031.13
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	44143.04	233031.13

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

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

FOR LINE NUMBER: PAGE 6 OF 39
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

A. MR CHARLES D AYRES
 Full Name (Last, First, Middle Initial)
 Mailing Address 4911 CASA ORO DR
 City YORBA LINDA State CA Zip Code 92886
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: 2014
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 / 10 / 2014
Transaction ID : SA11AI.11397
 Amount of Each Receipt this Period
 100.00
 CONTRIBUTION

B. DAVID BAIN
 Full Name (Last, First, Middle Initial)
 Mailing Address 1000 PECAN DR
 City MCKINNEY State TX Zip Code 75069
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CORWIN ENGINEERING INCORPORATED Occupation ENGINEER
 Receipt For: 2014
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 / 05 / 2014
Transaction ID : SA11AI.11375
 Amount of Each Receipt this Period
 50.00
 CONTRIBUTION

C. DR GARY R BISHOP
 Full Name (Last, First, Middle Initial)
 Mailing Address 15144 LARRY ST
 City POWAY State CA Zip Code 92064
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RIVERSIDE COUNTY Occupation PHARMACIST
 Receipt For: 2014
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 / 05 / 2014
Transaction ID : SA11AI.11395
 Amount of Each Receipt this Period
 35.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 185.00
TOTAL This Period (last page this line number only)..... ▶

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.11397

0103804-0000076

Form/Schedule: SA11AI

Transaction ID: SA11AI.11375

0104630-0000053

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.11395

0009108-0000074

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

A. MS DORIS C BOYD
Full Name (Last, First, Middle Initial)

Mailing Address 4606 MARBLE ROCK CT

City CHANTILLY State VA Zip Code 20151

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

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

Receipt For: 2014
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt: **06 / 20 / 2014**
Transaction ID : **SA11AI.11322**

Amount of Each Receipt this Period: **1000.00**

CONTRIBUTION

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

Mailing Address 1304 DUFF DR
STE 2 OFFICE 5

City FORT COLLINS State CO Zip Code 80524

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

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

Receipt For: 2014
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **256.00**

Date of Receipt: **06 / 05 / 2014**
Transaction ID : **SA11AI.11385**

Amount of Each Receipt this Period: **38.00**

CONTRIBUTION

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

Mailing Address 12789 MUIRFIELD BLVD N

City JACKSONVILLE State FL Zip Code 32225

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

Name of Employer: **SMURFIT STORE CONT. CORP** Occupation: **GEN MGR**

Receipt For: 2014
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt: **06 / 02 / 2014**
Transaction ID : **SA11AI.11331**

Amount of Each Receipt this Period: **50.00**

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... **1088.00**

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

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.11322

0057331-0000004

Form/Schedule: SA11AI

Transaction ID: SA11AI.11385

0024811-0000063

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.11331

0012784-0000013

Form/Schedule:

Transaction ID:

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

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

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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

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

Mailing Address 2084 BROOK HIGHLAND RDG

City	State	Zip Code
BIRMINGHAM	AL	35242

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

Name of Employer	Occupation
UNIVERSITY OF ALABAMA	MOM

Receipt For: 2014
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		20		2014

Transaction ID : SA11Al.11340

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B. MR CARL W GUSTKE
Full Name (Last, First, Middle Initial)

Mailing Address 233 STATON RD

City	State	Zip Code
CABOT	AR	72023

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

Name of Employer	Occupation
FEDERAL EX - (WIFE) REBSAMEN R. H.	PILOT - WIFE DEBORAH-RN

Receipt For: 2014
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		05		2014

Transaction ID : SA11Al.11373

Amount of Each Receipt this Period

50.00

CONTRIBUTION

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

Mailing Address 6101 PRYOR LN

City	State	Zip Code
FARMINGTON	NM	87402

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

Name of Employer	Occupation
SELF	HOME MAKER

Receipt For: 2014
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **535.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		03		2014

Transaction ID : SA11Al.11390

Amount of Each Receipt this Period

535.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	685.00
TOTAL This Period (last page this line number only).....▶	

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.11340

0101854-0000021

Form/Schedule: SA11AI

Transaction ID: SA11AI.11373

0022519-0000051

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.11390

0111083-0000068

Form/Schedule:

Transaction ID:

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

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

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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

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

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: 2014
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 16 / 2014
Transaction ID : SA11AI.11389

Amount of Each Receipt this Period
 40.00

CONTRIBUTION

B. MR THOMAS J KUK
Full Name (Last, First, Middle Initial)

Mailing Address 32265 WEEPING WILLOW ST

City TRABUCO CANYON State CA Zip Code 92679

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

Name of Employer HOMEMAKER Occupation HOMEMAKER

Receipt For: 2014
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 23 / 2014
Transaction ID : SA11AI.11396

Amount of Each Receipt this Period
 55.00

CONTRIBUTION

C. MRS BONNIE MCCONNELL
Full Name (Last, First, Middle Initial)

Mailing Address 6960 CITRUS DRIVE

City SEMINOLE State FL Zip Code 33772

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

Name of Employer PUBLIC SCHOOL SYSTEM Occupation TEACHER

Receipt For: 2014
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 675.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 02 / 2014
Transaction ID : SA11AI.11338

Amount of Each Receipt this Period
 75.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 170.00

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

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.11389

0100128-0000067

Form/Schedule: SA11AI

Transaction ID: SA11AI.11396

0015893-0000075

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.11338

0108135-0000019

Form/Schedule:

Transaction ID:

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

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

FOR LINE NUMBER: PAGE 18 OF 39
(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. MRS MAE L MCKINLEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 515 11TH AVENUE 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: 2014
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 16 / 2014
Transaction ID : SA11AI.11360
 Amount of Each Receipt this Period
 50.00
 CONTRIBUTION

B. MRS CRYSTAL L MILLETT
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 5482
 City State Zip Code
 MORTON IL 61550
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 INFO REQUESTED- NOT RECD INFO REQUESTED- NOT RECD
 Receipt For: 2014
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 20 / 2014
Transaction ID : SA11AI.11363
 Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

C. MR EDWARD M NICHOLS
 Full Name (Last, First, Middle Initial)
 Mailing Address 500 SUMMIT LAKE DR STE 120
 City State Zip Code
 VALHALLA NY 10595
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SELF FUSION FINANCIAL GROUP
 Receipt For: 2014
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 20 / 2014
Transaction ID : SA11AI.11319
 Amount of Each Receipt this Period
 50.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 600.00
TOTAL This Period (last page this line number only)..... ▶

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.11360

0101794-0000039

Form/Schedule: SA11AI

Transaction ID: SA11AI.11363

0111447-0000041

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.11319

0108914-0000002

Form/Schedule:

Transaction ID:

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

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

FOR LINE NUMBER: PAGE 21 OF 39
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

A. MR MARK SWISHER
 Full Name (Last, First, Middle Initial)
 Mailing Address 24902 N POINT PLACE
 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: 2014
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 05 / 2014
Transaction ID : SA11Al.11380
 Amount of Each Receipt this Period
 50.00
 CONTRIBUTION

B. FRED WHITMIRE JR
 Full Name (Last, First, Middle Initial)
 Mailing Address 1202 PETER PAN RD
 City State Zip Code
 LOOKOUT MOUNTAIN GA 30750
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SELF DENTIST
 Receipt For: 2014
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 04 / 2014
Transaction ID : SA11Al.11328
 Amount of Each Receipt this Period
 100.00
 CONTRIBUTION

C. MR STEVEN E WINTER
 Full Name (Last, First, Middle Initial)
 Mailing Address 2104 BENTHAM WAY
 City State Zip Code
 YUKON OK 73099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 FAA / MUSTANG PUBLIC SCHOOLS RETIRED AVIATION SAFETY INSPECTOR /
 Receipt For: 2014
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 16 / 2014
Transaction ID : SA11Al.11374
 Amount of Each Receipt this Period
 100.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	250.00
TOTAL This Period (last page this line number only).....▶	2978.00

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.11380

0048257-0000058

Form/Schedule: SA11AI

Transaction ID: SA11AI.11328

0110826-0000011

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.11374

0007481-0000052

Form/Schedule:

Transaction ID:

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

Full Name (Last, First, Middle Initial)

A. 1st VIRGINIA COMMUNITY BANK

Mailing Address 11325 RANDOM HILLS RD

City State Zip Code
FAIRFAX VA 22030

Purpose of Disbursement
BANK FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 03 / 2014

Transaction ID : SB21B.11414

Amount of Each Disbursement this Period

131.28

Full Name (Last, First, Middle Initial)

B. AMERICAN EXPRESS

Mailing Address P.O. BOX 299051

City State Zip Code
FT. LAUDERDALE FL 33329

Purpose of Disbursement
BANK FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 02 / 2014

Transaction ID : SB21B.11412

Amount of Each Disbursement this Period

7.95

Full Name (Last, First, Middle Initial)

C. AMERICAN EXPRESS

Mailing Address P.O. BOX 299051

City State Zip Code
FT. LAUDERDALE FL 33329

Purpose of Disbursement
BANK FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 05 / 2014

Transaction ID : SB21B.11415

Amount of Each Disbursement this Period

802.46

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

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

941.69

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

Full Name (Last, First, Middle Initial)

A. AMERICAN EXPRESS

Mailing Address P.O. BOX 299051

City State Zip Code
FT. LAUDERDALE FL 33329

Purpose of Disbursement
BANK FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 05 / 2014

Transaction ID : **SB21B.11416**

Amount of Each Disbursement this Period

0.96

Full Name (Last, First, Middle Initial)

B. AMERICAN VALUES

Mailing Address 2800 S SHIRLINGTON RD #950

City State Zip Code
ARLINGTON VA 22206

Purpose of Disbursement
LIST RENTAL AT FAIR MARKET VALUE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 13 / 2014

Transaction ID : **SB21B.11428**

Amount of Each Disbursement this Period

2299.00

Full Name (Last, First, Middle Initial)

C. AUTHORIZE.NET

Mailing Address P.O. BOX 8999

City State Zip Code
SAN FRANCISCO CA 94128

Purpose of Disbursement
BANK FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 03 / 2014

Transaction ID : **SB21B.11413**

Amount of Each Disbursement this Period

67.83

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

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

2367.79

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

Full Name (Last, First, Middle Initial)

A. GARY BAUER

Mailing Address 2800 S SHIRLINGTON RD #930

City ARLINGTON State VA Zip Code 22206

Purpose of Disbursement
CONSULTING - POLITICAL AND ADMIN

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 26 / 2014

Transaction ID : SB21B.11442

Amount of Each Disbursement this Period

13750.00

Full Name (Last, First, Middle Initial)

B. BB&T

Mailing Address 2800 S Quincy St.

City Arlington State VA Zip Code 22206

Purpose of Disbursement
BANK FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 16 / 2014

Transaction ID : SB21B.11417

Amount of Each Disbursement this Period

1204.10

Full Name (Last, First, Middle Initial)

C. BB&T

Mailing Address 2800 S Quincy St.

City Arlington State VA Zip Code 22206

Purpose of Disbursement
BANK FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 22 / 2014

Transaction ID : SB21B.11410

Amount of Each Disbursement this Period

147.91

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

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

15102.01

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

Full Name (Last, First, Middle Initial)

A. BB&T

Mailing Address 2800 S Quincy St.

City State Zip Code
Arlington VA 22206

Purpose of Disbursement
BANK FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		23		2014

Transaction ID : SB21B.11418

Amount of Each Disbursement this Period

3.00

Full Name (Last, First, Middle Initial)

B. BB&T

Mailing Address 2800 S Quincy St.

City State Zip Code
Arlington VA 22206

Purpose of Disbursement
BANK FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		30		2014

Transaction ID : SB21B.11411

Amount of Each Disbursement this Period

7.50

Full Name (Last, First, Middle Initial)

C. CASTLE STRATEGIES

Mailing Address 11105 HARROWFIELD ROAD

City State Zip Code
CHARLOTTE NC 28226

Purpose of Disbursement
PAC SOCIAL MEDIA CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		06		2014

Transaction ID : SB21B.11426

Amount of Each Disbursement this Period

2500.00

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

2510.50

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

Full Name (Last, First, Middle Initial)

A. CHOI COMPANIES

Mailing Address 5999 STEVENSON AVE #310

City ALEXANDRIA State VA Zip Code 22304

Purpose of Disbursement
RENT

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
06 / 26 / 2014

Transaction ID : SB21B.11437

Amount of Each Disbursement this Period

3125.67

Full Name (Last, First, Middle Initial)

B. COMCAST

Mailing Address P.O. BOX 3005

City SOUTHEASTERN State PA Zip Code 19398

Purpose of Disbursement
COMPUTER SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y
06 / 26 / 2014

Transaction ID : SB21B.11438

Amount of Each Disbursement this Period

244.02

Full Name (Last, First, Middle Initial)

C. COVINGTON & BURLING

Mailing Address 1201 PENNSYLVANIA AVE, NW

City WASHINGTON State DC Zip Code 20004

Purpose of Disbursement
LEGAL 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
06 / 26 / 2014

Transaction ID : SB21B.11439

Amount of Each Disbursement this Period

724.50

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

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

4094.19

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

Full Name (Last, First, Middle Initial)

A. DC TREASURER

Mailing Address P.O. BOX 679

City WASHINGTON State DC Zip Code 20044

Purpose of Disbursement
TAXES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 26 / 2014

Transaction ID : SB21B.11450

Amount of Each Disbursement this Period

115.29

Full Name (Last, First, Middle Initial)

B. DESIGN4, INC

Mailing Address 106 N. COLLINS ST

City PLANT CITY State FL Zip Code 33563

Purpose of Disbursement
UPDATE COMPANY LOGO AD

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 06 / 2014

Transaction ID : SB21B.11422

Amount of Each Disbursement this Period

325.00

Full Name (Last, First, Middle Initial)

C. FEDERAL EXPRESS

Mailing Address P.O. BOX 1140

City MEMPHIS State TN Zip Code 28101

Purpose of Disbursement
SHIPPING FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 06 / 2014

Transaction ID : SB21B.11424

Amount of Each Disbursement this Period

20.20

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

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

460.49

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

Full Name (Last, First, Middle Initial)

A. FEDERAL EXPRESS

Mailing Address P.O. BOX 1140

City MEMPHIS State TN Zip Code 28101

Purpose of Disbursement SHIPPING FEES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 06 / 26 / 2014

Transaction ID : SB21B.11441

Amount of Each Disbursement this Period: 40.40

Full Name (Last, First, Middle Initial)

B. HELLER INFORMATION SERVICES

Mailing Address 30 W GUDE DR, #220

City ROCKVILLE State MD Zip Code 20850

Purpose of Disbursement COMPUTER SERVICES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 06 / 26 / 2014

Transaction ID : SB21B.11443

Amount of Each Disbursement this Period: 211.50

Full Name (Last, First, Middle Initial)

C. IRON MOUNTAIN

Mailing Address P.O. BOX 27128

City NEW YORK State NY Zip Code 10087

Purpose of Disbursement STORAGE FEES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 06 / 26 / 2014

Transaction ID : SB21B.11444

Amount of Each Disbursement this Period: 322.54

SUBTOTAL of Disbursements This Page (optional)..... ▶ 574.44

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

Full Name (Last, First, Middle Initial)

A. LEXIS NEXIS

Mailing Address P.O. BOX 7247-7090

City PHILADELPHIA State PA Zip Code 19170

Purpose of Disbursement
DUES & SUBSCRIPTIONS

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 26 / 2014

Transaction ID : SB21B.11448

Amount of Each Disbursement this Period

350.00

Full Name (Last, First, Middle Initial)

B. LPS

Mailing Address P.O. BOX 2325

City FAIRFAX State VA Zip Code 22031

Purpose of Disbursement
PAC DATA PROCESSING SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 26 / 2014

Transaction ID : SB21B.11454

Amount of Each Disbursement this Period

145.00

Full Name (Last, First, Middle Initial)

C. LPS

Mailing Address P.O. BOX 2325

City FAIRFAX State VA Zip Code 22031

Purpose of Disbursement
PAC DATA PROCESSING SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 26 / 2014

Transaction ID : SB21B.11456

Amount of Each Disbursement this Period

419.85

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

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

914.85

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

Full Name (Last, First, Middle Initial)

A. BILL MOELLER

Mailing Address 2800 S SHIRLINGTON RD #930

City ARLINGTON State VA Zip Code 22206

Purpose of Disbursement
TRAVEL EXPENSE REIMBURSEMENT

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 16 / 2014

Transaction ID : SB21B.11429

Amount of Each Disbursement this Period

41.56

Full Name (Last, First, Middle Initial)

B. BILL MOELLER

Mailing Address 2800 S SHIRLINGTON RD #930

City ARLINGTON State VA Zip Code 22206

Purpose of Disbursement
PAC CONSULTING RESEARCH/WRITER

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 26 / 2014

Transaction ID : SB21B.11436

Amount of Each Disbursement this Period

3250.00

Full Name (Last, First, Middle Initial)

C. U.S. POSTMASTER

Mailing Address 2850 S QUINCY ST

City ARLINGTON State VA Zip Code 22206

Purpose of Disbursement
POSTAGE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 06 / 2014

Transaction ID : SB21B.11419

Amount of Each Disbursement this Period

115.00

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

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

3406.56

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

Full Name (Last, First, Middle Initial)

A. U.S. Treasury

Mailing Address 999 E Street NW
c/o FEC

City WASHINGTON State DC Zip Code 20463

Purpose of Disbursement
CIVIL PENALTY

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 24 / 2014

Transaction ID : SB21B.11434

Amount of Each Disbursement this Period

8200.00

Full Name (Last, First, Middle Initial)

B. Dorie Velez

Mailing Address 2800 S Shirlington Rd #930

City Arlington State VA Zip Code 22206

Purpose of Disbursement
PAC COMPLIANCE CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 26 / 2014

Transaction ID : SB21B.11453

Amount of Each Disbursement this Period

3250.00

Full Name (Last, First, Middle Initial)

C. VERIZON

Mailing Address P.O. BOX 17577

City BALTIMORE State MD Zip Code 21297

Purpose of Disbursement
TELEPHONE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 26 / 2014

Transaction ID : SB21B.11449

Amount of Each Disbursement this Period

435.94

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

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

11885.94

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

Full Name (Last, First, Middle Initial)

A. DEAN VIRAG

Mailing Address 14511 RILLHURST DR

City State Zip Code
CULPEPER VA 22701

Purpose of Disbursement
WEBSITE SUPPORT

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 06 / 2014

Transaction ID : SB21B.11420

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. DEAN VIRAG

Mailing Address 14511 RILLHURST DR

City State Zip Code
CULPEPER VA 22701

Purpose of Disbursement
WEBSITE SUPPORT

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 26 / 2014

Transaction ID : SB21B.11440

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. WASHINGTON INTELLIGENCE BUREAU

Mailing Address 4128 PEPSI PLACE

City State Zip Code
CHANTILLY VA 20151

Purpose of Disbursement
PAC CAGING AND DATA ENTRY SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 26 / 2014

Transaction ID : SB21B.11457

Amount of Each Disbursement this Period

675.58

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

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

1675.58

43934.04

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

Full Name (Last, First, Middle Initial)

A. FRIENDS OF CHRIS MCDANIEL

Mailing Address POST OFFICE BOX 125

City LAUREL State MS Zip Code 39441

Purpose of Disbursement
CONTRIBUTION

Candidate Name
FRIENDS OF CHRIS MCDANIEL

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) Runoff
State: MS District: 00

Date of Disbursement

MM / DD / YYYY
06 / 16 / 2014

Transaction ID : **SB23.11433**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. GARY PALMER FOR CONGRESS

Mailing Address 1919 OXMOOR RD #235

City HOMEWOOD State AL Zip Code 35209

Purpose of Disbursement
CONTRIBUTION

Candidate Name
GARY PALMER FOR CONGRESS

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

Date of Disbursement

MM / DD / YYYY
06 / 16 / 2014

Transaction ID : **SB23.11431**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. KING FOR CONGRESS

Mailing Address 202 W 2ND ST.
PO BOX 398

City WALL LAKE State IA Zip Code 51466

Purpose of Disbursement
CONTRIBUTION

Candidate Name
KING FOR CONGRESS

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) Runoff
State: IA District: 04

Date of Disbursement

MM / DD / YYYY
06 / 09 / 2014

Transaction ID : **SB23.11427**

Amount of Each Disbursement this Period

2500.00

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

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

12500.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

Full Name (Last, First, Middle Initial)

A. MOONEY FOR CONGRESS

Mailing Address PO BOX 1863

City MARTINSBURG State WV Zip Code 25402

Purpose of Disbursement
CONTRIBUTION

Candidate Name
MOONEY FOR CONGRESS

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		26		2014

Transaction ID : SB23.11452

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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

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

2500.00

15000.00

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 37 OF 39
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

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

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

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor CQ ROLL CALL	Nature of Debt (Purpose): DUES & SUBSCRIPTIONS
Mailing Address 77 K STREET NE 8TH FL	
City State Zip Code WASHINGTON DC 20002	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.11458	
Amount Incurred This Period 1899.25	Payment This Period 0.00	Outstanding Balance at Close of This Period 1899.25

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

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

1) SUBTOTALS This Period This Page (optional)..... ▶	5077.67
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 38 OF 39
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

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

Outstanding Balance Beginning This Period <input type="text" value="145.00"/>	Transaction ID : SD10.11310	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="145.00"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

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

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	Transaction ID : SD10.11455	
Amount Incurred This Period <input type="text" value="419.85"/>	Payment This Period <input type="text" value="419.85"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

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 State Zip Code FAIRFAX VA 22031	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	Transaction ID : SD10.11459	
Amount Incurred This Period <input type="text" value="202.44"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="202.44"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="202.44"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 39 OF 39
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor 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 <input type="text" value="2320.90"/>	Transaction ID : SD10.4361	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="2320.90"/>

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

Outstanding Balance Beginning This Period <input type="text" value="675.58"/>	Transaction ID : SD10.11309	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="675.58"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

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

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	Transaction ID : SD10.11460	
Amount Incurred This Period <input type="text" value="693.21"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="693.21"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="3014.11"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text" value="8294.22"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text" value="0.00"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="8294.22"/>