

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

ADDRESS (number and street)
 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the: Primary (12P) 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 07 / 01 / 2015 through 12 / 31 / 2015

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 Bud Jackson

Signature of Treasurer Bud Jackson [Electronically Filed] Date 01 / 21 / 2016

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

AMERICAN WORKING FAMILIES

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>	<input type="text" value="3577.99"/>	<input type="text" value="3577.99"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="2337.99"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="50000.00"/>	<input type="text" value="50000.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="52337.99"/>	<input type="text" value="53577.99"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="43500.00"/>	<input type="text" value="44740.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="8837.99"/>	<input type="text" value="8837.99"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="3000.00"/>	

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

AMERICAN WORKING FAMILIES

Report Covering the Period: From: 07 / 01 / 2015 To: 12 / 31 / 2015

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).....	50000.00	50000.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	50000.00	50000.00
(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)	50000.00	50000.00
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.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	50000.00	50000.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	50000.00	50000.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	43500.00	44740.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	43500.00	44740.00
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 Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	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) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	43500.00	44740.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	43500.00	44740.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	50000.00	50000.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	50000.00	50000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	43500.00	44740.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	43500.00	44740.00

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

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

FOR LINE NUMBER: PAGE 6 OF 15
(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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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)
AMERICAN WORKING FAMILIES

A. Full Name (Last, First, Middle Initial)
William O. Perkins, III

Mailing Address 2427 Pelham Dr.

City Houston State TX Zip Code 77019

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

Name of Employer Small Ventures USA Occupation Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
50000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 03 / 2015

Transaction ID : SA11AI.4375

Amount of Each Receipt this Period
50000.00

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	50000.00
TOTAL This Period (last page this line number only).....▶	50000.00

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

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

FOR LINE NUMBER:
(check only one)

<input 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)
AMERICAN WORKING FAMILIES

Full Name (Last, First, Middle Initial) A. Aiken & Company, P.C.		Date of Disbursement MM / DD / YYYY 07 / 17 / 2015
Mailing Address 3975 University Drive Suite 200		Transaction ID : SB21B.4395
City Fairfax	State VA	
Zip Code 22030	Purpose of Disbursement Accounting Services	Amount of Each Disbursement this Period 5000.00
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Category/ Type
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) B. Bank of America		Date of Disbursement MM / DD / YYYY 07 / 01 / 2015
Mailing Address 600 North Washington Street		Transaction ID : SB21B.4377
City Alexandria	State VA	
Zip Code 22314	Purpose of Disbursement Bank Charges	Amount of Each Disbursement this Period 15.00
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Category/ Type
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) C. Bank of America		Date of Disbursement MM / DD / YYYY 07 / 01 / 2015
Mailing Address 600 North Washington Street		Transaction ID : SB21B.4384
City Alexandria	State VA	
Zip Code 22314	Purpose of Disbursement Bank Charges	Amount of Each Disbursement this Period 15.00
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Category/ Type
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

SUBTOTAL of Disbursements This Page (optional)..... ▶	5030.00
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)

<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)
AMERICAN WORKING FAMILIES

Full Name (Last, First, Middle Initial)

A. Bank of America

Mailing Address 600 North Washington Street

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Bank Charges

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 06 / 2015

Transaction ID : SB21B.4378

Amount of Each Disbursement this Period

15.00

Full Name (Last, First, Middle Initial)

B. Bank of America

Mailing Address 600 North Washington Street

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Bank Charges

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 07 / 2015

Transaction ID : SB21B.4385

Amount of Each Disbursement this Period

10.00

Full Name (Last, First, Middle Initial)

C. Bank of America

Mailing Address 600 North Washington Street

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Bank Charges

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 22 / 2015

Transaction ID : SB21B.4379

Amount of Each Disbursement this Period

35.00

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

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

60.00

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

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

FOR LINE NUMBER:
(check only one)

<input 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)
AMERICAN WORKING FAMILIES

Full Name (Last, First, Middle Initial)

A. Bank of America

Date of Disbursement

Mailing Address 600 North Washington Street

M M M	/	D D D	/	Y Y Y Y Y
08		07		2015

City Alexandria State VA Zip Code 22314

Transaction ID : SB21B.4386

Purpose of Disbursement
Bank Charges

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

10.00

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. Bank of America

Date of Disbursement

Mailing Address 600 North Washington Street

M M M	/	D D D	/	Y Y Y Y Y
09		01		2015

City Alexandria State VA Zip Code 22314

Transaction ID : SB21B.4380

Purpose of Disbursement
Bank Charges

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

15.00

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. Bank of America

Date of Disbursement

Mailing Address 600 North Washington Street

M M M	/	D D D	/	Y Y Y Y Y
09		08		2015

City Alexandria State VA Zip Code 22314

Transaction ID : SB21B.4387

Purpose of Disbursement
Bank Charges

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

10.00

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

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

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

35.00

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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)
AMERICAN WORKING FAMILIES

Full Name (Last, First, Middle Initial)

A. Bank of America

Date of Disbursement

Mailing Address 600 North Washington Street

M M M	/	D D D	/	Y Y Y Y Y
10		01		2015

City Alexandria State VA Zip Code 22314

Transaction ID : SB21B.4381

Purpose of Disbursement
Bank Charges

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

15.00

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. Bank of America

Date of Disbursement

Mailing Address 600 North Washington Street

M M M	/	D D D	/	Y Y Y Y Y
10		07		2015

City Alexandria State VA Zip Code 22314

Transaction ID : SB21B.4388

Purpose of Disbursement
Bank Charges

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

10.00

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. Bank of America

Date of Disbursement

Mailing Address 600 North Washington Street

M M M	/	D D D	/	Y Y Y Y Y
11		01		2015

City Alexandria State VA Zip Code 22314

Transaction ID : SB21B.4382

Purpose of Disbursement
Bank Charges

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

15.00

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

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

40.00

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)
AMERICAN WORKING FAMILIES

Full Name (Last, First, Middle Initial)

A. Bank of America

Date of Disbursement

Mailing Address 600 North Washington Street

M M M	/	D D D	/	Y Y Y Y Y
11		06		2015

City Alexandria State VA Zip Code 22314

Transaction ID : SB21B.4389

Purpose of Disbursement
Bank Charges

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

10.00

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. Bank of America

Date of Disbursement

Mailing Address 600 North Washington Street

M M M	/	D D D	/	Y Y Y Y Y
12		01		2015

City Alexandria State VA Zip Code 22314

Transaction ID : SB21B.4383

Purpose of Disbursement
Bank Charges

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

15.00

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. Bank of America

Date of Disbursement

Mailing Address 600 North Washington Street

M M M	/	D D D	/	Y Y Y Y Y
12		07		2015

City Alexandria State VA Zip Code 22314

Transaction ID : SB21B.4390

Purpose of Disbursement
Bank Charges

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

10.00

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

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

35.00

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)
AMERICAN WORKING FAMILIES

Full Name (Last, First, Middle Initial)

A. Jackson Group Media, LLC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		17		2015

Mailing Address 206 North Washington Street
Suite 10

Transaction ID : SB21B.4394

City Alexandria State VA Zip Code 22311

Amount of Each Disbursement this Period

10000.00

Purpose of Disbursement
Strategic Consulting

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. Jackson Group Media, LLC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		24		2015

Mailing Address 206 North Washington Street
Suite 10

Transaction ID : SB21B.4403

City Alexandria State VA Zip Code 22311

Amount of Each Disbursement this Period

10000.00

Purpose of Disbursement
Strategic Consulting

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. L2Data

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		24		2015

Mailing Address 2500 116th Ave NE

Transaction ID : SB21B.4406

City Bellevue State WA Zip Code 98004

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
List Services

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

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

21000.00

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)
AMERICAN WORKING FAMILIES

Full Name (Last, First, Middle Initial)

A. PowerThru Consulting, LLC

Mailing Address 1740 Hinesburg Rd.

City Richmond State VT Zip Code 05477

Purpose of Disbursement
Web Design

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 17 / 2015

Transaction ID : **SB21B.4401**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Public Policy Polling

Mailing Address 2912 Highwoods Blvd

City Raleigh State NC Zip Code 27604

Purpose of Disbursement
Polling

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 21 / 2015

Transaction ID : **SB21B.4391**

Amount of Each Disbursement this Period

6000.00

Full Name (Last, First, Middle Initial)

C. Redeye Professional Post

Mailing Address 705 Price Street

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Video Production

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 25 / 2015

Transaction ID : **SB21B.4404**

Amount of Each Disbursement this Period

800.00

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

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

7800.00

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

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

FOR LINE NUMBER:
(check only one)

<input 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)
AMERICAN WORKING FAMILIES

Full Name (Last, First, Middle Initial) A. Sandler, Reiff, Young & Lamb, PC		Date of Disbursement MM / DD / YYYY 07 / 17 / 2015
Mailing Address 1025 Vermont Ave., NW Suite 300		Transaction ID : SB21B.4397
City Washington	State DC	
Zip Code 20005	Purpose of Disbursement Legal Services	Amount of Each Disbursement this Period 5000.00
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 <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Jason Stanford		Date of Disbursement MM / DD / YYYY 07 / 17 / 2015
Mailing Address 1011 Colonial Ave.		Transaction ID : SB21B.4398
City Alexandria	State VA	
Zip Code 22314	Purpose of Disbursement Research	Amount of Each Disbursement this Period 2500.00
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 <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Jason Stanford		Date of Disbursement MM / DD / YYYY 07 / 17 / 2015
Mailing Address 1011 Colonial Ave.		Transaction ID : SB21B.4402
City Alexandria	State VA	
Zip Code 22314	Purpose of Disbursement Research	Amount of Each Disbursement this Period 2000.00
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 <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional)..... ▶	9500.00
TOTAL This Period (last page this line number only)..... ▶	43500.00

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **AMERICAN WORKING FAMILIES** Transaction ID : **SC/10.4113**

LOAN SOURCE Full Name (Last, First, Middle Initial) Jackson Group Media, LLC	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 206 North Washington Street Suite 10	
City Alexandria State VA ZIP Code 22311	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
3000.00	0.00	3000.00

TERMS

Date Incurred: MM / DD / YYYY (06 / 01 / 2012) Date Due: MM / DD / YYYY (None) Interest Rate: 0.00 % (apr) Secured: Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional).....▶	3000.00
TOTALS This Period (last page in this line only).....▶	3000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.