

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

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 (12S)  
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 01 01 2011 through 01 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 02 17 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 **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	1

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To: 

M	M
0	1

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>Y</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>	Y	Y	Y	Y	2	0	1	1		1167611.58
Y	Y	Y	Y							
2	0	1	1							
(b) Cash on Hand at Beginning of Reporting Period .....	1167611.58									
(c) Total Receipts (from Line 19) .....	17841.21	17841.21								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	1185452.79	1185452.79								
7. Total Disbursements (from Line 31) .....	35587.66	35587.66								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	1149865.13	1149865.13								
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) .....	8107.42									

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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name  
CAMPAIGN FOR WORKING FAMILIES

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To: 

M	M
0	1

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) .....	4500.00	4500.00
(ii) Unitemized .....	3951.87	3951.87
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	8451.87	8451.87
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	8451.87	8451.87
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	14.34	14.34
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	9375.00	9375.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	9375.00	9375.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	17841.21	17841.21
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	8466.21	8466.21

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	9375.00	9375.00
(ii) Non-Federal Share.....	9375.00	9375.00
(b) Other Federal Operating Expenditures.....	16837.66	16837.66
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	35587.66	35587.66
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 .....	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 Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
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))..	35587.66	35587.66
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	26212.66	26212.66

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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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) .....	8451.87	8451.87
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	8451.87	8451.87
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	26212.66	26212.66
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	26212.66	26212.66

# 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 / 22
	<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 STEPHEN BOVY	Date of Receipt MM / DD / YYYY 01 / 19 / 2011
	Mailing Address 9301 PALI AVENUE	<b>Transaction ID:</b> SA11AI.49034
	City State Zip Code TUJUNGA CA 91042	Amount of Each Receipt this Period 600.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation LOS ANGELES UNIFIED SCHOOL DIS TEACHER	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) MR JOHN DAVIDSON	Date of Receipt MM / DD / YYYY 01 / 31 / 2011
	Mailing Address 8907 MISSION CREEK CV	<b>Transaction ID:</b> SA11AI.49023
	City State Zip Code AUSTIN TX 78735	Amount of Each Receipt this Period 250.00
	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 ▼ 250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) SHANE LINDAUER	Date of Receipt MM / DD / YYYY 01 / 21 / 2011
	Mailing Address 762 W 8TH ST	<b>Transaction ID:</b> SA11AI.48978
	City State Zip Code JASPER IN 47546	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation BUSINESS OWNER BUSINESS OWNER	
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) .....	▶	1150.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

A. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.49034**

0008772-0000095

B. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.49023**

0102108-0000083

C. Form/Schedule : **SA11AI**

0104483-0000036

Transaction ID : **SA11AI.48978**

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 22  
(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 WOODROW WILSON LONG, III

Mailing Address 1570 HUNTINGDON TRL

City ATLANTA State GA Zip Code 30350

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

Name of Employer QUALCOMM Occupation BUS DEV

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 01 / 29 / 2011  
**Transaction ID: SA11AI.48961**  
 Amount of Each Receipt this Period: 250.00

**B.** Full Name (Last, First, Middle Initial)  
MR GARY L PILGRIM

Mailing Address 121 MINE RD

City MALVERN State PA Zip Code 19355

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 ▼ 2500.00

Date of Receipt: 01 / 06 / 2011  
**Transaction ID: SA11AI.48948**  
 Amount of Each Receipt this Period: 2500.00

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

Mailing Address 421 E GREENWOOD ST

City MORTON State IL Zip Code 61550

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

Name of Employer STATE OF IL Occupation JUDGE

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt: 01 / 30 / 2011  
**Transaction ID: SA11AI.48998**  
 Amount of Each Receipt this Period: 600.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 3350.00

**TOTAL** This Period (last page this line number only) ..... ► 4500.00

A. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.48961**

0101636-000018

B. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.48948**

0002326-000005

C. Form/Schedule : **SA11AI**

0103251-0000057

Transaction ID : **SA11AI.48998**

**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 12 / 22

<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) CHOI COMPANIES	Transaction ID: SB21B.49086 Date of Disbursement
	Mailing Address 5999 STEVENSON AVE #310	<input type="text" value="01"/> <input type="text" value="28"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City ALEXANDRIA State VA Zip Code 22304	Amount of Each Disbursement this Period
	Purpose of Disbursement PAC RENT	<input type="text" value="2765.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) CT CORPORATION	Transaction ID: SB21B.49087 Date of Disbursement
	Mailing Address P.O. BOX 4349	<input type="text" value="01"/> <input type="text" value="28"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City CAROL STREAM State IL Zip Code 60107	Amount of Each Disbursement this Period
	Purpose of Disbursement REGISTERED AGENT FEE	<input type="text" value="365.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) IRON MOUNTAIN	Transaction ID: SB21B.49079 Date of Disbursement
	Mailing Address 745 ATLANTIC AVE	<input type="text" value="01"/> <input type="text" value="11"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City BOSTON State MA Zip Code 02111	Amount of Each Disbursement this Period
	Purpose of Disbursement STORAGE FEES	<input type="text" value="249.13"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="3379.13"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 13 / 22

<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) LEXIS NEXIS  Mailing Address P.O. BOX 7247-7090  City PHILADELPHIA State PA Zip Code 19170  Purpose of Disbursement DUES & SUBSCRIPTIONS  Candidate Name  Office Sought: <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.49080 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 1 1  Amount of Each Disbursement this Period 350.00
<b>B.</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  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.49104 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 1 1  Amount of Each Disbursement this Period 278.22
<b>C.</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  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.49106 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 8 / 2 0 1 1  Amount of Each Disbursement this Period 363.67

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	991.89
<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) PR NEWSWIRE	Transaction ID: SB21B.49090 Date of Disbursement																			
	Mailing Address 810 7TH AVE 32ND FL	<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>1</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>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	8		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	8		2	0	1	1												
	City NEW YORK State NY Zip Code 10019	Amount of Each Disbursement this Period																			
	Purpose of Disbursement PAC PRESS RELEASE	<table border="1"><tr><td>440.00</td></tr></table>	440.00																		
440.00																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General																			
	State: District:	<input type="checkbox"/> Other (specify) ▼																			

B.	Full Name (Last, First, Middle Initial) SOUTHWEST PUBLISHING	Transaction ID: SB21B.49085 Date of Disbursement																			
	Mailing Address 2600 NW TOPEKA BLVD	<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>1</td><td></td><td>1</td><td>2</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	1		1	2		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	2		2	0	1	1												
	City TOPEKA State KS Zip Code 66617	Amount of Each Disbursement this Period																			
	Purpose of Disbursement PAC DIRECT MAIL PRODUCTION	<table border="1"><tr><td>1961.78</td></tr></table>	1961.78																		
1961.78																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General																			
	State: District:	<input type="checkbox"/> Other (specify) ▼																			

C.	Full Name (Last, First, Middle Initial) SOUTHWEST PUBLISHING	Transaction ID: SB21B.49091 Date of Disbursement																			
	Mailing Address 2600 NW TOPEKA BLVD	<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>1</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>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	8		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	8		2	0	1	1												
	City TOPEKA State KS Zip Code 66617	Amount of Each Disbursement this Period																			
	Purpose of Disbursement PAC DIRECT MAIL PRODUCTION	<table border="1"><tr><td>3883.86</td></tr></table>	3883.86																		
3883.86																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General																			
	State: District:	<input type="checkbox"/> Other (specify) ▼																			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"><tr><td>6285.64</td></tr></table>	6285.64
6285.64		
<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)

PAGE 15 / 22

<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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Susan B. Anthony List</p> <p>Mailing Address 1800 N Kent Street</p> <p>City Arlington State VA Zip Code 22209</p> <p>Purpose of Disbursement SPONSOR TABLE</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.49093</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2500.00"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) U.S. POSTMASTER</p> <p>Mailing Address MAIN POST OFFICE</p> <p>City WASHINGTON State DC Zip Code 20000</p> <p>Purpose of Disbursement RENEW P.O. BOX 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.49069</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1040.00"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) VERIZON</p> <p>Mailing Address P.O. BOX 17577</p> <p>City BALTIMORE State MD Zip Code 21297</p> <p>Purpose of Disbursement TELEPHONE</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.49094</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="471.03"/></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="4011.03"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 16 / 22

<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) 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.49076 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 1 1
	Amount of Each Disbursement this Period 500.00 Category/Type
<b>B.</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 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.49108 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 8 / 2 0 1 1
	Amount of Each Disbursement this Period 927.19 Category/Type

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

1427.19

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

16094.88

**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> ADVANCED DIGITAL SOLUTIONS			Nature of Debt (Purpose): COMPUTER SUPPORT
Mailing Address 10680 MAIN STREET			
City FAIRFAX	State VA	ZIP Code 22030	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>		<b>Transaction ID: SD10.49098</b>	
Amount Incurred This Period <input type="text" value="1215.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1215.00"/>	

<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="0.00"/>		<b>Transaction ID: SD10.49103</b>	
Amount Incurred This Period <input type="text" value="278.22"/>	Payment This Period <input type="text" value="278.22"/>	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="1438.11"/>
<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 SERVICES
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: SD10.49105</b>	
Amount Incurred This Period <input type="text" value="363.67"/>	Payment This Period <input type="text" value="363.67"/>	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 SERVICES
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: SD10.49099</b>	
Amount Incurred This Period <input type="text" value="893.87"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="893.87"/>	

<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="3214.77"/>
<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> THE LUKENS COMPANY			Nature of Debt (Purpose): PAC - DIRECT MAIL CONSULT- ING
Mailing Address 2800 SHIRLINGTON ROAD #900			
City ARLINGTON	State VA	ZIP Code 22206	

Outstanding Balance Beginning This Period 0.00		<b>Transaction ID: SD10.49101</b>	
Amount Incurred This Period 2800.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2800.00	

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

Outstanding Balance Beginning This Period 0.00		<b>Transaction ID: SD10.49107</b>	
Amount Incurred This Period 927.19	Payment This Period 927.19	Outstanding Balance at Close of This Period 0.00	

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

Outstanding Balance Beginning This Period 0.00		<b>Transaction ID: SD10.49102</b>	
Amount Incurred This Period 654.54	Payment This Period 0.00	Outstanding Balance at Close of This Period 654.54	

1) <b>SUBTOTALS</b> This Period This Page (optional).....	▶	3454.54
2) <b>TOTALS</b> This Period (last page this line number only).....	▶	8107.42
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)	▶	8107.42

**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)**(Seperate 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 0 1 / 2 7 / 2 0 1 1	TOTAL AMOUNT TRANSFERRED 9375.00
--	---	-------------------------------------

BREAKDOWN OF TRANSFER RECEIVED

<b>i) Total Administrative</b> .....	9375.00	Transaction ID: H3.49096
<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 13250.00		
City ARLINGTON	State VA	Zip Code 22206	Date <input type="text" value="01"/> / <input type="text" value="27"/> / <input type="text" value="2011"/>		
Purpose of Disbursement: PAC CONSULTING POLITICAL AND GEN ADMIN			Transaction ID: H4.49070		
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 16000.00		
City ARLINGTON	State VA	Zip Code 22206	Date <input type="text" value="01"/> / <input type="text" value="27"/> / <input type="text" value="2011"/>		
Purpose of Disbursement: PAC CONSULTING POLITICAL RESEARCHER WRITER			Transaction ID: H4.49073		
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 18750.00		
City Arlington	State VA	Zip Code 22206	Date <input type="text" value="01"/> / <input type="text" value="27"/> / <input type="text" value="2011"/>		
Purpose of Disbursement: PAC ACCOUNTING SERVICES			Transaction ID: H4.49074		
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