

# 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** 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 03 01 2011 through 03 31 2011

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

Type or Print Name of Treasurer Dorie Velezis

Signature of Treasurer Electronically Filed by Dorie Velezis Date 04 15 2011

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

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

Write or Type Committee Name  
CAMPAIGN FOR WORKING FAMILIES

Report Covering the Period: From: 

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>X</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	X	Y	Y	Y	2	0	1	1		1167611.58
X	Y	Y	Y							
2	0	1	1							
(b) Cash on Hand at Beginning of Reporting Period .....	1164596.47									
(c) Total Receipts (from Line 19) .....	24971.40	91070.03								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	1189567.87	1258681.61								
7. Total Disbursements (from Line 31) .....	32950.21	102063.95								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	1156617.66	1156617.66								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	5968.19									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name  
CAMPAIGN FOR WORKING FAMILIES

Report Covering the Period: From: 

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	1	1

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	7000.00	26100.00
(ii) Unitemized .....	8572.97	36729.83
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	15572.97	62829.83
(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) .....	15572.97	62829.83
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	23.43	115.20
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	9375.00	28125.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	9375.00	28125.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	24971.40	91070.03
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	15596.40	62945.03

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	9375.00	28125.00
(ii) Non-Federal Share.....	9375.00	28125.00
(b) Other Federal Operating Expenditures.....	14075.21	45688.95
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	32825.21	101938.95
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent 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 .....	125.00	125.00
(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)) .....	125.00	125.00
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))..	32950.21	102063.95
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	23575.21	73938.95

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	15572.97	62829.83
34. Total Contribution Refunds (from Line 28(d)) .....	125.00	125.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	15447.97	62704.83
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	23450.21	73813.95
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	23450.21	73813.95

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 30
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) MR CHARLES D AYRES	Date of Receipt MM / DD / YYYY 03 / 04 / 2011
	Mailing Address 4911 CASA ORO DR	<b>Transaction ID:</b> SA11AI.49990
	City State Zip Code YORBA LINDA CA 92886	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation RETIRED RETIRED	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) MR KENNETH N BLACKBURN	Date of Receipt MM / DD / YYYY 03 / 22 / 2011
	Mailing Address 10 SHALLOWBROOK DR	<b>Transaction ID:</b> SA11AI.49911
	City State Zip Code O FALLON IL 62269	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation AIRTRAN AIRWAYS PILOT	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) MR WILLIAM P BUCK, JR	Date of Receipt MM / DD / YYYY 03 / 22 / 2011
	Mailing Address 2084 BROOK HIGHLAND RDG	<b>Transaction ID:</b> SA11AI.49844
	City State Zip Code BIRMINGHAM AL 35242	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation UNIVERSITY OF ALABAMA MOM	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>300.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

A. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.49990**

0103804-0000214

B. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.49911**

0014063-0000137

C. Form/Schedule : **SA11AI**

0101854-0000067

Transaction ID : **SA11AI.49844**

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 30  
(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 CRAIG W EGLOFF

Mailing Address 27001 HIGHWAY 128

City YORKVILLE State CA Zip Code 95494

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

Name of Employer JAYMES & JAYMES Occupation INSURANCE BROKER

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 03 / 22 / 2011  
**Transaction ID: SA11AI.50003**  
 Amount of Each Receipt this Period 50.00

**B.** Full Name (Last, First, Middle Initial)  
MR JAMES S ENGLUND

Mailing Address 302 CINDI CT

City LONGVIEW State TX Zip Code 75605

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

Name of Employer RETIRED Occupation ENGINEER

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 03 / 15 / 2011  
**Transaction ID: SA11AI.49941**  
 Amount of Each Receipt this Period 500.00

**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 NONE Occupation RETIRED BUILDING CONTRACTOR

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 03 / 15 / 2011  
**Transaction ID: SA11AI.50007**  
 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) ..... ►

A. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.50003**

0101847-0000226

B. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.49941**

0014348-0000165

C. Form/Schedule : **SA11AI**

0103452-0000230

Transaction ID : **SA11AI.50007**

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 30  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)  
CAMPAIGN FOR WORKING FAMILIES

**A.**

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

Mailing Address 350 E HENSCHEN ST

City State Zip Code  
GARNER IA 50438

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 29 / 2011

Transaction ID: SA11AI.49878

Amount of Each Receipt this Period  
100.00

**B.**

Full Name (Last, First, Middle Initial)  
MR KENNETH D KONING

Mailing Address 10950 S BURKETT RD

City State Zip Code  
MC BAIN MI 49657

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

Name of Employer CALUB CHRISTIAN REFORMED Occupation PASTOR

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 15 / 2011

Transaction ID: SA11AI.49877

Amount of Each Receipt this Period  
300.00

**C.**

Full Name (Last, First, Middle Initial)  
MRS JOAN K LAUTENSCHLEGE

Mailing Address 24621 CHARLTON DRIVE

City State Zip Code  
LAGUNA HILLS CA 92653

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 03 / 2011

Transaction ID: SA11AI.49984

Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **700.00**

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

A. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.49878**

0103497-0000104

B. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.49877**

0013639-0000102

C. Form/Schedule : **SA11AI**

0107445-0000207

Transaction ID : **SA11AI.49984**

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

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

FOR LINE NUMBER: PAGE 15 / 30  
(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 RUTH A MERILLAT

Mailing Address 860 RICHLYN DR

City State Zip Code  
ADRIAN MI 49221

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

Name of Employer Occupation  
RETIRED MERILLAT FOUNDATIN - LENAWEE CHRIST

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3000.00

Date of Receipt  

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

**Transaction ID:** SA11AI.49874

Amount of Each Receipt this Period  
3000.00

**B.** Full Name (Last, First, Middle Initial)  
MR MIKE D RISINGER

Mailing Address 421 E GREENWOOD ST

City State Zip Code  
MORTON IL 61550

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

Name of Employer Occupation  
IL JUDGE

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  

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

**Transaction ID:** SA11AI.49909

Amount of Each Receipt this Period  
600.00

**C.** Full Name (Last, First, Middle Initial)  
MRS JAMES R STADLER

Mailing Address 314 WALNUT DR

City State Zip Code  
NASHVILLE TN 37205

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

Name of Employer Occupation  
RETIRED HOUSEWIFE

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	4	/	2	0	1	1

**Transaction ID:** SA11AI.49849

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **4100.00**

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

A. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.49874**

0097348-0000098

B. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.49909**

0103251-0000134

C. Form/Schedule : **SA11AI**

0019059-0000072

Transaction ID : **SA11AI.49849**

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

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

FOR LINE NUMBER: PAGE 18 / 30  
(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 W TIMMONS

Mailing Address 1444 BETHEL CHURCH RD

City State Zip Code  
ELKTON VA 22827

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

Name of Employer PAGE MEMORIAL HOSPITAL      Occupation PHYSICIAN

Receipt For: 2012  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 13 / 2011

**Transaction ID:** SA11AI.49806

Amount of Each Receipt this Period  
500.00

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

Mailing Address 29 MAIN ST

City State Zip Code  
DOVER MA 02030

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

Name of Employer SELF      Occupation PIANO TEACHER- HOMEMAKER

Receipt For: 2012  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 29 / 2011

**Transaction ID:** SA11AI.49779

Amount of Each Receipt this Period  
750.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1250.00**

**TOTAL** This Period (last page this line number only) ..... ► **7000.00**

A. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.49806**

0002694-0000031

B. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.49779**

0108754-0000003

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
CAMPAIGN FOR WORKING FAMILIES

A.	Full Name (Last, First, Middle Initial) BB&T	Transaction ID: SB21B.50035 Date of Disbursement																			
	Mailing Address P.O. Box 580363	<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>0</td><td>3</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	5		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	5		2	0	1	1												
	City Charlotte State NC Zip Code 28258	Amount of Each Disbursement this Period																			
	Purpose of Disbursement FEDERAL TAX PAYMENT	<table border="1"><tr><td>3251.45</td></tr></table>	3251.45																		
3251.45																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

B.	Full Name (Last, First, Middle Initial) BB&T	Transaction ID: SB21B.50041 Date of Disbursement																			
	Mailing Address P.O. Box 580363	<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>0</td><td>3</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	5		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	5		2	0	1	1												
	City Charlotte State NC Zip Code 28258	Amount of Each Disbursement this Period																			
	Purpose of Disbursement BANK FEES	<table border="1"><tr><td>762.93</td></tr></table>	762.93																		
762.93																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

C.	Full Name (Last, First, Middle Initial) CHOI COMPANIES	Transaction ID: SB21B.50058 Date of Disbursement																			
	Mailing Address 5999 STEVENSON AVE #310	<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>0</td><td>3</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	3		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	3		2	0	1	1												
	City ALEXANDRIA State VA Zip Code 22304	Amount of Each Disbursement this Period																			
	Purpose of Disbursement RENT	<table border="1"><tr><td>2765.00</td></tr></table>	2765.00																		
2765.00																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"><tr><td>6779.38</td></tr></table>	6779.38
6779.38		
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"><tr><td></td></tr></table>	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

NAME OF COMMITTEE (In Full)  
CAMPAIGN FOR WORKING FAMILIES

A.	Full Name (Last, First, Middle Initial) COVAD COMMUNICATIONS	Transaction ID: SB21B.50052
	Mailing Address P.O. BOX 39000	Date of Disbursement MM / DD / YYYY 03 / 08 / 2011
	City SAN FRANCISCO State CA Zip Code 94139	Amount of Each Disbursement this Period 114.18
	Purpose of Disbursement COMPUTER SERVICES	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) DC TREASURER	Transaction ID: SB21B.50056
	Mailing Address P.O. Box 7862	Date of Disbursement MM / DD / YYYY 03 / 15 / 2011
	City WASHINGTON State DC Zip Code 20044	Amount of Each Disbursement this Period 1004.00
	Purpose of Disbursement TAXES	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) FEDERAL EXPRESS	Transaction ID: SB21B.50059
	Mailing Address P.O. BOX 1140	Date of Disbursement MM / DD / YYYY 03 / 23 / 2011
	City MEMPHIS State TN Zip Code 38101	Amount of Each Disbursement this Period 34.10
	Purpose of Disbursement SHIPPING FEES	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1152.28
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
CAMPAIGN FOR WORKING FAMILIES

A.

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

Transaction ID: SB21B.50048  
Date of Disbursement

Mailing Address 745 ATLANTIC AVE

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	4		2	0	1	1

City State Zip Code  
BOSTON MA 02111

Amount of Each Disbursement this Period

Purpose of Disbursement  
STORAGE FEES

--

249.13
--------

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

B.

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

Transaction ID: SB21B.50060  
Date of Disbursement

Mailing Address P.O. BOX 7247-7090

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

City State Zip Code  
PHILADELPHIA PA 19170

Amount of Each Disbursement this Period

Purpose of Disbursement  
DUES & SUBSCRIPTIONS

--

350.00
--------

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)  
LPS

Transaction ID: SB21B.50070  
Date of Disbursement

Mailing Address P.O. BOX 2325

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	4		2	0	1	1

City State Zip Code  
FAIRFAX VA 22031

Amount of Each Disbursement this Period

Purpose of Disbursement  
PAC DATA PROCESSING SERVICES

--

577.94
--------

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

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

1177.07
---------

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

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# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)  
LPS

Transaction ID: SB21B.50071  
Date of Disbursement

Mailing Address P.O. BOX 2325

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

City State Zip Code  
FAIRFAX VA 22031

Amount of Each Disbursement this Period

398.33
--------

Purpose of Disbursement  
PAC DATA PROCESSING SERVICES

Category/  
Type

Candidate Name

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

B.

Full Name (Last, First, Middle Initial)  
MAIL HAUS

Transaction ID: SB21B.50066  
Date of Disbursement

Mailing Address 1745 Suburban Drive

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

City State Zip Code  
DePere WI 54115

Amount of Each Disbursement this Period

1948.17
---------

Purpose of Disbursement  
POSTAGE

Category/  
Type

Candidate Name

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

C.

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

Transaction ID: SB21B.50057  
Date of Disbursement

Mailing Address MAIN POST OFFICE

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

City State Zip Code  
WASHINGTON DC 20000

Amount of Each Disbursement this Period

264.00
--------

Purpose of Disbursement  
POSTAGE

Category/  
Type

Candidate Name

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

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

2610.50

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 24 / 30

<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) VERIZON  Mailing Address P.O. BOX 17577  City BALTIMORE State MD Zip Code 21297  Purpose of Disbursement TELEPHONE Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.50063 Date of Disbursement 03 / 23 / 2011	Amount of Each Disbursement this Period 447.60
<b>B.</b>	Full Name (Last, First, Middle Initial) DEAN VIRAG  Mailing Address 14039 WESTWIND LANE  City CULPEPER State VA Zip Code 22701  Purpose of Disbursement WEBSITE SUPPORT Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.50053 Date of Disbursement 03 / 08 / 2011	Amount of Each Disbursement this Period 500.00
<b>C.</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 PROCESSING SERVICES Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.50069 Date of Disbursement 03 / 23 / 2011	Amount of Each Disbursement this Period 995.59

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

1943.19

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

13662.42

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

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

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)  
CAMPAIGN FOR WORKING FAMILIES

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

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>		<b>Transaction ID: SD10.50084</b>	
Amount Incurred This Period <input type="text" value="1472.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1472.00"/>	

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

Outstanding Balance Beginning This Period <input type="text" value="223.11"/>		<b>Transaction ID: SD10.4694</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="223.11"/>	

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

Outstanding Balance Beginning This Period <input type="text" value="577.94"/>		<b>Transaction ID: SD10.49769</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="577.94"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>	

<b>1) SUBTOTALS</b> This Period This Page (optional).....	<input type="text" value="1695.11"/>
<b>2) TOTALS</b> This Period (last page this line number only).....	<input type="text"/>
<b>3) TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text"/>
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

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

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)  
CAMPAIGN FOR WORKING FAMILIES

<b>A. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> LPS			Nature of Debt (Purpose): PAC DATA PROCESSING SERVI- CES
Mailing Address P.O. BOX 2325			
City FAIRFAX	State VA	ZIP Code 22031	

Outstanding Balance Beginning This Period <input type="text" value="398.33"/>		<b>Transaction ID: SD10.49770</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="398.33"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>	

<b>B. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> LPS			Nature of Debt (Purpose): PAC DATA PROCESSING SERVI- CES
Mailing Address P.O. BOX 2325			
City FAIRFAX	State VA	ZIP Code 22031	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>		<b>Transaction ID: SD10.50086</b>	
Amount Incurred This Period <input type="text" value="870.75"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="870.75"/>	

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

Outstanding Balance Beginning This Period <input type="text" value="2320.90"/>		<b>Transaction ID: SD10.4696</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="2320.90"/>	

<b>1) SUBTOTALS</b> This Period This Page (optional).....	<input type="text" value="3191.65"/>
<b>2) TOTALS</b> This Period (last page this line number only).....	<input type="text"/>
<b>3) TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text"/>
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 27 / 30
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
CAMPAIGN FOR WORKING FAMILIES

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

Outstanding Balance Beginning This Period 995.59	<b>Transaction ID: SD10.49771</b>	
Amount Incurred This Period 0.00	Payment This Period 995.59	Outstanding Balance at Close of This Period 0.00

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

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID: SD10.50085</b>	
Amount Incurred This Period 1081.43	Payment This Period 0.00	Outstanding Balance at Close of This Period 1081.43

1) <b>SUBTOTALS</b> This Period This Page (optional).....	1081.43
2) <b>TOTALS</b> This Period (last page this line number only).....	5968.19
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	5968.19

**METHOD OF ALLOCATION FOR:**

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

NAME OF COMMITTEE (In Full)  
 CAMPAIGN FOR WORKING FAMILIES

USE ONLY ONE SECTION, A or B

**A. State and Local Party Committees**

**Fixed Percentage (select one)**

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

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

**Flat Minimum Federal Percentage**

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

**or**

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

Federal.....  %

Nonfederal.....  %

This ratio applies to (check all that apply):

Administrative  Generic Voter Drive  Public Communications Referencing Party Only

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

NAME OF COMMITTEE (In Full)  
 CAMPAIGN FOR WORKING FAMILIES

NAME OF ACCOUNT CAMPAIGN FOR WORKING FAMILIES	DATE OF RECEIPT M M / D D / Y Y Y Y 03 / 28 / 2011	TOTAL AMOUNT TRANSFERRED 9375.00
--	--	-------------------------------------

**BREAKDOWN OF TRANSFER RECEIVED**

<b>i) Total Administrative</b> .....	9375.00	Transaction ID: H3.50068
<b>ii) Generic Voter Drive</b> .....		Transaction ID:
<b>iii) Exempt Activities</b> .....		Transaction ID:
<b>iv) Direct Fundraising</b> (List Activity or Event Identifier)		
a) _____		Transaction ID:
b) _____		Transaction ID:
c) Total Amount Transferred for Direct Fundraising .....		
<b>v) Direct Candidate Support</b> (List of Activity or Event Identifier)		
a) _____		Transaction ID:
b) _____		Transaction ID:
c) Total Amount Transferred For Direct Candidate Support .....		
<b>vi) Public Communications Referring Only to Party</b> (Made by PAC)		Transaction ID:

**TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED**

<b>TOTAL</b> This Period (Administrative) .....	9375.00
<b>TOTAL</b> This Period (Generic Voter Drive) .....	0.00
<b>TOTAL</b> This Period (Exempt Activities) .....	0.00
<b>TOTAL</b> This Period (Direct Fundraising) .....	0.00
<b>TOTAL</b> This Period (Direct Candidate Support) .....	0.00
<b>TOTAL</b> This Period (Public Communications Referring Only to Party) .....	0.00
<b>TOTAL</b> This Period (Total Amount Transferred) .....	9375.00

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

NAME OF COMMITTEE (In Full)  
CAMPAIGN FOR WORKING FAMILIES

<b>A. Full Name (Last, First, Middle Initial)</b> GARY BAUER			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC																						
Mailing Address 2800 SHIRLINGTON ROAD #930			Allocated Activity or Event Year-To-Date 50750.00																						
City	State	Zip Code	Date <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>0</td><td>3</td><td>/</td><td>2</td><td>8</td><td>/</td><td>2</td><td>0</td><td>1</td><td>1</td></tr></table> Transaction ID: H4.50044			M	M	/	D	D	/	Y	Y	Y	Y	0	3	/	2	8	/	2	0	1	1
M	M	/				D	D	/	Y	Y	Y	Y													
0	3	/	2	8	/	2	0	1	1																
ARLINGTON	VA	22206																							
Purpose of Disbursement: PAC CONSULTING POLITICAL AND GEN ADMIN			Category/Type																						
Activity or Event Identifier: Administrative																									

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
6625.00		6625.00		13250.00

<b>B. Full Name (Last, First, Middle Initial)</b> BILL MOELLER			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC																						
Mailing Address 2800 SHIRLINGTON ROAD #930			Allocated Activity or Event Year-To-Date 53500.00																						
City	State	Zip Code	Date <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>0</td><td>3</td><td>/</td><td>2</td><td>8</td><td>/</td><td>2</td><td>0</td><td>1</td><td>1</td></tr></table> Transaction ID: H4.50045			M	M	/	D	D	/	Y	Y	Y	Y	0	3	/	2	8	/	2	0	1	1
M	M	/				D	D	/	Y	Y	Y	Y													
0	3	/	2	8	/	2	0	1	1																
ARLINGTON	VA	22206																							
Purpose of Disbursement: PAC CONSULTING RESEARCHER WRITER			Category/Type																						
Activity or Event Identifier: Administrative																									

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1375.00		1375.00		2750.00

<b>C. Full Name (Last, First, Middle Initial)</b> Dorie Velezis			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC																						
Mailing Address 2800 S. Shirlington Road, #930			Allocated Activity or Event Year-To-Date 56250.00																						
City	State	Zip Code	Date <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>0</td><td>3</td><td>/</td><td>2</td><td>8</td><td>/</td><td>2</td><td>0</td><td>1</td><td>1</td></tr></table> Transaction ID: H4.50046			M	M	/	D	D	/	Y	Y	Y	Y	0	3	/	2	8	/	2	0	1	1
M	M	/				D	D	/	Y	Y	Y	Y													
0	3	/	2	8	/	2	0	1	1																
Arlington	VA	22206																							
Purpose of Disbursement: PAC ACCOUNTING SERVICES			Category/Type																						
Activity or Event Identifier: Administrative																									

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1375.00		1375.00		2750.00

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
9375.00		9375.00		18750.00

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT
9375.00		9375.00		18750.00