

**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

ZIP CODE

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:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☒

Jan 31 (YE)

(c) 12-Day  
**PRE-Election**  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post -Election**  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

1 1

2 5

2 0 0 8

through

1 2

3 1

2 0 0 8

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

Amy Myers

Signature of Treasurer

Electronically Filed by Amy Myers

Date

0 1

3 0

2 0 0 9

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 |
| 1 | 1 | 2 | 5 | 2 | 0 | 0 | 8 |

To:

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| M | M | D | D | Y | Y | Y | Y |
| 1 | 2 | 3 | 1 | 2 | 0 | 0 | 8 |

|                                                                                                                  | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-Date |
|------------------------------------------------------------------------------------------------------------------|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand<br>January 1 <span>2008</span>                                                               |                         | 1339727.01                        |
| (b) Cash on Hand at<br>Beginning of Reporting Period .....                                                       | 1654928.93              |                                   |
| (c) Total Receipts (from Line 19) .....                                                                          | 103672.01               | 1018599.67                        |
| (d) Subtotal (add lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B) .....             | 1758600.94              | 2358326.68                        |
| 7. Total Disbursements (from Line 31) .....                                                                      | 54465.76                | 654191.50                         |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)) .....                        | 1704135.18              | 1704135.18                        |
| 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) ..... | 2544.01                 |                                   |

☒ 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 |
| 1 | 1 |

|   |   |
|---|---|
| D | D |
| 2 | 5 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 8 |

To:

|   |   |
|---|---|
| M | M |
| 1 | 2 |

|   |   |
|---|---|
| D | D |
| 3 | 1 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 8 |

| 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                                                | 58692.67                      | 662252.41                         |
| (i) Itemized (use Schedule A) .....                                                                    | 28173.76                      | 322567.82                         |
| (ii) Unitemized .....                                                                                  | 86866.43                      | 984820.23                         |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) .....                                                         | 0.00                          | 0.00                              |
| (b) Political Party Committees .....                                                                   | 0.00                          | 0.00                              |
| (c) Other Political Committees (such as PACs) .....                                                    | 0.00                          | 0.00                              |
| (d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....     | 86866.43                      | 984820.23                         |
| 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                          | 234.83                            |
| 16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....           | 0.00                          | 0.00                              |
| 17. Other Federal Receipts (Dividends, Interest, etc.) .....                                           | 16805.58                      | 33544.61                          |
| 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 Transfer (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)) .....                          | 103672.01                     | 1018599.67                        |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....                                    | 103672.01                     | 1018599.67                        |

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| II. DISBURSEMENTS                                                                              | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|------------------------------------------------------------------------------------------------|-------------------------------|-----------------------------------|
| 21. Operating Expenditures:                                                                    |                               |                                   |
| (a) Shared 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.....                                                  | 53440.76                      | 409541.50                         |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡                        | 53440.76                      | 409541.50                         |
| 22. Transfers to Affiliated/Other Party Committees.....                                        | 0.00                          | 15000.00                          |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees.....         | 0.00                          | 224000.00                         |
| 24. Independent Expenditure (use Schedule E) .....                                             | 0.00                          | 0.00                              |
| 25. Coordinated Expenditures Made by Party Committees (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 .....                                  | 1025.00                       | 5650.00                           |
| (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)) .....                           | 1025.00                       | 5650.00                           |
| 29. Other Disbursements.....                                                                   | 0.00                          | 0.00                              |
| 30. Federal Election Activity (2 U.S.C 431(20))                                                |                               |                                   |
| (a) Shared 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))..       | 54465.76                      | 654191.50                         |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 54465.76                      | 654191.50                         |

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| 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) .....        | 86866.43                      | 984820.23                         |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                           | 1025.00                       | 5650.00                           |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....   | 85841.43                      | 979170.23                         |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b))..... | 53440.76                      | 409541.50                         |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3) .....               | 0.00                          | 234.83                            |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) .....             | 53440.76                      | 409306.67                         |

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

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

FOR LINE NUMBER: PAGE 6 / 270

(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.**

Full Name (Last, First, Middle Initial)  
**JAMES R ALEXANDER**

Mailing Address **602 E PECAN DR**

City State Zip Code  
**TOMBALL TX 77375**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
**250.00**

Date of Receipt

**12 / 30 / 2008**

**Transaction ID: SA11AI.18892**

Amount of Each Receipt this Period

**250.00**

**B.**

Full Name (Last, First, Middle Initial)  
**MR DAVID W ALLEN**

Mailing Address **527 N VINE STREET**

City State Zip Code  
**ARTHUR IL 61911**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**EFFINGHAM EQUITY**

Occupation  
**SALES AGRONOMIST**

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
**500.00**

Date of Receipt

**12 / 31 / 2008**

**Transaction ID: SA11AI.18741**

Amount of Each Receipt this Period

**500.00**

**C.**

Full Name (Last, First, Middle Initial)  
**MR KEITH ALTHAUS**

Mailing Address **501 10TH STREET**

City State Zip Code  
**MENDOTA IL 61342**

FEC ID number of contributing  
federal political committee.

**C**

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

Occupation  
**INFO REQUESTED- NOT RECD**

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
**350.00**

Date of Receipt

**12 / 08 / 2008**

**Transaction ID: SA11AI.18720**

Amount of Each Receipt this Period

**50.00**

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

**800.00**

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

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

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

FOR LINE NUMBER: PAGE 7 / 270

(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)

SCOTT ANDERSON

Mailing Address 290 E STANFORD AVE

City

ENGLEWOOD

State

CO

Zip Code

80113

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF EMPLOYED

Occupation

INDEPENDENT CONTRACTOR

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.18946

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

MRS AMANDA APPLGATH

Mailing Address 22530 BUCKTROUT LANE

City

KATY

State

TX

Zip Code

77449

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.18897

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

BRADLEY R ARKELL

Mailing Address 20 JESUP WAY APT 304

City

LYNCHBURG

State

VA

Zip Code

24502

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MASSMUTUAL

Occupation

FINANCIAL ADVISOR

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.42

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.18179

Amount of Each Receipt this Period

50.00

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

400.00

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

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

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

FOR LINE NUMBER: PAGE 8 / 270

(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 CHARLES D AYRES

Mailing Address 4911 CASA ORO DRIVE

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: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 9 / 2 0 0 8

Transaction ID: SA11AI.19137

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

MRS ROBERT E BAGGETT

Mailing Address 365 HIGHGROVE DRIVE

City

FAYETTEVILLE

State

GA

Zip Code

30215

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BRAELINA ANIMAL HOSPITAL

Occupation  
VETERINARIAN

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: SA11AI.18298

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

MRS CHARLES R BAILEY

Mailing Address 359 CURTIS DR

City

WILMINGTON

State

OH

Zip Code

45177

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NEW SABINA IND INC

Occupation  
FACTORY

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: SA11AI.18453

Amount of Each Receipt this Period

25.00

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

225.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 270

(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)

DAVID BAIN

Mailing Address 1000 PECAN DR

City

FAIRVIEW

State

TX

Zip Code

75069

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CORWIN ENGINEERING INCOccupation  
ENGINEER

Receipt For: 2008

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 1 | 5 | / | 2 | 0 | 0 | 8 |

Transaction ID: SA11AI.18849

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MR DON BANTER

Mailing Address 13611 NEILS BRANCH

City

HOUSTON

State

TX

Zip Code

77077

FEC ID number of contributing  
federal political committee.

C

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

Receipt For: 2008

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 2 | 4 | / | 2 | 0 | 0 | 8 |

Transaction ID: SA11AI.18886

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

MS ELIZABETH K BAKER

Mailing Address 15645 TOEPFER STREET

City

TREMONT

State

IL

Zip Code

61568

FEC ID number of contributing  
federal political committee.

C

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

Receipt For: 2008

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 3 | 1 | / | 2 | 0 | 0 | 8 |

Transaction ID: SA11AI.18732

Amount of Each Receipt this Period

100.00

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

650.00

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

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 270

(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 MATTHEW C BAKER

Mailing Address 3630 KACIN COURT

City

RICHFIELD

State

WI

Zip Code

53076

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF EMPLOYED

Occupation

COMPUTER MAINTENANCE

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.18598

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MR LEROY L BARTON

Mailing Address 7607 GRAYS DRIVE

City

GROSSE ILE

State

MI

Zip Code

48138

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CHRYSLER CORPORATION

Occupation

PAYROLL SPECIALIST

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 5 / 2 0 0 8

Transaction ID: SA11AI.18518

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

MR RICHARD D BEARD

Mailing Address 1030 SOMERSET LANE

City

FORT WAYNE

State

IN

Zip Code

46805

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFO REQUESTED- NOT RECD

Occupation

INFO REQUESTED- NOT RECD

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.18499

Amount of Each Receipt this Period

25.00

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

95.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 270

(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)

DR DUANE C BERKOMPAS

Mailing Address P O BOX 2168

City

COLUMBUS

State

OH

Zip Code

43216

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SURGEONOccupation  
SELF

Receipt For: 2008

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 0 | 9 | / | 2 | 0 | 0 | 8 |

Transaction ID: SA11AI.18430

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

MR ANTHONY R BIANCHI

Mailing Address 601 HACKBERRY RIDGE DRIVE

City

MCKINNEY

State

TX

Zip Code

75070

FEC ID number of contributing  
federal political committee.

C

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

Receipt For: 2008

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 0 | 9 | / | 2 | 0 | 0 | 8 |

Transaction ID: SA11AI.18850

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

DR GARY R BISHOP

Mailing Address 15144 LARRY STREET

City

POWAY

State

CA

Zip Code

92064

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RIVERSIDE COUNTYOccupation  
PHARMACIST

Receipt For: 2008

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 0 | 5 | / | 2 | 0 | 0 | 8 |

Transaction ID: SA11AI.19076

Amount of Each Receipt this Period

35.00

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

160.00

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

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

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

FOR LINE NUMBER: PAGE 12 / 270

(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 JODY R BISHOP

Mailing Address 113 CARA LANE

City

STATESVILLE

State

NC

Zip Code

28677

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFO REQUESTED- NOT RECD

Occupation

INFO REQUESTED- NOT RECD

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.04

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 5 / 2 0 0 8

Transaction ID: SA11AI.18229

Amount of Each Receipt this Period

16.67

**B.**

Full Name (Last, First, Middle Initial)

MR KENNETH N BLACKBURN

Mailing Address 10 SHALLOWBROOK DR

City

O FALLON

State

IL

Zip Code

62269

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AIR TRAN AIRWAYS

Occupation

PILOT

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

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

Transaction ID: SA11AI.18746

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

MRS RONDA R BLEHM-KUK

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: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1160.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.19115

Amount of Each Receipt this Period

150.00

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

416.67

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

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

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

FOR LINE NUMBER: PAGE 13 / 270

(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 WILLIAM P BORDUIN

Mailing Address 200 BLACK SKIMMER CT

City

EDGEWATER

State

MD

Zip Code

21037

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1700.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.18135

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

MR RONALD A BOSS

Mailing Address 977 COACHWAY

City

ANNAPOLIS

State

MD

Zip Code

21401

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.18139

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

MR RONALD A BOSS

Mailing Address 977 COACHWAY

City

ANNAPOLIS

State

MD

Zip Code

21401

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

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

Transaction ID: SA11AI.18140

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) .....

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

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

FOR LINE NUMBER: PAGE 14 / 270

(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)

CHRIS M BRANDON

Mailing Address 6176 DOVECOTE LN

City

MEMPHIS

State

TN

Zip Code

38120

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.18404

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

M W BRANDT-CHIU

Mailing Address 12 E KNOLLWOOD RD

City

EDISON

State

NJ

Zip Code

08817

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NEW BRUNSWICK NJ

Occupation  
NURSING ASST

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

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

Transaction ID: SA11AI.18050

Amount of Each Receipt this Period

30.00

**C.**

Full Name (Last, First, Middle Initial)

PAUL BREMNER

Mailing Address 7119 CATHER COURT

City

SAN DIEGO

State

CA

Zip Code

92122

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CHANDLER PACKAGING INC.

Occupation  
EXECUTIVE

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.19078

Amount of Each Receipt this Period

50.00

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

130.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 270

(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 TERRY O BRISTOL

Mailing Address 344 E FOOTHILLS PKWY  
RED ROOM 9-WCity State Zip Code  
FORT COLLINS CO 80525FEC ID number of contributing  
federal political committee.**C**Name of Employer  
344E FOOTHILLS PARKWAY FC  
COLORADOOccupation  
ASSET MGR

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 5 / 2 0 0 8

Transaction ID: SA11AI.18965

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MR DEL C BROOKS

Mailing Address 12789 MUIRFIELD BLVD N

City State Zip Code  
JACKSONVILLE FL 32225FEC ID number of contributing  
federal political committee.**C**Name of Employer  
SMURFIT STORE CONT. CORPOccupation  
GEN MGR

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1075.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.18324

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MR WENDELL E BROWN

Mailing Address 300 N FILLMORE ST

City State Zip Code  
ARLINGTON VA 22201FEC ID number of contributing  
federal political committee.**C**Name of Employer  
SELFOccupation  
ACCOUNTANT

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.18154

Amount of Each Receipt this Period

50.00

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

125.00

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

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

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

FOR LINE NUMBER: PAGE 16 / 270

(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)

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  
SELF

Occupation

ORAL & MAXILLOFACIAL SURGEON

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

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

Transaction ID: SA11AI.18369

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

MR THOMAS J BURKS

Mailing Address 748 HORIZON BOULEVARD

City

SOCORRO

State

TX

Zip Code

79927

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WHOLESALE LUMBER

Occupation

SALES

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

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

Transaction ID: SA11AI.18941

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

MS SHIRLEY BURT

Mailing Address 210 RIVER DR

City

BETTENDORF

State

IA

Zip Code

52722

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.18592

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) .....

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

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

FOR LINE NUMBER: PAGE 17 / 270

(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 EARLE CANTY

Mailing Address 5467 SAUNDER AVENUE

City

LOOMIS

State

CA

Zip Code

95650

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NOVOSTENT CORPORATION

Occupation  
VP

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1075.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.19193

Amount of Each Receipt this Period

125.00

**B.**

Full Name (Last, First, Middle Initial)

MR RUSSELL A CARDENAS

Mailing Address 510 E SUNSHINE DRIVE

City

SAN ANTONIO

State

TX

Zip Code

78228

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ALCOA

Occupation  
COST ANALYST

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.18916

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

CHRISTOPHER W CARLSON

Mailing Address 26141 CAMINO ADELANTO

City

MISSION VIEJO

State

CA

Zip Code

92691

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ADAPECT

Occupation  
ENGINEER

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: SA11AI.19117

Amount of Each Receipt this Period

100.00

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

275.00

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

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

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

FOR LINE NUMBER: PAGE 18 / 270

(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 SUSAN S CASADA

Mailing Address 7525 WICKAM RD

City

KNOXVILLE

State

TN

Zip Code

37931

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF

Occupation  
TUTOR

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.18401

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

MR JUDSON A CAUTHEN, III

Mailing Address 10916 MEMORY LANE

City

TAVARES

State

FL

Zip Code

32778

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

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

Transaction ID: SA11AI.18332

Amount of Each Receipt this Period

40.00

**C.**

Full Name (Last, First, Middle Initial)

MR DAVID CHALMERS

Mailing Address 536 ABILENE TRAIL

City

CINCINNATI

State

OH

Zip Code

45215

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
P&G

Occupation  
INFORMATION TECHNOLOGY

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.18454

Amount of Each Receipt this Period

280.00

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

420.00

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

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

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

FOR LINE NUMBER: PAGE 19 / 270

(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 GORDON CHAN

Mailing Address 1023 NE 98TH STREET

City

SEATTLE

State

WA

Zip Code

98115

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NORTHWEST HOSP

Occupation

C. T. TECHNOLOGIST

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 5 / 2 0 0 8

Transaction ID: SA11AI.19248

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MR JEFFREY P CHRISTINA

Mailing Address 13833 YORK AVENUE S

City

BURNSVILLE

State

MN

Zip Code

55337

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WESSIN & GORMAN

Occupation

DRIVER

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.18632

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

MS DOROTHY M CLARK

Mailing Address POBOX 4  
6974 GENESEE AVENUE

City

SILVER LAKE

State

NY

Zip Code

14549

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 3 / 2 0 0 8

Transaction ID: SA11AI.18073

Amount of Each Receipt this Period

25.00

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

375.00

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

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

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

FOR LINE NUMBER: PAGE 20 / 270

(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 FRANCES CLARK

Mailing Address 907 COLONY RIDGE CT

City

IRVING

State

TX

Zip Code

75061

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OWNER

Occupation

PIZZA SALON

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

592.00

Date of Receipt

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

Transaction ID: SA11AI.18848

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MRS MURIEL COFFMAN

Mailing Address 11603 N 86TH STREET

City

SCOTTSDALE

State

AZ

Zip Code

85260

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOUSEWIFE

Occupation

HOUSEWIFE

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 0 8

Transaction ID: SA11AI.18994

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

INTERIOR DESIGNER

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.18840

Amount of Each Receipt this Period

50.00

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

200.00

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

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

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

FOR LINE NUMBER: PAGE 21 / 270

(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 RICHARD E COOLEY

Mailing Address 617 KESTREL CT

City

WOODSTOCK

State

VA

Zip Code

22664

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF EMPLOYED

Occupation

ACCOUNTANT

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 5 / 2 0 0 8

Transaction ID: SA11AI.18160

Amount of Each Receipt this Period

75.00

**B.**

Full Name (Last, First, Middle Initial)

MR RICHARD E COOLEY

Mailing Address 617 KESTREL CT

City

WOODSTOCK

State

VA

Zip Code

22664

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF EMPLOYED

Occupation

ACCOUNTANT

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

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

Transaction ID: SA11AI.18161

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

MR RICHARD E COOLEY

Mailing Address 617 KESTREL CT

City

WOODSTOCK

State

VA

Zip Code

22664

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF EMPLOYED

Occupation

ACCOUNTANT

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

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

Transaction ID: SA11AI.18162

Amount of Each Receipt this Period

40.00

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

125.00

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

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

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

FOR LINE NUMBER: PAGE 22 / 270

(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 TOMMIE J COOPER

Mailing Address 4621 LEMONWOOD LN

City

ODESSA

State

TX

Zip Code

79761

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PRIMETIME CHRISTINE BROAD-  
CASTING

Occupation  
EXEC/SECT

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.18938

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

MRS ELIZABETH CRAINE

Mailing Address 28977 OLD TRILBY ROAD

City

BROOKSVILLE

State

FL

Zip Code

34602

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.18359

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

ROGER CRAWFORD

Mailing Address 7784 DOUGLAS DRIVE

City

PARK CITY

State

UT

Zip Code

84098

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF

Occupation  
BROADCAST TECH

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.18989

Amount of Each Receipt this Period

50.00

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

270.00

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

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

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

FOR LINE NUMBER: PAGE 23 / 270

(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)

MS LUCILLE S CROSS

Mailing Address 11320 DURGIN RD SE

City

OLYMPIA

State

WA

Zip Code

98513

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ST PETER HOSPITAL

Occupation

MEDICAL TRANSCRIPTIONIST

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 5 / 2 0 0 8

Transaction ID: SA11AI.19264

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

JENNIE BELLE CROWE

Mailing Address 20191 GLEEDSVILLE ROAD

City

LEESBURG

State

VA

Zip Code

20175

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

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

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.19377

Amount of Each Receipt this Period

5000.00

**C.**

Full Name (Last, First, Middle Initial)

JOHN H CROWE

Mailing Address 20191 GLEEDSVILLE RD

City

LEESBURG

State

VA

Zip Code

20175

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFO REQUESTED- NOT RECD

Occupation

SELF-EMPLOYED

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.18129

Amount of Each Receipt this Period

5000.00

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

10020.00

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

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

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

FOR LINE NUMBER: PAGE 24 / 270

(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)

C WAYNE DALTON

Mailing Address 3710 SANDLEWOOD RD

City

ROANOKE

State

VA

Zip Code

24018

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HSMM/AECOM

Occupation

DEPARTMENT HEAD

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 7 / 2 0 0 8

Transaction ID: SA11AI.18174

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

DR BETH A DAVIS

Mailing Address 5155 SO 700 E

City

GAS CITY

State

IN

Zip Code

46933

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SOUTHWAY ANIMAL HOSPITAL

Occupation

VETERINARIAN

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.18501

Amount of Each Receipt this Period

50.00

**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: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 5 / 2 0 0 8

Transaction ID: SA11AI.18040

Amount of Each Receipt this Period

50.00

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

200.00

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

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

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

FOR LINE NUMBER: PAGE 25 / 270

(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 KIRK L DORN

Mailing Address 9 CHERRYWOOD DR

City

EAST NORTHPORT

State

NY

Zip Code

11731

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.18059

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MR KIRK L DORN

Mailing Address 9 CHERRYWOOD DR

City

EAST NORTHPORT

State

NY

Zip Code

11731

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 0 8

Transaction ID: SA11AI.18060

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MR MICHAEL A DOUGHERTY

Mailing Address 19 SHEFFIELD ST

City

HUDSON

State

NH

Zip Code

03051

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
VISITUDE- INC.

Occupation  
EXECUTIVE CONSULTANT

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

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

Transaction ID: SA11AI.18023

Amount of Each Receipt this Period

25.00

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

125.00

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

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

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

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(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 MICHAEL A DOUGHERTY

Mailing Address 19 SHEFFIELD ST

City

HUDSON

State

NH

Zip Code

03051

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
VISITUDE- INC.

Occupation

EXECUTIVE CONSULTANT

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.18024

Amount of Each Receipt this Period

15.00

**B.**

Full Name (Last, First, Middle Initial)

NANCY E EARDLEY

Mailing Address 1441 SANDY POINT AVE SE

City

GRAND RAPIDS

State

MI

Zip Code

49546

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
METAVANTE

Occupation

SALES

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.18568

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MR MICHAEL D ECHELBARGER

Mailing Address 16207 LARCH WAY

City

LYNNWOOD

State

WA

Zip Code

98087

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ECHELBARGER INVESTMENTS

Occupation

REAL ESTATE DEVELOPEMENT

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 0 8

Transaction ID: SA11AI.19247

Amount of Each Receipt this Period

1000.00

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

1065.00

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

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

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

FOR LINE NUMBER: PAGE 27 / 270

(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 J PHILLIP EPPERSON

Mailing Address 25657 S KENSINGTON LANE

City

MONEE

State

IL

Zip Code

60449

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFO REQUESTED- NOT RECD

Occupation

INFO REQUESTED- NOT RECD

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.18708

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MRS SUZANNE M EVANS

Mailing Address 6195 STONE ARABIA RD

City

CICERO

State

NY

Zip Code

13039

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UPS

Occupation

PILOT

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.18063

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

MR MAYNARD M EYESTONE

Mailing Address 19334 KINGS GARDEN DR N # R-112

City

SHORELINE

State

WA

Zip Code

98133

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED MISSIONARY

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

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

Transaction ID: SA11AI.19249

Amount of Each Receipt this Period

25.00

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

275.00

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

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

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

FOR LINE NUMBER: PAGE 28 / 270

(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 MAYNARD M EYESTONE

Mailing Address 19334 KINGS GARDEN DR N # R-112

City

SHORELINE

State

WA

Zip Code

98133

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED MISSIONARY

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 0 8

Transaction ID: SA11AI.19250

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MR MAYNARD M EYESTONE

Mailing Address 19334 KINGS GARDEN DR N # R-112

City

SHORELINE

State

WA

Zip Code

98133

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED MISSIONARY

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

395.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 0 8

Transaction ID: SA11AI.19251

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

KIMBERLY FOLTZ

Mailing Address 6705 N APPLE LN

City

MUNCIE

State

IN

Zip Code

47303

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFO REQUESTED- NOT RECD

Occupation

INFO REQUESTED- NOT RECD

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.18505

Amount of Each Receipt this Period

100.00

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

150.00

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

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

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

FOR LINE NUMBER: PAGE 29 / 270

(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)

JOSEPH FOUNTAIN

Mailing Address 6003 CHAPEL HILL RD

City

RALEIGH

State

NC

Zip Code

27607

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFO REQUESTED- NOT RECD

Occupation

INFO REQUESTED- NOT RECD

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.18199

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

MRS LINDA C FOX

Mailing Address 1218 MAPLE CREEK LANE

City

LOGANVILLE

State

GA

Zip Code

30052

FEC ID number of contributing  
federal political committee.

C

Name of Employer

METHODIST HOSPITAL

Occupation

REGISTERED NURSE

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.18268

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

MR FRANK D FREUDENTHAL

Mailing Address 2909 LOVERS LN

City

ST JOSEPH

State

MO

Zip Code

64506

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

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

Transaction ID: SA11AI.18768

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) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 270

(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 FRANCIS L FRIEND

Mailing Address 2125 LUANN LN APT 6

City

MADISON

State

WI

Zip Code

53713

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INTERVARSITY CHRISTIAN FE-  
LLOWSHIP

Occupation

MANAGER

Receipt For: 2008

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 0 | 5 | / | 2 | 0 | 0 | 8 |

Transaction ID: SA11AI.18606

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MR ERWIN R FRIESEN

Mailing Address P O BOX 342

City

HATHAWAY PINES

State

CA

Zip Code

95233

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2008

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 1 | 5 | / | 2 | 0 | 0 | 8 |

Transaction ID: SA11AI.19181

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MRS JEANNE A FUDGE

Mailing Address 16005 MAKAH ST NW

City

ANDOVER

State

MN

Zip Code

55304

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2008

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 3 | 1 | / | 2 | 0 | 0 | 8 |

Transaction ID: SA11AI.18629

Amount of Each Receipt this Period

500.00

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

575.00

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

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

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

FOR LINE NUMBER: PAGE 31 / 270

(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 DOUGLAS R GARDNER

Mailing Address 4911 62ND AVE CT W

City

UNIVERSITY PLACE

State

WA

Zip Code

98467

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF EMPLOYED

Occupation

SELF EMPLOYED

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.19260

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

MR WAYNE GARNER

Mailing Address 236 CROSS COUNTRY DRIVE

City

HEWITT

State

TX

Zip Code

76643

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

TEACHER

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.18877

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MRS MARY S GARTRELL

Mailing Address 2575 GREENS LN

City

POWDER SPRINGS

State

GA

Zip Code

30127

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MAXIMUM ONE REALTY

Occupation

REAL ESTATE AGENT

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 3 / 2 0 0 8

Transaction ID: SA11AI.18288

Amount of Each Receipt this Period

250.00

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

775.00

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

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

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

FOR LINE NUMBER: PAGE 32 / 270

(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 MARY S GARTRELL

Mailing Address 2575 GREENS LN

City

POWDER SPRINGS

State

GA

Zip Code

30127

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MAXIMUM ONE REALTY

Occupation

REAL ESTATE AGENT

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.18289

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

MRS SUSAN M GEOGHAN

Mailing Address 6046 HAMPTON CT

City

EAST PETERSBURG

State

PA

Zip Code

17520

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AMISH COUNTRY GAZEBOS

Occupation

SALES

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.18092

Amount of Each Receipt this Period

150.00

**C.**

Full Name (Last, First, Middle Initial)

MRS JOAN L GINSBURG

Mailing Address 545 DUNNEGAN PLACE

City

LAGUNA BEACH

State

CA

Zip Code

92651

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOUSEWIFE

Occupation

HOUSEWIFE / VOLUNTEER

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.19105

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) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 270

(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 FRANK BON GIOVANNI

Mailing Address 6165 BAER RD

City

SANBORN

State

NY

Zip Code

14132

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFO REQUESTED- NOT RECD

Occupation

INFO REQUESTED- NOT RECD

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.18069

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

EARL E 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

SUMMIT POWER GROUP INC

Occupation

CEO

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1450.00

Date of Receipt

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

Transaction ID: SA11AI.18966

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

EARL E 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

SUMMIT POWER GROUP INC

Occupation

CEO

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1700.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 3 | 1 | / | 2 | 0 | 0 | 8 |

Transaction ID: SA11AI.18967

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) .....

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

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

FOR LINE NUMBER: PAGE 34 / 270

(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)

MARCI R GOODWIN

Mailing Address 657 WALNUT STREET

City

EDMONDS

State

WA

Zip Code

98020

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GLENN T GOODWIN - PHD

Occupation

BOOKKEEPER

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.19244

Amount of Each Receipt this Period

15.00

**B.**

Full Name (Last, First, Middle Initial)

MR BEN J GOUGH

Mailing Address 13909 LAVERTON AVENUE

City

BAKERSFIELD

State

CA

Zip Code

93314

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFO REQUESTED- NOT RECD

Occupation

INFO REQUESTED- NOT RECD

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

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

Transaction ID: SA11AI.19155

Amount of Each Receipt this Period

20.00

**C.**

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  
RETIRED

Occupation

RETIRED BUILDING CONTRACTOR

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.19210

Amount of Each Receipt this Period

100.00

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

135.00

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

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

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

FOR LINE NUMBER: PAGE 35 / 270

(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 CARL W GUSTKE

Mailing Address 233 STATON ROAD

City

CABOT

State

AR

Zip Code

72023

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FEDERAL EX - (WIFE) REBSA-  
MEN R. H.

Occupation

PILOT - WIFE DEBORAH-RN

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 5 / 2 0 0 8

Transaction ID: SA11AI.18813

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MR WILLIS HAMILTON

Mailing Address 345 W MEATS AVE

City

ORANGE

State

CA

Zip Code

92865

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HAMILTON MATERIALS INC

Occupation

OWNER

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

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

Transaction ID: SA11AI.19132

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

CHARLES W HARRISON

Mailing Address 58 FERRY RD

City

STOCKTON

State

NJ

Zip Code

08559

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.18046

Amount of Each Receipt this Period

1000.00

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

2050.00

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

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

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

FOR LINE NUMBER: PAGE 36 / 270

(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 SHARON A HARSHMAN

Mailing Address RR 1 BOX 27

City

CEDAR POINT

State

KS

Zip Code

66843

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HARSHMAN CONSTRUCTION LLC

Occupation

HEAVY CONSTRUCTION

Receipt For: 2008

☐ Primary ☒ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.18785

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

NANCY O HAY

Mailing Address 924 PROSPECT PLACE

City

MANITOU SPRINGS

State

CO

Zip Code

80829

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SUMMIT MINISTRIES

Occupation

EDITOR

Receipt For: 2008

☐ Primary ☒ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.18972

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MS M SANDRA HEA

Mailing Address 5924 CHILDREDD AVE

City

SAINT LOUIS

State

MO

Zip Code

63109

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

REALTOR

Receipt For: 2008

☐ Primary ☒ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 5 / 2 0 0 8

Transaction ID: SA11AI.18756

Amount of Each Receipt this Period

25.00

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

1050.00

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

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

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

FOR LINE NUMBER: PAGE 37 / 270

(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 RUTH A HEACOCK

Mailing Address 645 NE PENN AVE

City

BEND

State

OR

Zip Code

97701

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
EASTMENT CHURCH

Occupation  
TEACHER

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.19241

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MR BONNIE M HEATH, III

Mailing Address 7145 NW 125TH ST RD

City

REDDICK

State

FL

Zip Code

32686

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BONNIE HEATH FARM

Occupation  
THOROUGHBRED HORSE FARM OWNER

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.18329

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

MR JAMES W HEATH

Mailing Address PO BOX 578

City

CASCADE

State

ID

Zip Code

83611

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CASCADE SCHOOL DISTRICT  
#422

Occupation  
EDUCATOR

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.18982

Amount of Each Receipt this Period

20.00

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

545.00

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

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

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

FOR LINE NUMBER: PAGE 38 / 270

(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 DALE HEDRICK

Mailing Address 2200 CENTREPARK WEST DR #100

City

WEST PALM BEACH

State

FL

Zip Code

33409

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HEDRICK BROTHERS

Occupation

GENERAL CONTRACTOR

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.18343

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

MR KEITH L HEDSTROM

Mailing Address 101 EMERALD HIGHLANDS WAY

City

SEQUIM

State

WA

Zip Code

98382

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 5 / 2 0 0 8

Transaction ID: SA11AI.19257

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

TOM HENDERSON

Mailing Address 4042 JOHN S RABOTEAU WYND

City

RALEIGH

State

NC

Zip Code

27612

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 7 / 2 0 0 8

Transaction ID: SA11AI.18198

Amount of Each Receipt this Period

500.00

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

760.00

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

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

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

FOR LINE NUMBER: PAGE 39 / 270

(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 L HENDRICKSEN**

Mailing Address **12430 MARINA LOOP**

City State Zip Code  
**WILLIS TX 77318**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
**225.00**

Date of Receipt

**12 / 31 / 2008**

**Transaction ID: SA11AI.18887**

Amount of Each Receipt this Period

**25.00**

**B.**

Full Name (Last, First, Middle Initial)  
**BRIAN HENRY**

Mailing Address **2495 DELLWOOD DR**

City State Zip Code  
**ATLANTA GA 30305**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**GEORGIA SIGN CO**

Occupation  
**VICE PRESIDENT**

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
**600.00**

Date of Receipt

**12 / 15 / 2008**

**Transaction ID: SA11AI.18304**

Amount of Each Receipt this Period

**100.00**

**C.**

Full Name (Last, First, Middle Initial)  
**MR KEVIN D HENRY**

Mailing Address **2611 SPRING MILL PLACE**

City State Zip Code  
**BURLINGTON KY 41005**

FEC ID number of contributing  
federal political committee.

**C**

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

Occupation  
**INFO REQUESTED- NOT RECD**

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
**360.00**

Date of Receipt

**12 / 05 / 2008**

**Transaction ID: SA11AI.18422**

Amount of Each Receipt this Period

**30.00**

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

**155.00**

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

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

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

FOR LINE NUMBER: PAGE 40 / 270

(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 DOUGLAS HESSE

Mailing Address 1031 SHOULDERBONE CIRCLE

City

GREENSBORO

State

GA

Zip Code

30642

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF

Occupation

CERTIFIED FINANCIAL PLANNER

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.18316

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

JAXN HILL

Mailing Address P O BOX 7978

City

THE WOODLANDS

State

TX

Zip Code

77387

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BBS

Occupation

WRITER

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.18894

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

JUDSON HILL

Mailing Address 3102 RAINES CT

City

MARIETTA

State

GA

Zip Code

30062

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF EMPLOYED

Occupation

SELF EMPLOYED

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.18271

Amount of Each Receipt this Period

250.00

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

450.00

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

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

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

FOR LINE NUMBER: PAGE 41 / 270

(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)

REV HARRIS HIMES

Mailing Address P O BOX 540

City

HAMILTON

State

MT

Zip Code

59840

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PASTOR

Occupation  
PASTOR

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.18688

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

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  
BIOHORIZONS IMPLANT SYSTE-  
MS INC

Occupation  
VP OPS

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

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

Transaction ID: SA11AI.18361

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

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  
BIOHORIZONS IMPLANT SYSTE-  
MS INC

Occupation  
VP OPS

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.18362

Amount of Each Receipt this Period

100.00

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

650.00

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

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

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

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☒ 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 MARIAN J HOOPER

Mailing Address 3841 N RUTH ROAD

City

DECKERVILLE

State

MI

Zip Code

48427

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.18533

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MR PAUL R HOULE, II

Mailing Address 320 PENINSULA POINTE DR

City

CANTON

State

GA

Zip Code

30115

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ARIBA

Occupation  
DIRECTOR

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.18282

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MR PAUL R HOULE, II

Mailing Address 320 PENINSULA POINTE DR

City

CANTON

State

GA

Zip Code

30115

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ARIBA

Occupation  
DIRECTOR

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.18283

Amount of Each Receipt this Period

100.00

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

200.00

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

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

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 43 / 270

(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 ROBERT G HOWARD

Mailing Address 1500 E ELK AVENUE

City

DUNCAN

State

OK

Zip Code

73533

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFO REQUESTED- NOT RECD

Occupation

ENGINEER

Receipt For:

2008

☐ Primary

☒ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.18832

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MRS INA C HOWELL

Mailing Address PO BOX 15335

City

RIVERSIDE

State

RI

Zip Code

02915

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

2008

☐ Primary

☒ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

224.00

Date of Receipt

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

Transaction ID: SA11AI.18022

Amount of Each Receipt this Period

199.00

**C.**

Full Name (Last, First, Middle Initial)

MARILYN R HOWELL

Mailing Address PO BOX 565

City

CIRCLE

State

MT

Zip Code

59215

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CIRCLE VETERINARY CLINIC

Occupation

VETERINARIAN

Receipt For:

2008

☐ Primary

☒ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

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

Transaction ID: SA11AI.18686

Amount of Each Receipt this Period

100.00

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

324.00

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

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

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

FOR LINE NUMBER: PAGE 44 / 270

(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 DIANA E HULL

Mailing Address 3000 LEWIS RD

City

RIVERTON

State

WY

Zip Code

82501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF EMPLOYED

Occupation

SELF EMPLOYED

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.18977

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

CINDY HUSHON

Mailing Address 112 HOLLOW RD

City

DELTA

State

PA

Zip Code

17314

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFO REQUESTED- NOT RECD

Occupation

INFO REQUESTED- NOT RECD

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.18091

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

MR DAVID K IRISH

Mailing Address 232 NORTH COLONIAL DR

City

CORTLAND

State

OH

Zip Code

44410

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BRISTOL SCHOOL DISTRICT

Occupation

TEACHER

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.18449

Amount of Each Receipt this Period

75.00

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

425.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 / 270

(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 LORENA M JAEB

Mailing Address PO BOX 428

City

MANGO

State

FL

Zip Code

33550

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2008

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5500.00

Date of Receipt

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

Transaction ID: SA11AI.18347

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

MR ALDEN P JOHNSON

Mailing Address 5010 LA BARRANCA

City

SAN ANTONIO

State

TX

Zip Code

78233

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELFOccupation  
MORTGAGE LOAN OFFICER

Receipt For: 2008

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 |   | 0 | 5 |   | 2 | 0 | 0 | 8 |

Transaction ID: SA11AI.18919

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MR ALDEN P JOHNSON

Mailing Address 5010 LA BARRANCA

City

SAN ANTONIO

State

TX

Zip Code

78233

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELFOccupation  
MORTGAGE LOAN OFFICER

Receipt For: 2008

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 |   | 3 | 1 |   | 2 | 0 | 0 | 8 |

Transaction ID: SA11AI.18920

Amount of Each Receipt this Period

25.00

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

550.00

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

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

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

FOR LINE NUMBER: PAGE 46 / 270

(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)

GREGORY S JOHNSON

Mailing Address 43449 ELK RUN

City

STEAMBOAT SPRINGS

State

CO

Zip Code

80487

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFO REQUESTED- NOT RECD

Occupation

INFO REQUESTED- NOT RECD

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.18962

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

MR FLOYD R JUMP

Mailing Address 350 E HENSCHEN ST

City

GARNER

State

IA

Zip Code

50431

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

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

Transaction ID: SA11AI.18575

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

MR FLOYD R JUMP

Mailing Address 350 E HENSCHEN ST

City

GARNER

State

IA

Zip Code

50431

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.18576

Amount of Each Receipt this Period

100.00

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

700.00

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

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

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

FOR LINE NUMBER: PAGE 47 / 270

(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)

ALFRED B KAJANF

Mailing Address P O BOX 400

City

EASTON

State

MD

Zip Code

21601

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFO REQUESTED- NOT RECD

Occupation

INFO REQUESTED- NOT RECD

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.18142

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

MR ALLAN G KAVALICH

Mailing Address 1518 EDGEHILL LN

City

REDLANDS

State

CA

Zip Code

92373

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFO REQUESTED- NOT RECD

Occupation

PHYSICIAN

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.19087

Amount of Each Receipt this Period

2000.00

**C.**

Full Name (Last, First, Middle Initial)

DR JOHN D KEISLING

Mailing Address 35 ERICA LANE

City

BELEN

State

NM

Zip Code

87002

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SAIC

Occupation

SCIENTIST

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.19008

Amount of Each Receipt this Period

20.00

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

2520.00

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

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

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

FOR LINE NUMBER: PAGE 48 / 270

(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 LANE

City

BELEN

State

NM

Zip Code

87002

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SAIC

Occupation  
SCIENTIST

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

415.00

Date of Receipt

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

Transaction ID: SA11AI.19009

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

JENNA V KELLAR

Mailing Address 2750CR 507

City

EARTH

State

TX

Zip Code

79031

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 7 / 2 0 0 8

Transaction ID: SA11AI.18929

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MRS CAROLYN C KINDER

Mailing Address 4212 KEEPSAKE COURT

City

MODESTO

State

CA

Zip Code

95356

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DIALYSIS CENTER

Occupation  
RENAL DIETITIAN

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.03

Date of Receipt

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

Transaction ID: SA11AI.19185

Amount of Each Receipt this Period

25.00

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

125.00

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

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

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

FOR LINE NUMBER: PAGE 49 / 270

(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 MICHAEL C KINGSLEY

Mailing Address 11239 SE HIGHLAND LOOP

City

CLACKAMAS

State

OR

Zip Code

97015

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LGINTERNATIONAL

Occupation

NATIONAL ACCOUNTS MANAGER

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.19214

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

MR JOHN D KINZER

Mailing Address 11413 NASSAU DRIVE NE

City

ALBUQUERQUE

State

NM

Zip Code

87111

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

TEACHER

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.19010

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

RETIRED

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.18939

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) .....

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

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

FOR LINE NUMBER: PAGE 50 / 270

(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 LEONARD F KLASSEN

Mailing Address 1418 DENVER STREET

City

MARION

State

KS

Zip Code

66861

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

925.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 5 / 2 0 0 8

Transaction ID: SA11AI.18786

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MR JACK KNAPP

Mailing Address 2800 PIN OAK LN

City

SANDSTON

State

VA

Zip Code

23150

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
VA ASSEMBLY OF 2ND BAPTIST

Occupation  
EX DIRECTOR

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1025.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 5 / 2 0 0 8

Transaction ID: SA11AI.18168

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

MR JACK KNAPP

Mailing Address 2800 PIN OAK LN

City

SANDSTON

State

VA

Zip Code

23150

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
VA ASSEMBLY OF 2ND BAPTIST

Occupation  
EX DIRECTOR

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

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

Transaction ID: SA11AI.18169

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) .....

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

Use separate schedule(s)  
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Detailed Summary Page

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☒ 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)

MICHAEL T KOBEL

Mailing Address 9764 CEDAR CT

City

CYPRESS

State

CA

Zip Code

90630

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
KOBEL FAMILY TRUST

Occupation

DIRECTOR OF CODE SERVICES

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

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

Transaction ID: SA11AI.19037

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

MICHAEL T KOBEL

Mailing Address 9764 CEDAR CT

City

CYPRESS

State

CA

Zip Code

90630

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
KOBEL FAMILY TRUST

Occupation

DIRECTOR OF CODE SERVICES

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.19038

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

MR THOMAS A KRAPF

Mailing Address 721 HARVARD DRIVE

City

EDWARDSVILLE

State

IL

Zip Code

62025

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 3 / 2 0 0 8

Transaction ID: SA11AI.18745

Amount of Each Receipt this Period

50.00

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

90.00

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

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

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

FOR LINE NUMBER: PAGE 52 / 270

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☒ 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 ROBERT LAKE

Mailing Address 2721 18TH STREET

City

BAKERSFIELD

State

CA

Zip Code

93301

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFO REQUESTED- NOT RECD

Occupation

INFO REQUESTED- NOT RECD

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

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

Transaction ID: SA11AI.19150

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MR ROBERT LAKE

Mailing Address 2721 18TH STREET

City

BAKERSFIELD

State

CA

Zip Code

93301

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFO REQUESTED- NOT RECD

Occupation

INFO REQUESTED- NOT RECD

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.19151

Amount of Each Receipt this Period

150.00

**C.**

Full Name (Last, First, Middle Initial)

MR ROBERT LAKE

Mailing Address 2721 18TH STREET

City

BAKERSFIELD

State

CA

Zip Code

93301

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFO REQUESTED- NOT RECD

Occupation

INFO REQUESTED- NOT RECD

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.19152

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) .....

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

Use separate schedule(s)  
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☒ 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)  
**MERRY LARKIN**

Mailing Address **259 N WATERTOWN ST**

City State Zip Code  
**WAUPUN WI 53963**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**HOMEMAKER**

Occupation  
**HOMEMAKER**

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
**2000.00**

Date of Receipt

**12 / 31 / 2008**

Transaction ID: SA11AI.18611

Amount of Each Receipt this Period

**1000.00**

**B.**

Full Name (Last, First, Middle Initial)  
**ELDON R LARSEN**

Mailing Address **2562 TREASURE DR APT S4100**

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

FEC ID number of contributing  
federal political committee.

**C**

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

Occupation  
**INFO REQUESTED- NOT RECD**

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
**275.00**

Date of Receipt

**12 / 15 / 2008**

Transaction ID: SA11AI.19144

Amount of Each Receipt this Period

**25.00**

**C.**

Full Name (Last, First, Middle Initial)  
**STEVE H LAZARIAN**

Mailing Address **1463 EDGECLIFF LN**

City State Zip Code  
**PASADENA CA 91107**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**ESSCO**

Occupation  
**ELECTRICAL CONTRACTOR**

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
**700.00**

Date of Receipt

**12 / 30 / 2008**

Transaction ID: SA11AI.19055

Amount of Each Receipt this Period

**200.00**

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

**1225.00**

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

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

Use separate schedule(s)  
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Detailed Summary Page

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(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 JOHN LEE

Mailing Address 2078 MORGAN WAY

City

LA VERNE

State

CA

Zip Code

91750

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LONG DRAGON REALTY

Occupation  
REALTOR

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.19064

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

MR JOHN R LEMMONS

Mailing Address 1973 ROSE VALLEY RD

City

KELSO

State

WA

Zip Code

98626

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PACIFIC FIBRE PRODUCTS INC

Occupation  
RETIRED

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.19267

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

MS DEBORAH L LEWIS

Mailing Address 5829 GROVE ROAD

City

CLINTON

State

OH

Zip Code

44216

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: SA11AI.18445

Amount of Each Receipt this Period

200.00

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

800.00

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

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 55 / 270

(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)

MICHAEL W LIBY

Mailing Address 2959 GLEN ALBYN DR

City

SANTA BARBARA

State

CA

Zip Code

93105

FEC ID number of contributing  
federal political committee.

C

Name of Employer

TELESIS RESTAURANT GROUP  
INC

Occupation

BUSINESS OWNER

Receipt For: 2008

☐ Primary ☒ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.19084

Amount of Each Receipt this Period

75.00

**B.**

Full Name (Last, First, Middle Initial)

MR STEVEN J LIPPERT

Mailing Address 6829 JENNIFER LYNN DRIVE

City

CINCINNATI

State

OH

Zip Code

45248

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HAMILTON CASTER & MFG CO

Occupation

BUSINESS

Receipt For: 2008

☐ Primary ☒ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.18459

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

GARY W LOCKE, JR

Mailing Address 2602 BOOGER HILL ROADS

City

DANIELSVILLE

State

GA

Zip Code

30633

FEC ID number of contributing  
federal political committee.

C

Name of Employer

US NAVY

Occupation

RETIRED

Receipt For: 2008

☐ Primary ☒ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.18314

Amount of Each Receipt this Period

100.00

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

425.00

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

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

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

FOR LINE NUMBER: PAGE 56 / 270

(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 ROADS

City

DANIELSVILLE

State

GA

Zip Code

30633

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
US NAVY

Occupation  
RETIRED

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 0 / 2 0 0 8

Transaction ID: SA11AI.18315

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

MR JAMES LUDINGTON

Mailing Address 733 ASBURY LN

City

TROUTVILLE

State

VA

Zip Code

24175

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ARISE AMERICA MINISTRIES

Occupation  
EXECUTIVE DIRECTOR

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.18175

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

MAJ JAMES P LUKE

Mailing Address 4273 BRISTOL DR

City

DAYTON

State

OH

Zip Code

45440

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
USAF

Occupation  
INFO REQUESTED- NOT RECD

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

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

Transaction ID: SA11AI.18467

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) .....

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

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

FOR LINE NUMBER: PAGE 57 / 270

(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)

MAJ JAMES P LUKE

Mailing Address 4273 BRISTOL DR

City

DAYTON

State

OH

Zip Code

45440

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
USAF

Occupation

INFO REQUESTED- NOT RECD

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.18468

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

REV WALLACE A LUSK

Mailing Address 13922 PENN SHOP ROAD

City

MOUNT AIRY

State

MD

Zip Code

21771

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
LOCUST GROVE CHURCH OF BR-  
OTHERS

Occupation

MINISTER - RETIRED

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 7 / 2 0 0 8

Transaction ID: SA11AI.18143

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

MR WILLIAM R MACCORMICK

Mailing Address 230 CREEKWOOD COURT

City

DUNCANVILLE

State

TX

Zip Code

75116

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFO REQUESTED- NOT RECD

Occupation

INFO REQUESTED- NOT RECD

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.18853

Amount of Each Receipt this Period

20.00

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

170.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
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(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 JAMES MATHEW

Mailing Address 10576 DASON DR

City

BOISE

State

ID

Zip Code

83704

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MICRON TECHNOLOGYOccupation  
ENGINEER

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.18987

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

MRS MARY MATISOHN

Mailing Address 3240 MERCER LN

City

SAN DIEGO

State

CA

Zip Code

92122

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SAN DIEGO GAS & ELECTRICOccupation  
ACCOUNTING COORDINATOR

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.19080

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

MRS LYNN MCCLATCHEY

Mailing Address 45012 70TH AVENUE

City

LINN GROVE

State

IA

Zip Code

51033

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SIOUX CENTRAL SCHOOLOccupation  
TEACHER

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 0 | 5 | / | 2 | 0 | 0 | 8 |

Transaction ID: SA11AI.18579

Amount of Each Receipt this Period

20.00

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

370.00

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

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

Use separate schedule(s)  
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(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 ROBERT M MCCLELLAN

Mailing Address 4645 GORHAM DR

City

CORONA DEL MAR

State

CA

Zip Code

92625

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MCCLELLAN NICHOLS SPORTS  
SYNDICATE

Occupation

SPORT MARKETING

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: SA11AI.19097

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

MAE E MCKINLEY

Mailing Address 515 11TH AVE

City

MINOT

State

ND

Zip Code

58703

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

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

Transaction ID: SA11AI.18683

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MR LEE MECKLEY

Mailing Address 14308 NESTLE COURT

City

PFLUGERVILLE

State

TX

Zip Code

78660

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AUSTIN

Occupation

SOFTWARE ENGINEER

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 3 / 2 0 0 8

Transaction ID: SA11AI.18926

Amount of Each Receipt this Period

50.00

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

200.00

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

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

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

MR JOSEPH P MILLER

Mailing Address 6617 E ORCHARD PLACE

City

CENTENNIAL

State

CO

Zip Code

80111

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFO REQUESTED- NOT RECD

Occupation

INFO REQUESTED- NOT RECD

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: SA11AI.18945

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

MRS MYRNA L MILLER

Mailing Address 977 COUNTY ROAD 1325 N

City

TRILLA

State

IL

Zip Code

62469

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HOMEMAKER

Occupation

HOMEMAKER

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: SA11AI.18747

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

WILLIAM MILLIGAN

Mailing Address 33 MADISON LN

City

COTO DE CAZA

State

CA

Zip Code

92679

FEC ID number of contributing  
federal political committee.

C

Name of Employer

KBS REALTY

Occupation

REGIONAL PRESIDENT

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

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

Transaction ID: SA11AI.19116

Amount of Each Receipt this Period

1000.00

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

1350.00

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

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

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

ANDREW MILLS

Mailing Address 262 HIGH ST

City

WINCHESTER

State

MA

Zip Code

01890

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 0 8

Transaction ID: SA11AI.18017

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

MR ROBERT L MILNE

Mailing Address 2517 BRENTWOOD DR

City

ABILENE

State

TX

Zip Code

79605

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.18937

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MRS ELAINE E MINAMIDE

Mailing Address 2134 EUCALYPTUS AVE

City

ESCONDIDO

State

CA

Zip Code

92029

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
POWAY HIGH SCHOOL

Occupation  
TEACHER

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: SA11AI.19071

Amount of Each Receipt this Period

50.00

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

1100.00

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

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

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)  
MS JUDY A MOLITOR

Mailing Address PO BOX 444

City State Zip Code  
CEDAR KEY FL 32625

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt

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

Transaction ID: SA11AI.18328

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)  
BARBARA J MONTEIL

Mailing Address 15709 ALLEN AVE

City State Zip Code  
BELTON MO 64012

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
B O W S & EISENBRANDT LLP

Occupation  
LEGAL SECRETARY

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt

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

Transaction ID: SA11AI.18759

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)  
BARBARA J MONTEIL

Mailing Address 15709 ALLEN AVE

City State Zip Code  
BELTON MO 64012

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
B O W S & EISENBRANDT LLP

Occupation  
LEGAL SECRETARY

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 0 / 2 0 0 8

Transaction ID: SA11AI.18760

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) .....

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

DR DAVID MORRISON

Mailing Address 1802 CROOM DR

City

MONTGOMERY

State

AL

Zip Code

36106

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.18382

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

MRS NORMA C NELSON

Mailing Address 1020 OAK TERRACE DR

City

NORTH MANKATO

State

MN

Zip Code

56003

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

406.41

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.18655

Amount of Each Receipt this Period

75.00

**C.**

Full Name (Last, First, Middle Initial)

MRS CAROL B NETZ

Mailing Address 7820 JONAGOLD DRIVE SE

City

GRAND RAPIDS

State

MI

Zip Code

49508

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PELLA EHR GRADE SCHOOL

Occupation

TEACHER

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.18563

Amount of Each Receipt this Period

50.00

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

375.00

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

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

Use separate schedule(s)  
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☒ 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 ARTHA M NEUENFELDT

Mailing Address 637 ROBINSON RD

City

JACKSON

State

MI

Zip Code

49203

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1070.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 5 / 2 0 0 8

Transaction ID: SA11AI.18545

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

MR EDWARD M NICHOLS

Mailing Address 555 TAXTER ROAD

City

ELMSFORD

State

NY

Zip Code

10523

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF

Occupation  
FINANCIAL PLANNER

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.18056

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MR EDWARD M NICHOLS

Mailing Address 555 TAXTER ROAD

City

ELMSFORD

State

NY

Zip Code

10523

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF

Occupation  
FINANCIAL PLANNER

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1900.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.18057

Amount of Each Receipt this Period

1400.00

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

1460.00

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

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

Use separate schedule(s)  
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☒ 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)

JOHN NICHOLS, JR

Mailing Address 1654 LA JOLLA RANCHO RD

City

LA JOLLA

State

CA

Zip Code

92037

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.19072

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

JOHN NICHOLS, JR

Mailing Address 1654 LA JOLLA RANCHO RD

City

LA JOLLA

State

CA

Zip Code

92037

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.19073

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

MR A J NITZ

Mailing Address 132 FARMBROOK CIRCLE

City

FRANKFORT

State

KY

Zip Code

40601

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF

Occupation  
PHYSICAL THERAPIST

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.18421

Amount of Each Receipt this Period

500.00

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

700.00

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

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

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☒ 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)

KRISTEL NOVOTNY

Mailing Address 9889 CUMBERLAND ROAD

City

FISHERS

State

IN

Zip Code

46037

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.18479

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

MR ELIOT K NYMEYER

Mailing Address 25508 S KLEMME RD

City

CRETE

State

IL

Zip Code

60417

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFO REQUESTED- NOT RECD

Occupation

INFO REQUESTED- NOT RECD

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

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

Transaction ID: SA11AI.18706

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

MR THOMAS L OSTENSON

Mailing Address 1020 LAKE WINDWARD OVERLOOK

City

ALPHARETTA

State

GA

Zip Code

30005

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AON CORPORATION

Occupation

ATTORNEY

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.18267

Amount of Each Receipt this Period

100.00

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

450.00

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

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

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(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 DENNIS G OTTEN

Mailing Address 2609 S ELMWOOD AVENUE

City State Zip Code  
 SIOUX FALLS SD 57105

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
CITI BANK

Occupation  
CREDIT ANALYST

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
 330.00

Date of Receipt

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

Transaction ID: SA11AI.18674

Amount of Each Receipt this Period

45.00

**B.**

Full Name (Last, First, Middle Initial)

MR JAY R OWEN

Mailing Address 35 CYPRESS MARSH DRIVE

City State Zip Code  
 HILTON HEAD ISLAND SC 29926

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
ENGINEERED SYSTEMS

Occupation  
ENGINEER

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
 650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 2 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.18263

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MR JAY R OWEN

Mailing Address 35 CYPRESS MARSH DRIVE

City State Zip Code  
 HILTON HEAD ISLAND SC 29926

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
ENGINEERED SYSTEMS

Occupation  
ENGINEER

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
 700.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 2 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.18264

Amount of Each Receipt this Period

50.00

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

145.00

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

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

Use separate schedule(s)  
for each category of the  
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(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)

ALAN M PARK

Mailing Address 2193 RIDGEPOINTE COURT

City

WALNUT CREEK

State

CA

Zip Code

94596

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OPENWAVE INC

Occupation

SALES MANAGER

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1775.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.19171

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

ALAN M PARK

Mailing Address 2193 RIDGEPOINTE COURT

City

WALNUT CREEK

State

CA

Zip Code

94596

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OPENWAVE INC

Occupation

SALES MANAGER

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2025.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 3 / 2 0 0 8

Transaction ID: SA11AI.19172

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

MRS PAULA J PARKER

Mailing Address 1330 OLD WOODBINE RD

City

ATLANTA

State

GA

Zip Code

30319

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NATIONAL CHRISTIAN FND

Occupation

ADM ASST

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 0 / 2 0 0 8

Transaction ID: SA11AI.18305

Amount of Each Receipt this Period

100.00

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

375.00

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

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

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

FOR LINE NUMBER: PAGE 69 / 270

(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 DAVID S PARSLEY

Mailing Address 11714 LIPSEY RD

City

TAMPA

State

FL

Zip Code

33618

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

CONSULTANT

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.18348

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MR BRUCE PEOTTER

Mailing Address 20 BODEGA BAY

City

IRVINE

State

CA

Zip Code

92602

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INVESTMENT COMPANY

Occupation

GENERAL COUNSEL MESSENGER

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

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

Transaction ID: SA11AI.19094

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MR VAN T PITTMAN

Mailing Address 116 STONECREST ROAD

City

GREER

State

SC

Zip Code

29650

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
L & L CONTAINER

Occupation

MANAGER

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 5 / 2 0 0 8

Transaction ID: SA11AI.18258

Amount of Each Receipt this Period

25.00

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

100.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 70 / 270

(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)

BILL POOLE

Mailing Address 1124 SANDY RIDGE ROAD

City

MONROE

State

NC

Zip Code

28112

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 1 | 5 | / | 2 | 0 | 0 | 8 |

Transaction ID: SA11AI.18216

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

DAVID POPE

Mailing Address 112 BLISTER GOLD P O BOX 8823

City

HORSESHOE BAY

State

TX

Zip Code

78657

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.18924

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

DAVID POPE

Mailing Address 112 BLISTER GOLD P O BOX 8823

City

HORSESHOE BAY

State

TX

Zip Code

78657

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 3 | 1 | / | 2 | 0 | 0 | 8 |

Transaction ID: SA11AI.18925

Amount of Each Receipt this Period

200.00

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

450.00

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

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

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

FOR LINE NUMBER: PAGE 71 / 270

(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 BILLY JOE POSEY**

Mailing Address **7409 STALLION CIRCLE**

City State Zip Code  
**FLOWER MOUND TX 75022**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**NEC AMERICA**

Occupation  
**MGR**

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
**1000.00**

Date of Receipt

**12 / 31 / 2008**

**Transaction ID: SA11AI.18843**

Amount of Each Receipt this Period

**1000.00**

**B.**

Full Name (Last, First, Middle Initial)  
**ERIC A POULIN**

Mailing Address **315 WILLOW ST**

City State Zip Code  
**MORA MN 55051**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**ALLINA**

Occupation  
**PHYSICIAN**

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
**400.00**

Date of Receipt

**12 / 09 / 2008**

**Transaction ID: SA11AI.18623**

Amount of Each Receipt this Period

**200.00**

**C.**

Full Name (Last, First, Middle Initial)  
**MR ROGER W PRYOR**

Mailing Address **5040 BEVIL STREET**

City State Zip Code  
**SACRAMENTO CA 95819**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**LAKE SIDE CLAI FORNIA**

Occupation  
**CONSTRUCTION ESTIMATOR**

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
**800.00**

Date of Receipt

**12 / 29 / 2008**

**Transaction ID: SA11AI.19199**

Amount of Each Receipt this Period

**500.00**

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

**1700.00**

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

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

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

FOR LINE NUMBER: PAGE 72 / 270

(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 ANDREW F PUZDER

Mailing Address 570 MEADOW WOOD LN

City

MONTECITO

State

CA

Zip Code

93108

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CKE RESTAURANTS- INC.

Occupation  
CEO

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.19145

Amount of Each Receipt this Period

1500.00

**B.**

Full Name (Last, First, Middle Initial)

ANN L QUEST

Mailing Address 5609 URSULA LN

City

DALLAS

State

TX

Zip Code

75229

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF

Occupation  
MINISTRY LEADER

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 0 8

Transaction ID: SA11AI.18859

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

DANIEL RAIBLE

Mailing Address 2860 US RTE 127

City

CELINA

State

OH

Zip Code

45822

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFO REQUESTED- NOT RECD

Occupation  
INFO REQUESTED- NOT RECD

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.18476

Amount of Each Receipt this Period

25.00

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

1775.00

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

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

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 73 / 270

(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 STEVEN RAKHSHANI

Mailing Address 21312 BRETON LN

City

HUNTINGTON BEACH

State

CA

Zip Code

92646

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF

Occupation

CONSULTANT

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 0 8

Transaction ID: SA11AI.19104

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

MRS KATRINA HOFF RAUSCH

Mailing Address 210 DEMERS LANE

City

POLSON

State

MT

Zip Code

59860

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: SA11AI.18690

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

MS VERA R REDERBURG

Mailing Address 15312 S NORMANDIE AVENUE APT 220

City

GARDENA

State

CA

Zip Code

90247

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
COMFORCARE SENIOR SERV

Occupation

COMPANION

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

405.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 7 / 2 0 0 8

Transaction ID: SA11AI.19029

Amount of Each Receipt this Period

25.00

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

625.00

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

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

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 74 / 270

(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)

JAMES R REED

Mailing Address 3613 LITTLE RD

City

LUTZ

State

FL

Zip Code

33548

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LIFE CONNECTIONS COUNSEL-  
ING OF FLOR

Occupation

PSYCHOLOGIST

Receipt For: 2008

☐ Primary ☒ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 0 8

Transaction ID: SA11AI.18346

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

THOMAS REES

Mailing Address PO BOX 479

City

HEMPSTEAD

State

TX

Zip Code

77445

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OCCIDENTAL OIL AND GAS

Occupation

ENGINEER

Receipt For: 2008

☐ Primary ☒ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.18896

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

MR KEITH S REGIER

Mailing Address 1078 STILLWATER ROAD

City

KALISPELL

State

MT

Zip Code

59901

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
EVERGREEN SCHOOL DIST

Occupation

TEACHER

Receipt For: 2008

☐ Primary ☒ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.18691

Amount of Each Receipt this Period

200.00

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

1700.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 75 / 270

(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 MIKE D RISINGER

Mailing Address 421 E GREENWOOD

City

MORTON

State

IL

Zip Code

61550

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELFOccupation  
LAWYER

Receipt For: 2008

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 |   | 1 | 3 |   | 2 | 0 | 0 | 8 |

Transaction ID: SA11AI.18726

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

MR DONALD W RODRIGUEZ

Mailing Address 5116 N VALADEZ STREET

City

LAS VEGAS

State

NV

Zip Code

89149

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FENCING SPECIALISTS INCOccupation  
MANAGER

Receipt For: 2008

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 |   | 1 | 7 |   | 2 | 0 | 0 | 8 |

Transaction ID: SA11AI.19022

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

MR GARY E ROHRS

Mailing Address 1803 E LINKER ROAD

City

COLUMBIA CITY

State

IN

Zip Code

46725

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OMNI SOURCEOccupation  
CERTIFIED PUBLIC ACCOUNTANT

Receipt For: 2008

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 |   | 3 | 1 |   | 2 | 0 | 0 | 8 |

Transaction ID: SA11AI.18493

Amount of Each Receipt this Period

300.00

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

620.00

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

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

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

FOR LINE NUMBER: PAGE 76 / 270

(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)

RONALD R ROUGH

Mailing Address 1658 W MILLING ST

City

LANCASTER

State

CA

Zip Code

93534

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFO REQUESTED- NOT RECD

Occupation

INFO REQUESTED- NOT RECD

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 9 / 2 0 0 8

Transaction ID: SA11AI.19157

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

MARCIA RYEL

Mailing Address 7502 PAGENT ST

City

WICHITA

State

KS

Zip Code

67206

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SPURRIER CHEMICAL COS.

Occupation

VP OPERATIONS

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.18790

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

MR ROD SANDERS

Mailing Address P O BOX 2525

City

FORT WORTH

State

TX

Zip Code

76113

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SIDCO AUTO-L.P.

Occupation

CEO

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.18873

Amount of Each Receipt this Period

250.00

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

650.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 77 / 270

(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 MIKE SAUNDERS

Mailing Address 14306 SUMMITVIEW EXT

City

YAKIMA

State

WA

Zip Code

98908

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFO REQUESTED- NOT RECD

Occupation

INFO REQUESTED- NOT RECD

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 |   | 3 | 0 |   | 2 | 0 | 0 | 8 |

Transaction ID: SA11AI.19274

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Ms NANCY S SCHAEFER

Mailing Address 458 YATES CIRCLE

City

CLARKESVILLE

State

GA

Zip Code

30523

FEC ID number of contributing  
federal political committee.

C

Name of Employer

THE ORCHARD

Occupation

INFO REQUESTED- NOT RECD

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 |   | 3 | 1 |   | 2 | 0 | 0 | 8 |

Transaction ID: SA11AI.18313

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

MICHAEL SCHNEIDER

Mailing Address P O BOX 871209

City

STONE MOUNTAIN

State

GA

Zip Code

30087

FEC ID number of contributing  
federal political committee.

C

Name of Employer

DEKALB ANESTHESIA ASSOCIA-  
TES

Occupation

PHYSICIAN

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 |   | 3 | 1 |   | 2 | 0 | 0 | 8 |

Transaction ID: SA11AI.18278

Amount of Each Receipt this Period

250.00

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

450.00

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

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

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

FOR LINE NUMBER: PAGE 78 / 270

(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)

RALPH SCHULTZ

Mailing Address 6555 U S ROUTE 68 SOUTH #51

City

WEST LIBERTY

State

OH

Zip Code

43357

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.18433

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MR TIM SCHULTZ

Mailing Address 22615 OAK CT

City

HAZEL PARK

State

MI

Zip Code

48030

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TIMOTHY SCHULTZ LANDSCAP-  
ING INC

Occupation  
LANDSCAPE CONTRACTOR

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.18513

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MR GARY J SELF

Mailing Address 8508 YORKSHIRE DRIVE

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: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 5 / 2 0 0 8

Transaction ID: SA11AI.18905

Amount of Each Receipt this Period

20.00

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

95.00

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

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

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

FOR LINE NUMBER: PAGE 79 / 270

(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 DRIVE

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: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

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

Transaction ID: SA11AI.18906

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: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

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

Transaction ID: SA11AI.18470

Amount of Each Receipt this Period

100.00

**C.**

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: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.18471

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) .....

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

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

FOR LINE NUMBER: PAGE 80 / 270

(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 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: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.18472

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

MS JUDY K SHAFER

Mailing Address 1900 PETUNIA STREET

City

CEDAR PARK

State

TX

Zip Code

78613

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UNIVERSITY OF TEXAS

Occupation  
ADMINISTRATIVE ASSOCIATE

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.18922

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

MR WARREN SIMANDLE

Mailing Address 2322 VISTA MADERA

City

SANTA BARBARA

State

CA

Zip Code

93101

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SANTA BARBARA HIGH SCHOOL  
DIST

Occupation  
PUBLIC SCHOOL TEACHER

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 5 / 2 0 0 8

Transaction ID: SA11AI.19143

Amount of Each Receipt this Period

25.00

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

145.00

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

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

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

FOR LINE NUMBER: PAGE 81 / 270

(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 COURT

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: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 5 / 2 0 0 8

Transaction ID: SA11AI.18299

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MS DORIS D SLAPPEY

Mailing Address 2724 ALTADENA ROAD

City

BIRMINGHAM

State

AL

Zip Code

35243

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFO REQUESTED- NOT RECD

Occupation

INFO REQUESTED- NOT RECD

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 3 / 2 0 0 8

Transaction ID: SA11AI.18375

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

MRS DEBORAH E SMITH

Mailing Address 3360 E TERRELL BRANCH COURT SE

City

MARIETTA

State

GA

Zip Code

30067

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 5 / 2 0 0 8

Transaction ID: SA11AI.18274

Amount of Each Receipt this Period

25.00

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

375.00

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

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

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

FOR LINE NUMBER: PAGE 82 / 270

(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 LINDA C SMITH

Mailing Address 17618 REXWOOD ST

City

LIVONIA

State

MI

Zip Code

48152

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ARBOR HOSPICE

Occupation  
RN

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 5 / 2 0 0 8

Transaction ID: SA11AI.18521

Amount of Each Receipt this Period

25.00

**B.**

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: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.19211

Amount of Each Receipt this Period

50.00

**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: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

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

Transaction ID: SA11AI.18996

Amount of Each Receipt this Period

10.00

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

85.00

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

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

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

FOR LINE NUMBER: PAGE 83 / 270

(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 H SMITH**

Mailing Address **PO BOX 203**

City State Zip Code  
**KAAAWA HI 96730**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**STATE OF HAWAII**

Occupation  
**TEACHER**

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
**560.00**

Date of Receipt

**12 / 31 / 2008**

Transaction ID: SA11AI.19212

Amount of Each Receipt this Period

**50.00**

**B.**

Full Name (Last, First, Middle Initial)  
**DANNY SNIPES**

Mailing Address **7257 MANOR OAKS DR**

City State Zip Code  
**RALEIGH NC 27615**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SNIPES INTERNATIONAL INC**

Occupation  
**BUSINESS DEVELOPMENT CONSULTANT**

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
**550.00**

Date of Receipt

**12 / 15 / 2008**

Transaction ID: SA11AI.18200

Amount of Each Receipt this Period

**400.00**

**C.**

Full Name (Last, First, Middle Initial)  
**MS LONETTE SOLIS**

Mailing Address **1909 BUCKTHORN LN**

City State Zip Code  
**RESTON VA 20191**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**NORTHROP GRUMMAN**

Occupation  
**ADMINISTRATIVE ASSISTANT**

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
**600.00**

Date of Receipt

**12 / 15 / 2008**

Transaction ID: SA11AI.18131

Amount of Each Receipt this Period

**50.00**

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

**500.00**

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

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

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

FOR LINE NUMBER: PAGE 84 / 270

(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 WAYNE SONCHAR

Mailing Address 491 CHRISTINE DR

City

LAS VEGAS

State

NM

Zip Code

87701

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
B.T.U

Occupation  
RETAIL

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.19017

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

LAKE C SPEED

Mailing Address 4025 OLD SALISBURY CONCORD

City

KANNAPOLIS

State

NC

Zip Code

28083

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF

Occupation  
RACE CAR DRIVER

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

620.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 9 / 2 0 0 8

Transaction ID: SA11AI.18211

Amount of Each Receipt this Period

15.00

**C.**

Full Name (Last, First, Middle Initial)

MR THOMAS SPIX

Mailing Address 1177 MILL VALLEY STREET

City

ROCHESTER HLS

State

MI

Zip Code

48306

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GENERAL MOTORS CORPORATION

Occupation  
MECHANICAL ENGINEER

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 5 / 2 0 0 8

Transaction ID: SA11AI.18527

Amount of Each Receipt this Period

20.00

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

135.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 85 / 270

(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 DIANE R SPRADLIN

Mailing Address 5636 ENCORE DR

City

DALLAS

State

TX

Zip Code

75240

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
EDS FNDN

Occupation

SEMI RETIRED

Receipt For: 2008

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 3 | 0 | / | 2 | 0 | 0 | 8 |

Transaction ID: SA11AI.18860

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

MR PATRICK A SPRUNGER

Mailing Address 5915 HEYWOOD CV

City

FORT WAYNE

State

IN

Zip Code

46815

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SIMPLEX

Occupation

GEN MGR

Receipt For: 2008

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 1 | 7 | / | 2 | 0 | 0 | 8 |

Transaction ID: SA11AI.18500

Amount of Each Receipt this Period

150.00

**C.**

Full Name (Last, First, Middle Initial)

MRS DELORES A ST ANTOINE

Mailing Address 15362 HIDING AVENUE SE

City

MONROE

State

WA

Zip Code

98272

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFO REQUESTED- NOT RECD

Occupation

INFO REQUESTED- NOT RECD

Receipt For: 2008

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 2 | 9 | / | 2 | 0 | 0 | 8 |

Transaction ID: SA11AI.19253

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) .....

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

Use separate schedule(s)  
for each category of the  
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(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 TAMMY E STEINBERG

Mailing Address 101 WINDINGHAM DR N W

City

HUNTSVILLE

State

AL

Zip Code

35806

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HARRO APOTHERAPY

Occupation

HOMEMAKER

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 5 / 2 0 0 8

Transaction ID: SA11AI.18378

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

MR FRED T STIMPSON

Mailing Address 15 HILLWOOD

City

MOBILE

State

AL

Zip Code

36608

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GULF LUMBER COMPANY

Occupation

PRESIDENT

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.18388

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

MR FRED T STIMPSON

Mailing Address 15 HILLWOOD

City

MOBILE

State

AL

Zip Code

36608

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GULF LUMBER COMPANY

Occupation

PRESIDENT

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.18389

Amount of Each Receipt this Period

150.00

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

270.00

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

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

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

MR STEPHEN STUDE

Mailing Address 32797 820TH STREET

City

BREWSTER

State

MN

Zip Code

56119

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF EMPLOYED

Occupation  
FARMER

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 5 / 2 0 0 8

Transaction ID: SA11AI.18657

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MR MARK SWISHER

Mailing Address 24902 N POINTE PLACE

City

KATY

State

TX

Zip Code

77494

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AVIARA ENERGY CORPORATION

Occupation  
ENGINEER

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 5 / 2 0 0 8

Transaction ID: SA11AI.18901

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MR RON TENNY

Mailing Address 100 ROCKINGTON DR

City

TYRONE

State

GA

Zip Code

30290

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

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

Transaction ID: SA11AI.18303

Amount of Each Receipt this Period

200.00

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

275.00

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

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

Use separate schedule(s)  
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(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 BRIAN P THIELEN

Mailing Address 416 S DIVISION ST

City

CHENOA

State

IL

Zip Code

61726

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
THIELEN FOLEY & MIRDO LLC

Occupation  
ATTORNEY

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.18735

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

MRS KAYE K THOMPSON

Mailing Address 9400 PEBBLE BEACH DRIVE NE

City

ALBUQUERQUE

State

NM

Zip Code

87111

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MICHAEL R THOMPSON DDS

Occupation  
FAMILY MANAGER/ADMIN

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.19011

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

MR PAUL A TONDRE

Mailing Address 410 RUA DE MATTA STREET

City

SAN ANTONIO

State

TX

Zip Code

78232

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFO REQUESTED- NOT RECD

Occupation  
INFO REQUESTED- NOT RECD

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.18918

Amount of Each Receipt this Period

100.00

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

500.00

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

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

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(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)

MS SHIRLEY F TONN

Mailing Address 3180 MADRONA STREET

City

NORTH BEND

State

OR

Zip Code

97459

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

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

Transaction ID: SA11AI.19240

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MR CLIFFORD F TRACY

Mailing Address 18747 SAN FELIPE ST

City

FOUNTAIN VALLEY

State

CA

Zip Code

92708

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

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

Transaction ID: SA11AI.19121

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

SUE TROMBINO

Mailing Address 761 NW 4TH CT

City

BOCA RATON

State

FL

Zip Code

33432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFO REQUESTED- NOT RECD

Occupation  
INFO REQUESTED- NOT RECD

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: SA11AI.18344

Amount of Each Receipt this Period

100.00

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

425.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
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(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)

DARIEN TULLY

Mailing Address 400 GARDEN LN

City

ASTON

State

PA

Zip Code

19014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFO REQUESTED- NOT RECD

Occupation

INFO REQUESTED- NOT RECD

Receipt For: 2008

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1292.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 3 | 1 | / | 2 | 0 | 0 | 8 |

Transaction ID: SA11AI.18108

Amount of Each Receipt this Period

1092.00

**B.**

Full Name (Last, First, Middle Initial)

MR GERALD R VANDERLUGT

Mailing Address 1535 44TH ST SW SUITE 400

City

WYOMING

State

MI

Zip Code

49509

FEC ID number of contributing  
federal political committee.

C

Name of Employer

JVL ASSOCIATES INC.

Occupation

FINANCIAL OFFICER

Receipt For: 2008

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 2 | 9 | / | 2 | 0 | 0 | 8 |

Transaction ID: SA11AI.18565

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

MR LARRY VERSAW

Mailing Address 13868 W 3RD PLACE

City

GOLDEN

State

CO

Zip Code

80401

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LEARNING INT'L

Occupation

SYSTEMS ENGINEER

Receipt For: 2008

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 1 | 5 | / | 2 | 0 | 0 | 8 |

Transaction ID: SA11AI.18960

Amount of Each Receipt this Period

25.00

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

2117.00

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

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

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

GENE P VINEYARD

Mailing Address 322 COUNTRY LANE

City

CARROLLTON

State

GA

Zip Code

30117

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CONCRETE CAREERS.COM

Occupation  
RECRUITER

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.18284

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

GENE P VINEYARD

Mailing Address 322 COUNTRY LANE

City

CARROLLTON

State

GA

Zip Code

30117

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CONCRETE CAREERS.COM

Occupation  
RECRUITER

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.18285

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MR WILLIAM B WADELL

Mailing Address 300 N VAN HOOREBEKE ROAD

City

JOPLIN

State

MO

Zip Code

64801

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OVERLAND PARK KS

Occupation  
COMPUTER CONSULTANT

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.18771

Amount of Each Receipt this Period

25.00

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

75.00

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

MR LEON WALTHALL

Mailing Address P O BOX 17991

City

SAN ANTONIO

State

TX

Zip Code

78217

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MORTIMER EXPLORATION COMP-  
ANY

Occupation

VICE PRESIDENT

Receipt For: 2008

☐ Primary ☒ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: SA11AI.18915

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

MR JIMMY D WARREN

Mailing Address 155 ALAMEDA DRIVE

City

MERRITT ISLAND

State

FL

Zip Code

32952

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFO REQUESTED- NOT RECD

Occupation

INFO REQUESTED- NOT RECD

Receipt For: 2008

☐ Primary ☒ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 0 8

Transaction ID: SA11AI.18339

Amount of Each Receipt this Period

30.00

**C.**

Full Name (Last, First, Middle Initial)

MRS GLENDA WEATHERLY

Mailing Address PO BOX 1245

City

WHEELER

State

TX

Zip Code

79096

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For: 2008

☐ Primary ☒ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1725.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 0 8

Transaction ID: SA11AI.18931

Amount of Each Receipt this Period

250.00

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

380.00

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

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

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**CAMPAIGN FOR WORKING FAMILIES**

**A.**

Full Name (Last, First, Middle Initial)  
**MR ROBERT G WEEKS**

Mailing Address **3551 192ND STREET**

City State Zip Code  
**HOMEWOOD IL 60430**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RG WEEKS CONSTRUCTION**

Occupation  
**CARPENTER**

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
**350.00**

Date of Receipt

**12 / 31 / 2008**

Transaction ID: SA11AI.18707

Amount of Each Receipt this Period

**250.00**

**B.**

Full Name (Last, First, Middle Initial)  
**SUNNY WEIBLINGER**

Mailing Address **5941 C R 233**

City State Zip Code  
**SILT CO 81652**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF**

Occupation  
**ARTIST**

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
**340.00**

Date of Receipt

**12 / 22 / 2008**

Transaction ID: SA11AI.18976

Amount of Each Receipt this Period

**40.00**

**C.**

Full Name (Last, First, Middle Initial)  
**MRS CHRISTINE A WHITCOMB**

Mailing Address **9609 PARKEDGE DRIVE**

City State Zip Code  
**ALLISON PARK PA 15101**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**HOMEMAKER**

Occupation  
**HOMEMAKER**

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
**350.00**

Date of Receipt

**12 / 11 / 2008**

Transaction ID: SA11AI.18079

Amount of Each Receipt this Period

**100.00**

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

**390.00**

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

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

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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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

CORDOVA

State

TN

Zip Code

38018

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

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

Transaction ID: SA11AI.18402

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MRS LOIS WIERENGA

Mailing Address 3442 OLDERIDGE DR NE

City

GRAND RAPIDS

State

MI

Zip Code

49525

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GRAND RAPIDS PUBLIC SCHOOL

Occupation

TEACHER

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 5 / 2 0 0 8

Transaction ID: SA11AI.18567

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MS GAYLE WITHNELL

Mailing Address 3691 RIVERCREST DRIVE N

City

KEIZER

State

OR

Zip Code

97303

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFO REQUESTED- NOT RECD

Occupation

INFO REQUESTED- NOT RECD

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.19233

Amount of Each Receipt this Period

100.00

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

175.00

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

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

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

FOR LINE NUMBER: PAGE 95 / 270

(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 A WAYNE WITT

Mailing Address 4001 BUCKINGHAM WAY

City

APEX

State

NC

Zip Code

27502

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF

Occupation

REAL ESTATE DEVELOPMENT

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: SA11AI.18194

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

DONNA WOLFMEYER

Mailing Address 31 CHICKADEE COVE

City

CABOT

State

AR

Zip Code

72023

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFO REQUESTED- NOT RECD

Occupation

INFO REQUESTED- NOT RECD

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.18814

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

SUSAN U WOODS

Mailing Address 730 S FAIRFIELD DR

City

PEACHTREE CITY

State

GA

Zip Code

30269

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFO REQUESTED- NOT RECD

Occupation

BOOKKEEPER

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.18301

Amount of Each Receipt this Period

50.00

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

750.00

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

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

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

FOR LINE NUMBER: PAGE 96 / 270

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

MS DOROTHY V WRAY

Mailing Address 4960 ORTEGA RD

City

LAS CRUCES

State

NM

Zip Code

88012

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

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

Transaction ID: SA11AI.19018

Amount of Each Receipt this Period

70.00

**B.**

Full Name (Last, First, Middle Initial)

MRS CAROLE D WRIGHT

Mailing Address 940 HAMILTON RIDGE ROAD

City

KNOXVILLE

State

TX

Zip Code

78631

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 5 / 2 0 0 8

Transaction ID: SA11AI.18923

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

JANE WRIGHT

Mailing Address 6505 TRECK CIRCLE

City

BIRMINGHAM

State

AL

Zip Code

35235

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NAJJAR DENABURG PC

Occupation

PARALEGAL

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

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

Transaction ID: SA11AI.18363

Amount of Each Receipt this Period

25.00

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

120.00

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

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

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

JANE WRIGHT

Mailing Address 6505 TRECK CIRCLE

City

BIRMINGHAM

State

AL

Zip Code

35235

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NAJJAR DENABURG PC

Occupation

PARALEGAL

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 0 8

Transaction ID: SA11AI.18364

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

CHARLES S WUEST

Mailing Address 25512 VINECHASE DR

City

PORTER

State

TX

Zip Code

77365

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CURRIN WUEST MIELKE PAUL &  
KNAPP PL

Occupation

ATTORNEY

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 0 8

Transaction ID: SA11AI.18890

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

ROBIN YAYES

Mailing Address P O BOX 954

City

CONCORD

State

NC

Zip Code

28026

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFO REQUESTED- NOT RECD

Occupation

INFO REQUESTED- NOT RECD

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.18204

Amount of Each Receipt this Period

1000.00

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

1225.00

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

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

Use separate schedule(s)  
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☒ 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 MARGARET C YELVERTON

Mailing Address 26 MYRTLE ISLAND CIRCLE

City

BLUFFTON

State

SC

Zip Code

29910

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOUSEWIFE

Occupation

HOUSEWIFE

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.18262

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

MR GREG D YOUNG

Mailing Address 38305 JEFFERSON STREET

City

INDIO

State

CA

Zip Code

92203

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
W D YOUNG

Occupation

MANAGEMENT

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.19081

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

MR MARK A YOUNG

Mailing Address 2633 LANTANA RD STE 46

City

LANTANA

State

FL

Zip Code

33462

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TROPIC AIRPOWER

Occupation

PRESIDENT

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.18345

Amount of Each Receipt this Period

25.00

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

825.00

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

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

Use separate schedule(s)  
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☒ 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 OLETHA E YOUNG

Mailing Address 730 W JEFFERSON ST APT 242

City

MORTON

State

IL

Zip Code

61550

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

505.00

Date of Receipt

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

Transaction ID: SA11AI.18728

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MRS JUNE L ZEIGLER

Mailing Address 2261 WARREN DR

City

MORRISTOWN

State

TN

Zip Code

37814

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

455.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.18399

Amount of Each Receipt this Period

30.00

**C.**

Full Name (Last, First, Middle Initial)

MRS BOBBY ZESCH

Mailing Address PO BOX 431

City

SAN ANGELO

State

TX

Zip Code

76902

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF EMPLOYED

Occupation  
INSURANCE

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.18880

Amount of Each Receipt this Period

50.00

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

130.00

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

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

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

JOHN A ZIMMERMAN

Mailing Address 22614 N MAIN

City

MORTON

State

IL

Zip Code

61550

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.18731

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

MS ELSIE ZUERCHER

Mailing Address 1556 SOUTHWEST SANTA FE LAKE RD

City

TOWANDA

State

KS

Zip Code

67144

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOUSEWORK PRIVATE HOMES

Occupation  
HOUSEKEEPER

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 5 / 2 0 0 8

Transaction ID: SA11AI.18788

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MS ELSIE ZUERCHER

Mailing Address 1556 SOUTHWEST SANTA FE LAKE RD

City

TOWANDA

State

KS

Zip Code

67144

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOUSEWORK PRIVATE HOMES

Occupation  
HOUSEKEEPER

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

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

Transaction ID: SA11AI.18789

Amount of Each Receipt this Period

30.00

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

155.00

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

58692.67

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

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

FOR LINE NUMBER: PAGE 101 / 270

(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)

BB& T Bank

Mailing Address 2700 S. Quincy Street

City

Arlington

State

VA

Zip Code

22206

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

16850.31

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 8

Transaction ID: SA17.19290

Amount of Each Receipt this Period

111.28

INTEREST INCOME

**B.**

Full Name (Last, First, Middle Initial)

BB& T Bank

Mailing Address 2700 S. Quincy Street

City

Arlington

State

VA

Zip Code

22206

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

17315.84

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 4 / 2 0 0 8

Transaction ID: SA17.19292

Amount of Each Receipt this Period

465.53

INTEREST INCOME

**C.**

Full Name (Last, First, Middle Initial)

BB& T Bank

Mailing Address 2700 S. Quincy Street

City

Arlington

State

VA

Zip Code

22206

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

17816.20

Date of Receipt

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

Transaction ID: SA17.19293

Amount of Each Receipt this Period

500.36

INTEREST INCOME

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

1077.17

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

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

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

FOR LINE NUMBER: PAGE 102 / 270

(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)

BB& T Bank

Mailing Address 2700 S. Quincy Street

City

Arlington

State

VA

Zip Code

22206

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

17883.34

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: SA17.19291

Amount of Each Receipt this Period

67.14

INTEREST INCOME

**B.**

Full Name (Last, First, Middle Initial)

PINNACLE LIST CO

Mailing Address 2800 SHIRLINGTON RD #970

City

ARLINGTON

State

VA

Zip Code

22206

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15661.27

Date of Receipt

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

Transaction ID: SA17.19289

Amount of Each Receipt this Period

15661.27

List Rental Income

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

15728.41

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

16805.58

# **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 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>ADVANCED DIGITAL SOLUTIONS                                                      | <b>Transaction ID:</b> SB21B.19371<br><b>Date of Disbursement</b>                                                                 |
| Mailing Address 10680 MAIN STREET                                                                                                    | <div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 3 1 / 2 0 0 8</div> </div>                                                        |
| City FAIRFAX State VA Zip Code 22030                                                                                                 | <b>Amount of Each Disbursement this Period</b>                                                                                    |
| Purpose of Disbursement<br>COMPUTER SUPPORT                                                                                          | <div>1215.00</div>                                                                                                                |
| Candidate Name                                                                                                                       | <div>Category/Type</div>                                                                                                          |
| 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<br><input type="checkbox"/> Other (specify) ▼ |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>American Express                                                                | <b>Transaction ID:</b> SB21B.19297<br><b>Date of Disbursement</b>                                                                 |
| Mailing Address P.O. Box 981540                                                                                                      | <div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 0 2 / 2 0 0 8</div> </div>                                                        |
| City El Paso State TX Zip Code 79998                                                                                                 | <b>Amount of Each Disbursement this Period</b>                                                                                    |
| Purpose of Disbursement<br>BANK FEES                                                                                                 | <div>4.50</div>                                                                                                                   |
| Candidate Name                                                                                                                       | <div>Category/Type</div>                                                                                                          |
| 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<br><input type="checkbox"/> Other (specify) ▼ |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>American Express                                                                | <b>Transaction ID:</b> SB21B.19298<br><b>Date of Disbursement</b>                                                                 |
| Mailing Address P.O. Box 981540                                                                                                      | <div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 0 5 / 2 0 0 8</div> </div>                                                        |
| City El Paso State TX Zip Code 79998                                                                                                 | <b>Amount of Each Disbursement this Period</b>                                                                                    |
| Purpose of Disbursement<br>BANK FEES                                                                                                 | <div>310.00</div>                                                                                                                 |
| Candidate Name                                                                                                                       | <div>Category/Type</div>                                                                                                          |
| 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<br><input type="checkbox"/> Other (specify) ▼ |

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

1529.50

**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)

PAGE 104 / 270

|                                         |                              |                              |                              |                             |                              |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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>American Express                                                                | <b>Transaction ID:</b> SB21B.19301<br><b>Date of Disbursement</b>                                                                                                                                                                                         |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address P.O. Box 981540                                                                                                      | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> | M     | M | / | D | D | / | Y | Y | Y | Y | 1 | 2 |  | 1 | 5 |  | 2 | 0 | 0 | 8 |
| M                                                                                                                                    | M                                                                                                                                                                                                                                                         | /     | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 1                                                                                                                                    | 2                                                                                                                                                                                                                                                         |       | 1 | 5 |   | 2 | 0 | 0 | 8 |   |   |   |   |  |   |   |  |   |   |   |   |
| City El Paso State TX Zip Code 79998                                                                                                 | <b>Amount of Each Disbursement this Period</b>                                                                                                                                                                                                            |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br>BANK FEES<br>Candidate Name                                                                               | <table border="1"> <tr> <td colspan="10">0.49</td> </tr> </table>                                                                                                                                                                                         | 0.49  |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 0.49                                                                                                                                 |                                                                                                                                                                                                                                                           |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 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<br><input type="checkbox"/> Other (specify) ▼                                                                                                                         |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>American Express                                                                | <b>Transaction ID:</b> SB21B.19304<br><b>Date of Disbursement</b>                                                                                                                                                                                         |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address P.O. Box 981540                                                                                                      | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> | M     | M | / | D | D | / | Y | Y | Y | Y | 1 | 2 |  | 1 | 8 |  | 2 | 0 | 0 | 8 |
| M                                                                                                                                    | M                                                                                                                                                                                                                                                         | /     | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 1                                                                                                                                    | 2                                                                                                                                                                                                                                                         |       | 1 | 8 |   | 2 | 0 | 0 | 8 |   |   |   |   |  |   |   |  |   |   |   |   |
| City El Paso State TX Zip Code 79998                                                                                                 | <b>Amount of Each Disbursement this Period</b>                                                                                                                                                                                                            |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br>BANK FEES<br>Candidate Name                                                                               | <table border="1"> <tr> <td colspan="10">0.98</td> </tr> </table>                                                                                                                                                                                         | 0.98  |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 0.98                                                                                                                                 |                                                                                                                                                                                                                                                           |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 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<br><input type="checkbox"/> Other (specify) ▼                                                                                                                         |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>American Express                                                                | <b>Transaction ID:</b> SB21B.19313<br><b>Date of Disbursement</b>                                                                                                                                                                                         |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address P.O. Box 981540                                                                                                      | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> | M     | M | / | D | D | / | Y | Y | Y | Y | 1 | 2 |  | 3 | 1 |  | 2 | 0 | 0 | 8 |
| M                                                                                                                                    | M                                                                                                                                                                                                                                                         | /     | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 1                                                                                                                                    | 2                                                                                                                                                                                                                                                         |       | 3 | 1 |   | 2 | 0 | 0 | 8 |   |   |   |   |  |   |   |  |   |   |   |   |
| City El Paso State TX Zip Code 79998                                                                                                 | <b>Amount of Each Disbursement this Period</b>                                                                                                                                                                                                            |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br>BANK FEES<br>Candidate Name                                                                               | <table border="1"> <tr> <td colspan="10">90.53</td> </tr> </table>                                                                                                                                                                                        | 90.53 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 90.53                                                                                                                                |                                                                                                                                                                                                                                                           |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 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<br><input type="checkbox"/> Other (specify) ▼                                                                                                                         |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |

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

92.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 105 / 270

|                                         |                              |                              |                              |                             |                              |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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>American Express                                                                | <b>Transaction ID:</b> SB21B.19314<br><b>Date of Disbursement</b>                                                                                                                                                                                         |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address P.O. Box 981540                                                                                                      | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> | M       | M | / | D | D | / | Y | Y | Y | Y | 1 | 2 |  | 3 | 1 |  | 2 | 0 | 0 | 8 |
| M                                                                                                                                    | M                                                                                                                                                                                                                                                         | /       | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 1                                                                                                                                    | 2                                                                                                                                                                                                                                                         |         | 3 | 1 |   | 2 | 0 | 0 | 8 |   |   |   |   |  |   |   |  |   |   |   |   |
| City El Paso State TX Zip Code 79998                                                                                                 | <b>Amount of Each Disbursement this Period</b>                                                                                                                                                                                                            |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br>BANK FEES<br>Candidate Name                                                                               | <table border="1"> <tr> <td colspan="10">4.50</td> </tr> </table>                                                                                                                                                                                         | 4.50    |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 4.50                                                                                                                                 |                                                                                                                                                                                                                                                           |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 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<br><input type="checkbox"/> Other (specify) ▼                                                                                                                         |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>AMERICAN VALUES                                                                 | <b>Transaction ID:</b> SB21B.19357<br><b>Date of Disbursement</b>                                                                                                                                                                                         |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 2800 SHIRLINGTON RD #950                                                                                             | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> | M       | M | / | D | D | / | Y | Y | Y | Y | 1 | 1 |  | 2 | 5 |  | 2 | 0 | 0 | 8 |
| M                                                                                                                                    | M                                                                                                                                                                                                                                                         | /       | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 1                                                                                                                                    | 1                                                                                                                                                                                                                                                         |         | 2 | 5 |   | 2 | 0 | 0 | 8 |   |   |   |   |  |   |   |  |   |   |   |   |
| City ARLINGTON State VA Zip Code 22206                                                                                               | <b>Amount of Each Disbursement this Period</b>                                                                                                                                                                                                            |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br>PAC - LIST RENTAL<br>Candidate Name                                                                       | <table border="1"> <tr> <td colspan="10">7297.79</td> </tr> </table>                                                                                                                                                                                      | 7297.79 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 7297.79                                                                                                                              |                                                                                                                                                                                                                                                           |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 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<br><input type="checkbox"/> Other (specify) ▼                                                                                                                         |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Authorize.net                                                                   | <b>Transaction ID:</b> SB21B.19295<br><b>Date of Disbursement</b>                                                                                                                                                                                         |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 808 East Utah Valley Drive                                                                                           | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> | M       | M | / | D | D | / | Y | Y | Y | Y | 1 | 2 |  | 0 | 2 |  | 2 | 0 | 0 | 8 |
| M                                                                                                                                    | M                                                                                                                                                                                                                                                         | /       | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 1                                                                                                                                    | 2                                                                                                                                                                                                                                                         |         | 0 | 2 |   | 2 | 0 | 0 | 8 |   |   |   |   |  |   |   |  |   |   |   |   |
| City American Fork State UT Zip Code 84003                                                                                           | <b>Amount of Each Disbursement this Period</b>                                                                                                                                                                                                            |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br>BANK FEES<br>Candidate Name                                                                               | <table border="1"> <tr> <td colspan="10">21.69</td> </tr> </table>                                                                                                                                                                                        | 21.69   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 21.69                                                                                                                                |                                                                                                                                                                                                                                                           |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 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<br><input type="checkbox"/> Other (specify) ▼                                                                                                                         |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |

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

**7323.98**

**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)

PAGE 106 / 270

|                                         |                              |                              |                              |                             |                              |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)

GARY BAUER

Mailing Address 2800 SHIRLINGTON ROAD #930

City ARLINGTON State VA Zip Code 22206

Purpose of Disbursement  
PAC - CONSULT POLITICAL FUNDRAISING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

Transaction ID: SB21B.19328

Date of Disbursement

11 / 25 / 2008

Amount of Each Disbursement this Period

6000.00

**B.**

Full Name (Last, First, Middle Initial)

GARY BAUER

Mailing Address 2800 SHIRLINGTON ROAD #930

City ARLINGTON State VA Zip Code 22206

Purpose of Disbursement  
PAC - CONSULT POLITICAL FUNDRAISING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

Transaction ID: SB21B.19370

Date of Disbursement

12 / 31 / 2008

Amount of Each Disbursement this Period

6000.00

**C.**

Full Name (Last, First, Middle Initial)

BB& T Bank

Mailing Address 2700 S. Quincy Street

City Arlington State VA Zip Code 22206

Purpose of Disbursement  
BANK FEES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

Transaction ID: SB21B.19300

Date of Disbursement

12 / 15 / 2008

Amount of Each Disbursement this Period

96.07

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

12096.07

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 107 / 270

|                                         |                              |                              |                              |                             |                              |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)

BB&amp; T Bank

Mailing Address 2700 S. Quincy Street

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

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.19315

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 |   | 3 | 1 |   | 2 | 0 | 0 | 8 |

Amount of Each Disbursement this Period

519.38

**B.**

Full Name (Last, First, Middle Initial)

CAPITOL ADVANTAGE

Mailing Address P.O. BOX 2018

City State Zip Code  
MERRIFIELD VA 22116Purpose of Disbursement  
DUES AND SUBSCRIPTIONS

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.19324

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 |   | 2 | 5 |   | 2 | 0 | 0 | 8 |

Amount of Each Disbursement this Period

1500.00

**C.**

Full Name (Last, First, Middle Initial)

CHOI COMPANIES

Mailing Address 5999 STEVENSON AVE #310

City State Zip Code  
ALEXANDRIA VA 22304Purpose of Disbursement  
RENT

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.19325

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 |   | 2 | 5 |   | 2 | 0 | 0 | 8 |

Amount of Each Disbursement this Period

2536.02

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

4555.40

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

|   |     |  |     |  |     |  |     |  |    |  |     |
|---|-----|--|-----|--|-----|--|-----|--|----|--|-----|
| X | 21b |  | 22  |  | 23  |  | 24  |  | 25 |  | 26  |
|   | 27  |  | 28a |  | 28b |  | 28c |  | 29 |  | 30b |

CAMPAIGN FOR WORKING FAMILIES

FEC Schedule B ( Form 3X) (Revised 02/2003)

# **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 109 / 270

|                                         |                              |                              |                              |                             |                              |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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><br>Full Name (Last, First, Middle Initial)<br>Discover Financial                                                           | <b>Transaction ID:</b> SB21B.19296<br><b>Date of Disbursement</b>                                                                                                                                  |
| Mailing Address P.O. Box 8181                                                                                                        | <div> <div><small>M</small> <small>M</small> / <small>D</small> <small>D</small> / <small>Y</small> <small>Y</small> <small>Y</small> <small>Y</small></div> <div>1 2 / 0 2 / 2 0 0 8</div> </div> |
| City Gray State TN Zip Code 37615                                                                                                    | <b>Amount of Each Disbursement this Period</b>                                                                                                                                                     |
| Purpose of Disbursement<br>BANK FEES                                                                                                 | <div> <div></div> <div>9.95</div> </div>                                                                                                                                                           |
| Candidate Name                                                                                                                       | <div> <div></div> <div>Category/<br/>Type</div> </div>                                                                                                                                             |
| 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<br><input type="checkbox"/> Other (specify) ▼                                                                  |
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br>Discover Financial                                                           | <b>Transaction ID:</b> SB21B.19299<br><b>Date of Disbursement</b>                                                                                                                                  |
| Mailing Address P.O. Box 8181                                                                                                        | <div> <div><small>M</small> <small>M</small> / <small>D</small> <small>D</small> / <small>Y</small> <small>Y</small> <small>Y</small> <small>Y</small></div> <div>1 2 / 1 2 / 2 0 0 8</div> </div> |
| City Gray State TN Zip Code 37615                                                                                                    | <b>Amount of Each Disbursement this Period</b>                                                                                                                                                     |
| Purpose of Disbursement<br>BANK FEES                                                                                                 | <div> <div></div> <div>1.35</div> </div>                                                                                                                                                           |
| Candidate Name                                                                                                                       | <div> <div></div> <div>Category/<br/>Type</div> </div>                                                                                                                                             |
| 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<br><input type="checkbox"/> Other (specify) ▼                                                                  |
| <b>C.</b><br>Full Name (Last, First, Middle Initial)<br>Discover Financial                                                           | <b>Transaction ID:</b> SB21B.19302<br><b>Date of Disbursement</b>                                                                                                                                  |
| Mailing Address P.O. Box 8181                                                                                                        | <div> <div><small>M</small> <small>M</small> / <small>D</small> <small>D</small> / <small>Y</small> <small>Y</small> <small>Y</small> <small>Y</small></div> <div>1 2 / 1 7 / 2 0 0 8</div> </div> |
| City Gray State TN Zip Code 37615                                                                                                    | <b>Amount of Each Disbursement this Period</b>                                                                                                                                                     |
| Purpose of Disbursement<br>BANK FEES                                                                                                 | <div> <div></div> <div>0.65</div> </div>                                                                                                                                                           |
| Candidate Name                                                                                                                       | <div> <div></div> <div>Category/<br/>Type</div> </div>                                                                                                                                             |
| 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<br><input type="checkbox"/> Other (specify) ▼                                                                  |

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

11.95

**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)

PAGE 110 / 270

☒ 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**

|                                                                                                                                      |                                                                                                                                                                                                    |
|--------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>A.</b><br>Full Name (Last, First, Middle Initial)<br>Discover Financial                                                           | <b>Transaction ID:</b> SB21B.19303<br><b>Date of Disbursement</b>                                                                                                                                  |
| Mailing Address P.O. Box 8181                                                                                                        | <div> <div><small>M</small> <small>M</small> / <small>D</small> <small>D</small> / <small>Y</small> <small>Y</small> <small>Y</small> <small>Y</small></div> <div>1 2 / 1 8 / 2 0 0 8</div> </div> |
| City Gray State TN Zip Code 37615                                                                                                    | <b>Amount of Each Disbursement this Period</b>                                                                                                                                                     |
| Purpose of Disbursement<br>BANK FEES<br>Candidate Name                                                                               | <div> <div></div> <div>4.46</div> </div>                                                                                                                                                           |
| 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<br><input type="checkbox"/> Other (specify) ▼                                                                  |
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br>Discover Financial                                                           | <b>Transaction ID:</b> SB21B.19305<br><b>Date of Disbursement</b>                                                                                                                                  |
| Mailing Address P.O. Box 8181                                                                                                        | <div> <div><small>M</small> <small>M</small> / <small>D</small> <small>D</small> / <small>Y</small> <small>Y</small> <small>Y</small> <small>Y</small></div> <div>1 2 / 1 9 / 2 0 0 8</div> </div> |
| City Gray State TN Zip Code 37615                                                                                                    | <b>Amount of Each Disbursement this Period</b>                                                                                                                                                     |
| Purpose of Disbursement<br>BANK FEES<br>Candidate Name                                                                               | <div> <div></div> <div>3.95</div> </div>                                                                                                                                                           |
| 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<br><input type="checkbox"/> Other (specify) ▼                                                                  |
| <b>C.</b><br>Full Name (Last, First, Middle Initial)<br>Discover Financial                                                           | <b>Transaction ID:</b> SB21B.19308<br><b>Date of Disbursement</b>                                                                                                                                  |
| Mailing Address P.O. Box 8181                                                                                                        | <div> <div><small>M</small> <small>M</small> / <small>D</small> <small>D</small> / <small>Y</small> <small>Y</small> <small>Y</small> <small>Y</small></div> <div>1 2 / 2 2 / 2 0 0 8</div> </div> |
| City Gray State TN Zip Code 37615                                                                                                    | <b>Amount of Each Disbursement this Period</b>                                                                                                                                                     |
| Purpose of Disbursement<br>BANK FEES<br>Candidate Name                                                                               | <div> <div></div> <div>4.59</div> </div>                                                                                                                                                           |
| 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<br><input type="checkbox"/> Other (specify) ▼                                                                  |

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

**13.00**

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

|   |     |  |     |  |     |  |     |  |    |  |     |
|---|-----|--|-----|--|-----|--|-----|--|----|--|-----|
| X | 21b |  | 22  |  | 23  |  | 24  |  | 25 |  | 26  |
|   | 27  |  | 28a |  | 28b |  | 28c |  | 29 |  | 30b |

CAMPAIGN FOR WORKING FAMILIES

FEC Schedule B (Form 3X) (Revised 02/2003)

# **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 112 / 270

|                                         |                              |                              |                              |                             |                              |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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><br>Full Name (Last, First, Middle Initial)<br>Discover Financial                                                           | <b>Transaction ID:</b> SB21B.19316<br><b>Date of Disbursement</b>                                                                                                                                                                                         |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address P.O. Box 8181                                                                                                        | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> | M     | M | / | D | D | / | Y | Y | Y | Y | 1 | 2 |  | 3 | 1 |  | 2 | 0 | 0 | 8 |
| M                                                                                                                                    | M                                                                                                                                                                                                                                                         | /     | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 1                                                                                                                                    | 2                                                                                                                                                                                                                                                         |       | 3 | 1 |   | 2 | 0 | 0 | 8 |   |   |   |   |  |   |   |  |   |   |   |   |
| City Gray State TN Zip Code 37615                                                                                                    | <b>Amount of Each Disbursement this Period</b>                                                                                                                                                                                                            |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br>BANK FEES                                                                                                 | <table border="1"> <tr> <td colspan="10">21.07</td> </tr> </table>                                                                                                                                                                                        | 21.07 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 21.07                                                                                                                                |                                                                                                                                                                                                                                                           |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Candidate Name                                                                                                                       | Category/<br>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<br><input type="checkbox"/> Other (specify) ▼                                                                                                                         |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br>Discover Financial                                                           | <b>Transaction ID:</b> SB21B.19317<br><b>Date of Disbursement</b>                                                                                                                                                                                         |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address P.O. Box 8181                                                                                                        | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> | M     | M | / | D | D | / | Y | Y | Y | Y | 1 | 2 |  | 3 | 1 |  | 2 | 0 | 0 | 8 |
| M                                                                                                                                    | M                                                                                                                                                                                                                                                         | /     | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 1                                                                                                                                    | 2                                                                                                                                                                                                                                                         |       | 3 | 1 |   | 2 | 0 | 0 | 8 |   |   |   |   |  |   |   |  |   |   |   |   |
| City Gray State TN Zip Code 37615                                                                                                    | <b>Amount of Each Disbursement this Period</b>                                                                                                                                                                                                            |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br>BANK FEES                                                                                                 | <table border="1"> <tr> <td colspan="10">9.78</td> </tr> </table>                                                                                                                                                                                         | 9.78  |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 9.78                                                                                                                                 |                                                                                                                                                                                                                                                           |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Candidate Name                                                                                                                       | Category/<br>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<br><input type="checkbox"/> Other (specify) ▼                                                                                                                         |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <b>C.</b><br>Full Name (Last, First, Middle Initial)<br>Discover Financial                                                           | <b>Transaction ID:</b> SB21B.19318<br><b>Date of Disbursement</b>                                                                                                                                                                                         |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address P.O. Box 8181                                                                                                        | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> | M     | M | / | D | D | / | Y | Y | Y | Y | 1 | 2 |  | 3 | 1 |  | 2 | 0 | 0 | 8 |
| M                                                                                                                                    | M                                                                                                                                                                                                                                                         | /     | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 1                                                                                                                                    | 2                                                                                                                                                                                                                                                         |       | 3 | 1 |   | 2 | 0 | 0 | 8 |   |   |   |   |  |   |   |  |   |   |   |   |
| City Gray State TN Zip Code 37615                                                                                                    | <b>Amount of Each Disbursement this Period</b>                                                                                                                                                                                                            |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br>BANK FEES                                                                                                 | <table border="1"> <tr> <td colspan="10">9.95</td> </tr> </table>                                                                                                                                                                                         | 9.95  |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 9.95                                                                                                                                 |                                                                                                                                                                                                                                                           |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Candidate Name                                                                                                                       | Category/<br>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<br><input type="checkbox"/> Other (specify) ▼                                                                                                                         |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |

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

40.80

**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)

PAGE 113 / 270

|                                         |                              |                              |                              |                             |                              |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)  
FEDERAL EXPRESS

Mailing Address P.O. BOX 1140

City State Zip Code  
MEMPHIS TN 38101

Purpose of Disbursement  
SHIPPING FEES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

**Transaction ID:** SB21B.19327

Date of Disbursement

/   /

Amount of Each Disbursement this Period

17.03

**B.**

Full Name (Last, First, Middle Initial)  
FEDERAL EXPRESS

Mailing Address P.O. BOX 1140

City State Zip Code  
MEMPHIS TN 38101

Purpose of Disbursement  
SHIPPING FEES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

**Transaction ID:** SB21B.19340

Date of Disbursement

/   /

Amount of Each Disbursement this Period

17.03

**C.**

Full Name (Last, First, Middle Initial)  
FEDERAL EXPRESS

Mailing Address P.O. BOX 1140

City State Zip Code  
MEMPHIS TN 38101

Purpose of Disbursement  
SHIPPING FEES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

**Transaction ID:** SB21B.19347

Date of Disbursement

/   /

Amount of Each Disbursement this Period

72.28

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

106.34

**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)

PAGE 114 / 270

☒ 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

**A.**

Full Name (Last, First, Middle Initial)  
IRON MOUNTAIN

Mailing Address 745 ATLANTIC AVE

City State Zip Code  
BOSTON MA 02111

Purpose of Disbursement  
STORAGE FEES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

**Transaction ID:** SB21B.19341

Date of Disbursement

/   /

Amount of Each Disbursement this Period

228.41

**B.**

Full Name (Last, First, Middle Initial)  
J&J PRINTING

Mailing Address 5540 PORT ROYAL ROAD

City State Zip Code  
SPRINGFIELD VA 22151

Purpose of Disbursement  
GENERAL OFFICE LETTERHEAD

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

**Transaction ID:** SB21B.19342

Date of Disbursement

/   /

Amount of Each Disbursement this Period

147.53

**C.**

Full Name (Last, First, Middle Initial)  
LEXIS NEXIS

Mailing Address P.O. BOX 7247-7090

City State Zip Code  
PHILADELPHIA PA 19170

Purpose of Disbursement  
DUES AND SUBSCRIPTIONS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

**Transaction ID:** SB21B.19343

Date of Disbursement

/   /

Amount of Each Disbursement this Period

350.00

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

725.94

**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)

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|                                         |                              |                              |                              |                             |                              |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)

LPS

Mailing Address P.O. BOX 2325

City  
FAIRFAX

State  
VA

Zip Code  
22031

Purpose of Disbursement  
PAC - DATA PROCESSING SERVICES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

Transaction ID: SB21B.19330

Date of Disbursement

/   /

Amount of Each Disbursement this Period

136.38

B.

Full Name (Last, First, Middle Initial)

LPS

Mailing Address P.O. BOX 2325

City  
FAIRFAX

State  
VA

Zip Code  
22031

Purpose of Disbursement  
PAC - DATA PROCESSING SERVICES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

Transaction ID: SB21B.19344

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1118.56

C.

Full Name (Last, First, Middle Initial)

LPS

Mailing Address P.O. BOX 2325

City  
FAIRFAX

State  
VA

Zip Code  
22031

Purpose of Disbursement  
PAC - DATA PROCESSING SERVICES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

Transaction ID: SB21B.19348

Date of Disbursement

/   /

Amount of Each Disbursement this Period

165.66

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

1420.60

**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)

PAGE 116 / 270

|                                         |                              |                              |                              |                             |                              |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)

MODPAC CORP

Mailing Address 1801 ELMWOOD AVE

City  
BUFFALO

State  
NY

Zip Code  
14207

Purpose of Disbursement  
PAC - DIRECT MAIL PRODUCTION

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

Transaction ID: SB21B.19335

Date of Disbursement

12 / 02 / 2008

Amount of Each Disbursement this Period

976.53

**B.**

Full Name (Last, First, Middle Initial)

MODPAC CORP

Mailing Address 1801 ELMWOOD AVE

City  
BUFFALO

State  
NY

Zip Code  
14207

Purpose of Disbursement  
PAC - DIRECT MAIL PRODUCTION

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

Transaction ID: SB21B.19372

Date of Disbursement

12 / 31 / 2008

Amount of Each Disbursement this Period

1976.64

**C.**

Full Name (Last, First, Middle Initial)

BILL MOELLER

Mailing Address 2800 SHIRLINGTON ROAD #930

City  
ARLINGTON

State  
VA

Zip Code  
22206

Purpose of Disbursement  
PAC - CONSULT POLITICAL RESEARCHER WRITER

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

Transaction ID: SB21B.19322

Date of Disbursement

11 / 25 / 2008

Amount of Each Disbursement this Period

1375.00

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

4328.17

**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)

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|                                         |                              |                              |                              |                             |                              |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)

BILL MOELLER

Mailing Address 2800 SHIRLINGTON ROAD #930

City ARLINGTON State VA Zip Code 22206

Purpose of Disbursement  
PAC - CONSULT POLITICAL RESEARCHER/WRITER

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

Transaction ID: SB21B.19367

Date of Disbursement

12 / 31 / 2008

Amount of Each Disbursement this Period

1375.00

**B.**

Full Name (Last, First, Middle Initial)

NATIONAL JOURNAL

Mailing Address 600 NEW HAMPSHIRE NW

City WASHINGTON State DC Zip Code 20037

Purpose of Disbursement  
DUES AND SUBSCRIPTIONS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

Transaction ID: SB21B.19364

Date of Disbursement

12 / 29 / 2008

Amount of Each Disbursement this Period

1661.50

**C.**

Full Name (Last, First, Middle Initial)

SPRINT

Mailing Address P.O. BOX 530503

City ATLANTA State GA Zip Code 30353

Purpose of Disbursement  
TELEPHONE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

Transaction ID: SB21B.19345

Date of Disbursement

12 / 12 / 2008

Amount of Each Disbursement this Period

21.14

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

3057.64

**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)

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|                                         |                              |                              |                              |                             |                              |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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><br>Full Name (Last, First, Middle Initial)<br>THE LUKENS COMPANY                                                           | <b>Transaction ID:</b> SB21B.19363<br><b>Date of Disbursement</b>                                                                                                                                                                                         |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 2800 SHIRLINGTON ROAD #900                                                                                           | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> | M       | M | / | D | D | / | Y | Y | Y | Y | 1 | 2 |  | 1 | 2 |  | 2 | 0 | 0 | 8 |
| M                                                                                                                                    | M                                                                                                                                                                                                                                                         | /       | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 1                                                                                                                                    | 2                                                                                                                                                                                                                                                         |         | 1 | 2 |   | 2 | 0 | 0 | 8 |   |   |   |   |  |   |   |  |   |   |   |   |
| City ARLINGTON State VA Zip Code 22206                                                                                               | <b>Amount of Each Disbursement this Period</b>                                                                                                                                                                                                            |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br>PAC - DIRECT MAIL CONSULTING<br>Candidate Name                                                            | <table border="1"> <tr> <td colspan="10">2650.00</td> </tr> </table>                                                                                                                                                                                      | 2650.00 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 2650.00                                                                                                                              |                                                                                                                                                                                                                                                           |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 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<br><input type="checkbox"/> Other (specify) ▼                                                                                                                         |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br>THE LUKENS COMPANY                                                           | <b>Transaction ID:</b> SB21B.19373<br><b>Date of Disbursement</b>                                                                                                                                                                                         |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 2800 SHIRLINGTON ROAD #900                                                                                           | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> | M       | M | / | D | D | / | Y | Y | Y | Y | 1 | 2 |  | 3 | 1 |  | 2 | 0 | 0 | 8 |
| M                                                                                                                                    | M                                                                                                                                                                                                                                                         | /       | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 1                                                                                                                                    | 2                                                                                                                                                                                                                                                         |         | 3 | 1 |   | 2 | 0 | 0 | 8 |   |   |   |   |  |   |   |  |   |   |   |   |
| City ARLINGTON State VA Zip Code 22206                                                                                               | <b>Amount of Each Disbursement this Period</b>                                                                                                                                                                                                            |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br>PAC - DIRECT MAIL CONSULTING<br>Candidate Name                                                            | <table border="1"> <tr> <td colspan="10">1250.00</td> </tr> </table>                                                                                                                                                                                      | 1250.00 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 1250.00                                                                                                                              |                                                                                                                                                                                                                                                           |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 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<br><input type="checkbox"/> Other (specify) ▼                                                                                                                         |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <b>C.</b><br>Full Name (Last, First, Middle Initial)<br>THE PRINTING EXPRESS                                                         | <b>Transaction ID:</b> SB21B.19355<br><b>Date of Disbursement</b>                                                                                                                                                                                         |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 1832 MAIN STREET                                                                                                     | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> | M       | M | / | D | D | / | Y | Y | Y | Y | 1 | 2 |  | 1 | 2 |  | 2 | 0 | 0 | 8 |
| M                                                                                                                                    | M                                                                                                                                                                                                                                                         | /       | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 1                                                                                                                                    | 2                                                                                                                                                                                                                                                         |         | 1 | 2 |   | 2 | 0 | 0 | 8 |   |   |   |   |  |   |   |  |   |   |   |   |
| City HARRISONBURG State VA Zip Code 22801                                                                                            | <b>Amount of Each Disbursement this Period</b>                                                                                                                                                                                                            |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br>PAC - DIRECT MAIL PRODUCTION<br>Candidate Name                                                            | <table border="1"> <tr> <td colspan="10">2459.00</td> </tr> </table>                                                                                                                                                                                      | 2459.00 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 2459.00                                                                                                                              |                                                                                                                                                                                                                                                           |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 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<br><input type="checkbox"/> Other (specify) ▼                                                                                                                         |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |

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

6359.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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☒ 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**

**A.**

Full Name (Last, First, Middle Initial)  
**TIGRE STRATEGIES**

Mailing Address **4820 WEST SAN JOSE ST**

City **TAMPA** State **FL** Zip Code **33629**

Purpose of Disbursement  
**FAX BLAST SERVICES**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

**Transaction ID: SB21B.19360**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**1312.43**

**B.**

Full Name (Last, First, Middle Initial)  
**TIGRE STRATEGIES**

Mailing Address **4820 WEST SAN JOSE ST**

City **TAMPA** State **FL** Zip Code **33629**

Purpose of Disbursement  
**FAX BLAST SERVICES**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

**Transaction ID: SB21B.19362**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**325.15**

**C.**

Full Name (Last, First, Middle Initial)  
**U.S. POSTMASTER**

Mailing Address **MAIN POST OFFICE**

City **WASHINGTON** State **DC** Zip Code **20000**

Purpose of Disbursement  
**PAC - GENERAL OFFICE POSTAGE**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

**Transaction ID: SB21B.19334**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**252.00**

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

**1889.58**

**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)

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|                                         |                              |                              |                              |                             |                              |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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>UNITED BANK                                                                     | <b>Transaction ID:</b> SB21B.19294<br><b>Date of Disbursement</b>                                                                                                                                                                                         |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 4501 DALY DRIVE                                                                                                      | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 1 |  | 3 | 0 |  | 2 | 0 | 0 | 8 |
| M                                                                                                                                    | M                                                                                                                                                                                                                                                         | / | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 1                                                                                                                                    | 1                                                                                                                                                                                                                                                         |   | 3 | 0 |   | 2 | 0 | 0 | 8 |   |   |   |   |  |   |   |  |   |   |   |   |
| City CHANTILLY State VA Zip Code 20151                                                                                               | <b>Amount of Each Disbursement this Period</b>                                                                                                                                                                                                            |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br>BANK FEES                                                                                                 | <table border="1"> <tr> <td>4</td><td>1</td><td>.</td><td>0</td><td>8</td> </tr> </table>                                                                                                                                                                 | 4 | 1 | . | 0 | 8 |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 4                                                                                                                                    | 1                                                                                                                                                                                                                                                         | . | 0 | 8 |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Candidate Name                                                                                                                       | Category/<br>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<br><input type="checkbox"/> Other (specify) ▼                                                                                                                         |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>UNITED BANK                                                                     | <b>Transaction ID:</b> SB21B.19307<br><b>Date of Disbursement</b>                                                                                                                                                                                         |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 4501 DALY DRIVE                                                                                                      | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 2 |  | 1 | 9 |  | 2 | 0 | 0 | 8 |
| M                                                                                                                                    | M                                                                                                                                                                                                                                                         | / | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 1                                                                                                                                    | 2                                                                                                                                                                                                                                                         |   | 1 | 9 |   | 2 | 0 | 0 | 8 |   |   |   |   |  |   |   |  |   |   |   |   |
| City CHANTILLY State VA Zip Code 20151                                                                                               | <b>Amount of Each Disbursement this Period</b>                                                                                                                                                                                                            |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br>BANK FEES                                                                                                 | <table border="1"> <tr> <td>7</td><td>.</td><td>5</td><td>0</td> </tr> </table>                                                                                                                                                                           | 7 | . | 5 | 0 |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 7                                                                                                                                    | .                                                                                                                                                                                                                                                         | 5 | 0 |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Candidate Name                                                                                                                       | Category/<br>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<br><input type="checkbox"/> Other (specify) ▼                                                                                                                         |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>UNITED BANK                                                                     | <b>Transaction ID:</b> SB21B.19319<br><b>Date of Disbursement</b>                                                                                                                                                                                         |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 4501 DALY DRIVE                                                                                                      | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 2 |  | 3 | 1 |  | 2 | 0 | 0 | 8 |
| M                                                                                                                                    | M                                                                                                                                                                                                                                                         | / | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 1                                                                                                                                    | 2                                                                                                                                                                                                                                                         |   | 3 | 1 |   | 2 | 0 | 0 | 8 |   |   |   |   |  |   |   |  |   |   |   |   |
| City CHANTILLY State VA Zip Code 20151                                                                                               | <b>Amount of Each Disbursement this Period</b>                                                                                                                                                                                                            |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br>BANK FEES                                                                                                 | <table border="1"> <tr> <td>1</td><td>9</td><td>.</td><td>2</td><td>8</td> </tr> </table>                                                                                                                                                                 | 1 | 9 | . | 2 | 8 |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 1                                                                                                                                    | 9                                                                                                                                                                                                                                                         | . | 2 | 8 |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Candidate Name                                                                                                                       | Category/<br>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<br><input type="checkbox"/> Other (specify) ▼                                                                                                                         |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |

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

**239.82**

**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)

PAGE 121 / 270

|                                         |                              |                              |                              |                             |                              |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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></p> <p>Full Name (Last, First, Middle Initial)<br/>UNITED BANK</p> <p>Mailing Address 4501 DALY DRIVE</p> <p>City CHANTILLY State VA Zip Code 20151</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</p> <p>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.19320</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="32.00"/></p>   |
| <p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Dorie Velezis</p> <p>Mailing Address 2800 S. Shirlington Road, #930</p> <p>City Arlington State VA Zip Code 22206</p> <p>Purpose of Disbursement<br/>ACCOUNTING SERVICES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>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.19326</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1250.00"/></p> |
| <p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Dorie Velezis</p> <p>Mailing Address 2800 S. Shirlington Road, #930</p> <p>City Arlington State VA Zip Code 22206</p> <p>Purpose of Disbursement<br/>ACCOUNTING SERVICES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>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.19369</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1250.00"/></p> |

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

**2532.00**

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 122 / 270

|                                         |                              |                              |                              |                             |                              |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)  
VERIZON

Mailing Address P.O. BOX 17577

City State Zip Code  
BALTIMORE MD 21297

Purpose of Disbursement  
TELEPHONE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

**Transaction ID:** SB21B.19352

Date of Disbursement

/   /

Amount of Each Disbursement this Period

440.03

**B.**

Full Name (Last, First, Middle Initial)  
VERIZON

Mailing Address P.O. BOX 17577

City State Zip Code  
BALTIMORE MD 21297

Purpose of Disbursement  
TELEPHONE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

**Transaction ID:** SB21B.19354

Date of Disbursement

/   /

Amount of Each Disbursement this Period

435.97

**C.**

Full Name (Last, First, Middle Initial)  
DEAN VIRAG

Mailing Address 14039 WESTWIND LANE

City State Zip Code  
CULPEPER VA 22701

Purpose of Disbursement  
WEBSITE SUPPORT

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

**Transaction ID:** SB21B.19338

Date of Disbursement

/   /

Amount of Each Disbursement this Period

500.00

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

1376.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 123 / 270

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

Mailing Address 4128 PEPSI PLACE

City CHANTILLY State VA Zip Code 20151

Purpose of Disbursement  
PAC - CAGING AND DATA ENTRY SERVICES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

Transaction ID: SB21B.19333

Date of Disbursement

11 / 25 / 2008

Amount of Each Disbursement this Period

2098.45

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

Mailing Address 4128 PEPSI PLACE

City CHANTILLY State VA Zip Code 20151

Purpose of Disbursement  
PAC - CAGING AND DATA ENTRY SERVICES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

Transaction ID: SB21B.19366

Date of Disbursement

12 / 29 / 2008

Amount of Each Disbursement this Period

888.58

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

2987.03

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

53440.76

# **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 124 / 270

|                              |                                         |                              |                              |                             |                              |
|------------------------------|-----------------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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 checked="" 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)

MR JOHN TRUELSON

Mailing Address 3108 CARUTH BLVD

City  
DALLAS

State  
TX

Zip Code  
75225

Purpose of Disbursement  
REFUND

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB28A.19376

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

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

1000.00

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

1000.00

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

PAGE 125 / 270

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10NAME OF COMMITTEE (In Full)  
CAMPAIGN FOR WORKING FAMILIES**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
AMERICAN VALUESNature of Debt (Purpose):  
LIST RENTAL

Mailing Address 2800 SHIRLINGTON RD #950

City State ZIP Code  
ARLINGTON VA 22206

Outstanding Balance Beginning This Period

7297.79

Transaction ID: SD10.17988

Amount Incurred This Period

0.00

Payment This Period

7297.79

Outstanding Balance at Close of This Period

0.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
CAPITOL ADVANTAGENature of Debt (Purpose):  
DUES AND SUBSCRIPTIONS

Mailing Address P.O. BOX 2018

City State ZIP Code  
MERRIFIELD VA 22116

Outstanding Balance Beginning This Period

1500.00

Transaction ID: SD10.17990

Amount Incurred This Period

0.00

Payment This Period

1500.00

Outstanding Balance at Close of This Period

0.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
DIRECTECHNature of Debt (Purpose):  
CAGING AND DATA PROCESSING

Mailing Address 8595 GROVEMONT CIRCLE

City State ZIP Code  
GAITHERSBURG MD 20877

Outstanding Balance Beginning This Period

223.11

Transaction ID: SD10.4694

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).....

223.11

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 126 / 270

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10NAME OF COMMITTEE (In Full)  
CAMPAIGN FOR WORKING FAMILIES**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
MWM DIRECT MARKETING SERVICESNature 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: SD10.4696

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2320.90

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
THE PRINTING EXPRESSNature of Debt (Purpose):  
PAC - DIRECT MAIL PRODUCT-  
ION

Mailing Address 1832 MAIN STREET

City State ZIP Code  
HARRISONBURG VA 22801

Outstanding Balance Beginning This Period

2459.00

Transaction ID: SD10.17991

Amount Incurred This Period

0.00

Payment This Period

2459.00

Outstanding Balance at Close of This Period

0.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
TIGRE STRATEGIESNature of Debt (Purpose):  
PAC - FAX BLAST SERVICES

Mailing Address 4820 WEST SAN JOSE ST

City State ZIP Code  
TAMPA FL 33629

Outstanding Balance Beginning This Period

1312.43

Transaction ID: SD10.17992

Amount Incurred This Period

0.00

Payment This Period

1312.43

Outstanding Balance at Close of This Period

0.00

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

2320.90

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

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

PAGE 127 / 270

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10NAME OF COMMITTEE (In Full)  
CAMPAIGN FOR WORKING FAMILIES**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
TIGRE STRATEGIESNature of Debt (Purpose):  
FAX BLAST SERVICES

Mailing Address 4820 WEST SAN JOSE ST

City State ZIP Code  
TAMPA FL 33629

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.19361

Amount Incurred This Period

325.15

Payment This Period

325.15

Outstanding Balance at Close of This Period

0.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
VERIZONNature of Debt (Purpose):  
TELEPHONE

Mailing Address P.O. BOX 17577

City State ZIP Code  
BALTIMORE MD 21297

Outstanding Balance Beginning This Period

440.03

Transaction ID: SD10.17994

Amount Incurred This Period

0.00

Payment This Period

440.03

Outstanding Balance at Close of This Period

0.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
VERIZONNature of Debt (Purpose):  
Telephone

Mailing Address P.O. BOX 17577

City State ZIP Code  
BALTIMORE MD 21297

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.19353

Amount Incurred This Period

435.97

Payment This Period

435.97

Outstanding Balance at Close of This Period

0.00

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

0.00

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 128 / 270

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10NAME OF COMMITTEE (In Full)  
CAMPAIGN FOR WORKING FAMILIES**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
WASHINGTON INTELLIGENCE BUREAUNature of Debt (Purpose):  
PAC - CAGING AND DATA PRO-  
CESSING SERVICE

Mailing Address 4128 PEPSI PLACE

City State ZIP Code  
CHANTILLY VA 20151

Outstanding Balance Beginning This Period

2098.45

Transaction ID: SD10.17995

Amount Incurred This Period

0.00

Payment This Period

2098.45

Outstanding Balance at Close of This Period

0.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
WASHINGTON INTELLIGENCE BUREAUNature of Debt (Purpose):  
PAC - CAGING AND DATA ENT-  
RY SERVICES

Mailing Address 4128 PEPSI PLACE

City State ZIP Code  
CHANTILLY VA 20151

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.19365

Amount Incurred This Period

888.58

Payment This Period

888.58

Outstanding Balance at Close of This Period

0.00

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

0.00

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

2544.01

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) ▶

2544.01

**Image# 29932055547**

Form/Schedule: **SA11AI**

0106371-0000742

Transaction ID: **SA11AI.18892**

Form/Schedule: **SA11AI**

0024491-0000619

Transaction ID: **SA11AI.18741**

\*\*\*\*\*

**Image# 29932055548**

Form/Schedule: **SA11AI**

0067724-0000603

Transaction ID: **SA11AI.18720**

Form/Schedule: **SA11AI**

0105851-0000797

Transaction ID: **SA11AI.18946**

\*\*\*\*\*

**Image# 29932055549**

Form/Schedule: **SA11AI**

0020248-0000748

Transaction ID: **SA11AI.18897**

Form/Schedule: **SA11AI**

0105454-0000150

Transaction ID: **SA11AI.18179**

\*\*\*\*\*

Image# 29932055550

Form/Schedule:SA11AI

0103804-0000959

Transaction ID: SA11AI.19137

Form/Schedule:SA11AI

0003335-0000243

Transaction ID: SA11AI.18298

**Image# 29932055551**

Form/Schedule: **SA11AI**

0004645-0000381

Transaction ID: **SA11AI.18453**

Form/Schedule: **SA11AI**

0104630-0000707

Transaction ID: **SA11AI.18849**

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Image# 29932055552

Form/Schedule:SA11AI

0106328-0000736

Transaction ID: SA11AI.18886

Form/Schedule:SA11AI

0012018-0000613

Transaction ID: SA11AI.18732

**Image# 29932055553**

Form/Schedule: **SA11AI**

0103827-0000500

Transaction ID: **SA11AI.18598**

Form/Schedule: **SA11AI**

0005097-0000438

Transaction ID: **SA11AI.18518**

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**Image# 29932055554**

Form/Schedule: **SA11AI**

0004937-0000424

Transaction ID: **SA11AI.18499**

Form/Schedule: **SA11AI**

0106278-0000362

Transaction ID: **SA11AI.18430**

\*\*\*\*\*

**Image# 29932055555**

Form/Schedule: **SA11AI**

0103533-0000708

Transaction ID: **SA11AI.18850**

Form/Schedule: **SA11AI**

0009108-0000906

Transaction ID: **SA11AI.19076**

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**Image# 29932055556**

Form/Schedule: **SA11AI**

0102021-0000188

Transaction ID: **SA11AI.18229**

Form/Schedule: **SA11AI**

0014063-0000624

Transaction ID: **SA11AI.18746**

\*\*\*\*\*

Image# 29932055557

Form/Schedule:SA11AI

Transaction ID: SA11AI.19115

0104766-0000941

Form/Schedule:SA11AI

Transaction ID: SA11AI.18135

0100966-0000112

**Image# 29932055558**

Form/Schedule: **SA11AI**

0029376-0000116

Transaction ID: **SA11AI.18139**

Form/Schedule: **SA11AI**

0029376-0000117

Transaction ID: **SA11AI.18140**

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**Image# 29932055559**

Form/Schedule: **SA11AI**

0104468-0000341

Transaction ID: **SA11AI.18404**

Form/Schedule: **SA11AI**

0013045-0000036

Transaction ID: **SA11AI.18050**

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**Image# 29932055560**

Form/Schedule: **SA11AI**

0105678-0000908

Transaction ID: **SA11AI.19078**

Form/Schedule: **SA11AI**

0024811-0000813

Transaction ID: **SA11AI.18965**

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**Image# 29932055561**

Form/Schedule: **SA11AI**

0012784-0000267

Transaction ID: **SA11AI.18324**

Form/Schedule: **SA11AI**

0002658-0000129

Transaction ID: **SA11AI.18154**

\*\*\*\*\*

**Image# 29932055562**

Form/Schedule: **SA11AI**

0104665-0000311

Transaction ID: **SA11AI.18369**

Form/Schedule: **SA11AI**

0098685-0000792

Transaction ID: **SA11AI.18941**

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**Image# 29932055563**

Form/Schedule: **SA11AI**

0105816-0000496

Transaction ID: **SA11AI.18592**

Form/Schedule: **SA11AI**

0103911-0001005

Transaction ID: **SA11AI.19193**

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Image# 29932055564

Form/Schedule:SA11AI0103281-0000764

Transaction ID: SA11AI.18916

Form/Schedule:SA11AI0105315-0000944

Transaction ID: SA11AI.19117

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**Image# 29932055565**

Form/Schedule: **SA11AI**

0014134-0000338

Transaction ID: **SA11AI.18401**

Form/Schedule: **SA11AI**

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Image# 29932055570

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**Image# 29932055673**

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0103648-0000474

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0008161-0000808

Transaction ID: **SA11AI.18960**

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**Image# 29932055674**

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0103839-0000232

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**Image# 29932055675**

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0014324-0000645

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