

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 04 01 2006 through 04 30 2006

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

Type or Print Name of Treasurer Amy Myers

Signature of Treasurer Electronically Filed by Amy Myers Date 05 19 2006

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)

Page 2

Write or Type Committee Name
Campaign for Working Families

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	4

D	D
3	0

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		982491.24
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period	998430.05									
(c) Total Receipts (from Line 19)	57940.73	196172.76								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	1056370.78	1178664.00								
7. Total Disbursements (from Line 31)	42248.48	164541.70								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1014122.30	1014122.30								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	5930.71									

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	4

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	4

D	D
3	0

Y	Y	Y	Y
2	0	0	6

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	37080.00	122257.50
(i) Itemized (use Schedule A)	17451.70	61634.41
(ii) Unitemized	54531.70	183891.91
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	54531.70	183891.91
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.03
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	3409.03	12280.82
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	57940.73	196172.76
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	57940.73	196172.76

DETAILED SUMMARY PAGE

of Disbursements

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Page 4

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.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	42248.48	152541.70
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	42248.48	152541.70
22. Transfers to Affiliated/Other Party Committees.....	0.00	5000.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	7000.00
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))..	42248.48	164541.70
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	42248.48	164541.70

DETAILED SUMMARY PAGE
of Disbursements

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)	54531.70	183891.91
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	54531.70	183891.91
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	42248.48	152541.70
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.03
38. Net Operating Expenditures (subtract Line 37 from Line 36)	42248.48	152541.67

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 33
	<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

A. Full Name (Last, First, Middle Initial)
MRS KAREN ARMOUR

Mailing Address 25511 RANGEWOOD RD

City State Zip Code
LAGUNA BEACH CA 92653

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

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5500.00

Date of Receipt
M M / D D / Y Y Y Y Y
04 / 03 / 2006

Transaction ID: SA11A1.64586

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
MR RAY W BEALL

Mailing Address 1604 OKEEFE RD # R-8

City State Zip Code
JACKSONVILLE TX 75766

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y
04 / 18 / 2006

Transaction ID: SA11A1.64487

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
MRS RONDA R BLEHM-KUK

Mailing Address 32265 WEEPING WILLOW ST

City State Zip Code
TRABUCO CANYO CA 92679

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

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
M M / D D / Y Y Y Y Y
04 / 24 / 2006

Transaction ID: SA11A1.64588

Amount of Each Receipt this Period
400.00

SUBTOTAL of Receipts This Page (optional)	▶	1200.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 33
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Campaign for Working Families

A. Full Name (Last, First, Middle Initial)
MR RONALD J BOOMSTRA

Mailing Address 585 BIRCHWOOD ST

City JACKSON State MI Zip Code 49203

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

Name of Employer RETIRED Occupation RETIRED MILITARY

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 4 / 0 5 / 2 0 0 6

Transaction ID: SA11A1.64317

Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
MRS JEAN M BORDUIN

Mailing Address 200 BLACK SKIMMER CT

City EDGEWATER State MD Zip Code 21037

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 4 / 1 0 / 2 0 0 6

Transaction ID: SA11A1.64141

Amount of Each Receipt this Period
 1000.00

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

Mailing Address 12789 MUIRFIELD BLVD N

City JACKSONVILLE State FL Zip Code 32225

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

Name of Employer SMURFIT STORE CONT. CORP Occupation GEN MGR

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 4 / 1 8 / 2 0 0 6

Transaction ID: SA11A1.64209

Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional)	▶	1600.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 33
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Campaign for Working Families

A. Full Name (Last, First, Middle Initial)
MR WARREN W DEKREY

Mailing Address 730 ASPEN PL

City BISMARCK State ND Zip Code 58503

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 0 4 / 2 0 0 6

Transaction ID: SA11A1.64402

Amount of Each Receipt this Period
200.00

B. Full Name (Last, First, Middle Initial)
MR MICHAEL D ECHELBARGER

Mailing Address PO BOX 1

City LYNNWOOD State WA Zip Code 98046

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

Name of Employer ECHELBARGER INVESTMENTS Occupation REAL ESTATE DEVELOPEMENT

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 0 / 2 0 0 6

Transaction ID: SA11A1.64648

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Mr. JERRY ERICKSON

Mailing Address PO BOX 3006

City BOTHELL State WA Zip Code 98041

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

Name of Employer CE PUBLICATIONS INC Occupation MAGAZINE PUBLISHER

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 0 3 / 2 0 0 6

Transaction ID: SA11A1.64643

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 33
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Campaign for Working Families

A. Full Name (Last, First, Middle Initial)
MRS JEANNE A FUDGE

Mailing Address 16005 MAKAH ST NW

City ANDOVER State MN Zip Code 55304

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 4 / 0 3 / 2 0 0 6

Transaction ID: SA11A1.64375

Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
MRS SUSAN R GORDON

Mailing Address 1212 NW 12TH ST

City ANDREWS State TX Zip Code 79714

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

Name of Employer BRIAN E GORDON- MD Occupation BOOKKEEPER

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 4 / 0 4 / 2 0 0 6

Transaction ID: SA11A1.64519

Amount of Each Receipt this Period
 500.00

C. Full Name (Last, First, Middle Initial)
MR JOHN D HACKER

Mailing Address 403 LAKESIDE ESTATES DR

City HOUSTON State TX Zip Code 77042

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

Name of Employer SHELL OIL CO Occupation PROJECT MANAGER

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 4 / 0 3 / 2 0 0 6

Transaction ID: SA11A1.64499

Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional)	▶	1500.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 33
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Campaign for Working Families

A. Full Name (Last, First, Middle Initial)
MRS EILEEN P HAMEL

Mailing Address 645 WILLOW VALLEY SQ # J312

City State Zip Code
LANCASTER PA 17602

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

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.00

Date of Receipt
M M / D D / Y Y Y Y Y
04 / 13 / 2006

Transaction ID: SA11A1.64111

Amount of Each Receipt this Period
375.00

B. Full Name (Last, First, Middle Initial)
MRS ALICE L HENKLE

Mailing Address 2350 PENNYROYAL RD

City State Zip Code
MIAMISBURG OH 45342

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

Name of Employer Occupation
JACK HENKLE INC RELATOR

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
04 / 17 / 2006

Transaction ID: SA11A1.64280

Amount of Each Receipt this Period
150.00

C. Full Name (Last, First, Middle Initial)
MR PAUL L HERTENSTEIN

Mailing Address 5145 NW 80TH AVENUE RD

City State Zip Code
OCALA FL 34482

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
04 / 19 / 2006

Transaction ID: SA11A1.64228

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)	▶	625.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 33
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Campaign for Working Families

A. Full Name (Last, First, Middle Initial)
MR MARK A HOLMES

Mailing Address 6035 S VIVIAN ST

City LITTLETON State CO Zip Code 80127

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

Name of Employer ASLANS ACADEMY Occupation STUDENT

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 4 / 0 3 / 2 0 0 6

Transaction ID: SA11A1.64523

Amount of Each Receipt this Period
 800.00

B. Full Name (Last, First, Middle Initial)
MRS CYNTHIA HUEMPFNER

Mailing Address 525 JACK LEG LN

City BOZEMAN State MT Zip Code 59715

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

Name of Employer DICK WALTER AUTO CENTER Occupation SECRETARY/BOOKKEEPER

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 4 / 1 7 / 2 0 0 6

Transaction ID: SA11A1.64407

Amount of Each Receipt this Period
 300.00

C. Full Name (Last, First, Middle Initial)
MR JAMES M JACKSON

Mailing Address PO BOX 2020

City SOUR LAKE State TX Zip Code 77659

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

Name of Employer F J BROWN & ASSOC HOUSTON TX Occupation RETIRED DRILLING CONSULTANT

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 4 / 1 9 / 2 0 0 6

Transaction ID: SA11A1.64507

Amount of Each Receipt this Period
 200.00

SUBTOTAL of Receipts This Page (optional)	▶	1300.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 33
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Campaign for Working Families

A. 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 Occupation
CALVIN CHRISTIAN REFORMED CHUR PASTOR

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 5 / 2 0 0 6

Transaction ID: SA11A1.64331

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
MR JOSEPH P LUCE

Mailing Address PO BOX 1408

City State Zip Code
FORT VALLEY GA 31030

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

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

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 0 3 / 2 0 0 6

Transaction ID: SA11A1.64204

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
MRS MARILYN MARKHAM

Mailing Address 350 HEIDI CT

City State Zip Code
MORGAN HILL CA 95037

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

Name of Employer Occupation
MORGAN HILL- PA. MUSIC TEACHER

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 0 / 2 0 0 6

Transaction ID: SA11A1.64611

Amount of Each Receipt this Period
50.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 33
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Campaign for Working Families

A. Full Name (Last, First, Middle Initial)
MR MICHAEL W MCRAE

Mailing Address 4710 PAULA WAY

City State Zip Code
FAIR OAKS CA 95628

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

Name of Employer Occupation
SMUD ENGINEER

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1125.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 0 6 / 2 0 0 6

Transaction ID: SA11A1.64620

Amount of Each Receipt this Period
750.00

B. Full Name (Last, First, Middle Initial)
MS LYNETTE S MERILLAT

Mailing Address 2600 GORDON DR

City State Zip Code
NAPLES FL 34102

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 0 6 / 2 0 0 6

Transaction ID: SA11A1.64225

Amount of Each Receipt this Period
5000.00

C. Full Name (Last, First, Middle Initial)
MR RICHARD D MERILLAT

Mailing Address 2600 GORDON DR

City State Zip Code
NAPLES FL 34102

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 0 6 / 2 0 0 6

Transaction ID: SA11A1.64226

Amount of Each Receipt this Period
5000.00

SUBTOTAL of Receipts This Page (optional)	▶	10750.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 33
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Campaign for Working Families

Full Name (Last, First, Middle Initial) A. MRS GAYLA MEYER		Date of Receipt M M / D D / Y Y Y Y 04 / 17 / 2006	
Mailing Address 4160 PENROSE PL		Transaction ID: SA11A1.64399	
City RAPID CITY	State SD	Zip Code 57702	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer SELF	Occupation ORTHODONTIST		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) B. MS ZINA MICHAJLICZENK		Date of Receipt M M / D D / Y Y Y Y 04 / 12 / 2006	
Mailing Address 330 W 56TH ST APT 16A		Transaction ID: SA11A1.64078	
City NEW YORK	State NY	Zip Code 10019	Amount of Each Receipt this Period 200.00
FEC ID number of contributing federal political committee. C			
Name of Employer TELCORDIA TECHNOLOGIES	Occupation ACCOUNT EXEC - SALES		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) C. MRS MARY L MILLER		Date of Receipt M M / D D / Y Y Y Y 04 / 17 / 2006	
Mailing Address 584 CHURCH ST		Transaction ID: SA11A1.64108	
City LANDISVILLE	State PA	Zip Code 17538	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer HOMEMAKER	Occupation SECRETARY/BOOKKEEPER/HOMEMAKER		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional) ▶	1450.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 33
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Campaign for Working Families

A. Full Name (Last, First, Middle Initial)
MR BARRY MONTGOMERY

Mailing Address 107 REMINGTON RD

City State Zip Code
PORT DEPOSIT MD 21904

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

Name of Employer Occupation
RISING SUN- MARYLAND REAL ESTATE BROKER

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 10 / 2006

Transaction ID: SA11A1.64150

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
MR CONRAD MORSE

Mailing Address 3508 SOUTHVILLE DR

City State Zip Code
MEDFORD OR 97504

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

Name of Employer Occupation
CRATER IRON INC GENERAL MANAGER

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 05 / 2006

Transaction ID: SA11A1.64637

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
MRS NANCY PHARRIS

Mailing Address 130 DORADO LN

City State Zip Code
ANAHEIM CA 92807

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

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 03 / 2006

Transaction ID: SA11A1.64595

Amount of Each Receipt this Period
400.00

SUBTOTAL of Receipts This Page (optional)	▶	1650.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 33
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Campaign for Working Families

A. 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 pilgrim baxter & assoc Occupation investment advisor

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 4 / 2 8 / 2 0 0 6

Transaction ID: SA11A1.64125

Amount of Each Receipt this Period
 2000.00

B. Full Name (Last, First, Middle Initial)
MS BETH L REED

Mailing Address 3613 LITTLE RD

City LUTZ State FL Zip Code 33548

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

Name of Employer HOMEMAKER Occupation HOMEMAKER

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 4 / 2 6 / 2 0 0 6

Transaction ID: SA11A1.64222

Amount of Each Receipt this Period
 500.00

C. Full Name (Last, First, Middle Initial)
MR RAYMOND L SALZMAN

Mailing Address 3445 EVERETTE DR

City BOWIE State MD Zip Code 20716

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 4 / 1 9 / 2 0 0 6

Transaction ID: SA11A1.64136

Amount of Each Receipt this Period
 200.00

SUBTOTAL of Receipts This Page (optional)	▶	2700.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 33
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Campaign for Working Families

A. Full Name (Last, First, Middle Initial)
MRS DEBORAH E SMITH

Mailing Address 3360 E TERRELL BRANCH CT SE

City State Zip Code
MARIETTA GA 30067

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

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
325.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 0 5 / 2 0 0 6

Transaction ID: SA11A1.64195

Amount of Each Receipt this Period
25.00

B. Full Name (Last, First, Middle Initial)
MR G EDWARD SUITER

Mailing Address 2025 LAMBERT CT

City State Zip Code
PLANO TX 75075

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 0 / 2 0 0 6

Transaction ID: SA11A1.64482

Amount of Each Receipt this Period
250.00

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

Mailing Address PO BOX 958

City State Zip Code
LYNNWOOD WA 98046

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

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 7 / 2 0 0 6

Transaction ID: SA11A1.64644

Amount of Each Receipt this Period
5000.00

SUBTOTAL of Receipts This Page (optional)	▶	5275.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 18 / 33
	(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

Full Name (Last, First, Middle Initial) A. MR. LARRY SUNDQUIST		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 7 / 2 0 0 6	
Mailing Address PO BOX 958		Transaction ID: SA11A1.64645	
City State Zip Code LYNNWOOD WA 98046		Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation SUNDQUIST HOMES LLC OWNER			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) B. DR JAMES P SYVRUD		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 0 / 2 0 0 6	
Mailing Address 8225 BRUTON RD		Transaction ID: SA11A1.64483	
City State Zip Code DALLAS TX 75217		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation OWNER & LIBERTY HEALTHCARE CHIROPRACTOR			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) C. MRS JUDITH H TEATES		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 4 / 2 0 0 6	
Mailing Address 5313 BROOKEVILLE RD		Transaction ID: SA11A1.64140	
City State Zip Code GAITHERSBURG MD 20882		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation INFO REQUESTED- NOT RECD INFO REQUESTED- NOT RECD			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional) ▶	5600.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 33
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Campaign for Working Families

A. 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 Occupation
ROCKINGHAM MEMORIAL HOSPITAL PHYSICIAN

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
330.00

Date of Receipt
M M / D D / Y Y Y Y Y
04 / 17 / 2006

Transaction ID: SA11A1.64155

Amount of Each Receipt this Period
330.00

B. Full Name (Last, First, Middle Initial)
MR TOMMY TOWNSEND

Mailing Address PO BOX 2290

City State Zip Code
TUSCALOOSA AL 35403

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

Name of Employer Occupation
TOWNSEND FORD AUTOMOBILE DEALER

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y
04 / 03 / 2006

Transaction ID: SA11A1.64231

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
DR MICK VANDEN-BOSCH

Mailing Address 113 W SAINT ANDREWS DR

City State Zip Code
SIOUX FALLS SD 57108

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

Name of Employer Occupation
NORTH IOWA EYE CLINIC PHYSICIAN

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
04 / 12 / 2006

Transaction ID: SA11A1.64397

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)	880.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 20 / 33
	(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 GORDON WALZ

Mailing Address 4 MEMORIAL POINT LN

City HOUSTON State TX Zip Code 77024

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 4 / 1 9 / 2 0 0 6

Transaction ID: SA11A1.64497

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
MR HELMUT A WELKE

Mailing Address 4467 STONE HAVEN DR

City BETTENDORF State IA Zip Code 52722

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

Name of Employer JOHN DEERE & CO Occupation ENGINEER

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
305.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 4 / 2 6 / 2 0 0 6

Transaction ID: SA11A1.64350

Amount of Each Receipt this Period
200.00

SUBTOTAL of Receipts This Page (optional)	▶	1200.00
TOTAL This Period (last page this line number only)	▶	37080.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 21 / 33
	(check only one)	
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Campaign for Working Families

A. Full Name (Last, First, Middle Initial)
ALLFIRST BANK

Mailing Address 1800 K Street

City State Zip Code
Washington DC 20002

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
12280.82

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	8	/	2	0	0	6

Transaction ID: SA17.64701

Amount of Each Receipt this Period
3409.03

Interest Income

SUBTOTAL of Receipts This Page (optional)	▶	3409.03
TOTAL This Period (last page this line number only)	▶	3409.03

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Campaign for Working Families

Full Name (Last, First, Middle Initial) A. AAMP		Transaction ID: SB21B.64692	
Mailing Address 9127 ANTIQUE WAY		Date of Disbursement MM / DD / YYYY 04 / 24 / 2006	
City MANASSAS	State VA	Zip Code 20110	Amount of Each Disbursement this Period 3390.00
Purpose of Disbursement PAC - Direct Mail Postage		Category/ Type	
Candidate Name			
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. AAMP		Transaction ID: SB21B.64693	
Mailing Address 9127 ANTIQUE WAY		Date of Disbursement MM / DD / YYYY 04 / 26 / 2006	
City MANASSAS	State VA	Zip Code 20110	Amount of Each Disbursement this Period 8235.85
Purpose of Disbursement PAC - Direct Mail Production		Category/ Type	
Candidate Name			
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. ALLFIRST BANK		Transaction ID: SB21B.64667	
Mailing Address 1800 K Street		Date of Disbursement MM / DD / YYYY 04 / 10 / 2006	
City Washington	State DC	Zip Code 20002	Amount of Each Disbursement this Period 661.86
Purpose of Disbursement BANK FEES		Category/ Type	
Candidate Name			
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)	12287.71
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Campaign for Working Families

Full Name (Last, First, Middle Initial) A. ALLFIRST BANK		Transaction ID: SB21B.64672	
Mailing Address 1800 K Street		Date of Disbursement 04 / 28 / 2006	
City Washington	State DC	Zip Code 20002	Amount of Each Disbursement this Period 66.78
Purpose of Disbursement Bank Fees		Category/ Type	
Candidate Name			
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. ALLFIRST BANK		Transaction ID: SB21B.64702	
Mailing Address 1800 K Street		Date of Disbursement 04 / 28 / 2006	
City Washington	State DC	Zip Code 20002	Amount of Each Disbursement this Period 160.68
Purpose of Disbursement Bank Fees		Category/ Type	
Candidate Name			
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. Gary Bauer		Transaction ID: SB21B.64686	
Mailing Address 2800 Shirlington Road		Date of Disbursement 04 / 25 / 2006	
City Arlington	State VA	Zip Code 22206	Amount of Each Disbursement this Period 7200.00
Purpose of Disbursement Consulting - Political and Admin		Category/ Type	
Candidate Name			
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)	7427.46
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Campaign for Working Families

Full Name (Last, First, Middle Initial) A. DIRECTECH, INC		Transaction ID: SB21B.64696 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 5 / 2 0 0 6
Mailing Address 8595 Grovemont Circle		Amount of Each Disbursement this Period 194.22
City Gaithersburg State MD Zip Code 20877	Purpose of Disbursement General Office Postage 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) ▼	Category/ Type

Full Name (Last, First, Middle Initial) B. DIRECTECH, INC		Transaction ID: SB21B.64695 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 6 / 2 0 0 6
Mailing Address 8595 Grovemont Circle		Amount of Each Disbursement this Period 1757.19
City Gaithersburg State MD Zip Code 20877	Purpose of Disbursement Caging and Data Processing 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) ▼	Category/ Type

Full Name (Last, First, Middle Initial) C. F&M BANK		Transaction ID: SB21B.64670 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 7 / 2 0 0 6
Mailing Address 4117 Chain Bridge Road		Amount of Each Disbursement this Period 95.27
City Fairfax State VA Zip Code 22030	Purpose of Disbursement BANK FEES 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) ▼	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	2046.68
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Campaign for Working Families

Full Name (Last, First, Middle Initial) A. HELLER INFORMATION SERVICES		Transaction ID: SB21B.64674 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 1 / 2 0 0 6	
Mailing Address 12450 Parklawn Drive		Amount of Each Disbursement this Period 540.00	
City Rockville State MD Zip Code 20852	Purpose of Disbursement Computer Services	Category/Type	
Candidate Name	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:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. LEXIS NEXIS		Transaction ID: SB21B.64675 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 1 / 2 0 0 6	
Mailing Address P.O. Box 7247-7090		Amount of Each Disbursement this Period 321.00	
City Philadelphia State PA Zip Code 19170	Purpose of Disbursement Dues & Subscriptions	Category/Type	
Candidate Name	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:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. MGP Shirlington Gateway		Transaction ID: SB21B.64687 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 5 / 2 0 0 6	
Mailing Address P.O. Box 201630		Amount of Each Disbursement this Period 2278.36	
City Dallas State TX Zip Code 75320	Purpose of Disbursement Rent	Category/Type	
Candidate Name	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:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	3139.36
TOTAL This Period (last page this line number only) ▶	[Empty Box]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Campaign for Working Families

Full Name (Last, First, Middle Initial) A. Bill Moeller		Transaction ID: SB21B.64683 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 5 / 2 0 0 6
Mailing Address 2800 Shirlington Road #930		Amount of Each Disbursement this Period 2150.00
City Arlington State VA Zip Code 22206	Purpose of Disbursement Consutling - Political	
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) ▼	

Full Name (Last, First, Middle Initial) B. Ohioans for Blackwell		Transaction ID: SB21B.64678 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 1 / 2 0 0 6
Mailing Address 172 East State Street #203		Amount of Each Disbursement this Period 5000.00
City Columbus State OH Zip Code 43215	Purpose of Disbursement Contribution	
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) ▼	

Full Name (Last, First, Middle Initial) C. PINNACLE LIST CO.		Transaction ID: SB21B.64698 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 6 / 2 0 0 6
Mailing Address 2800 Shirlington Road 9th Floor		Amount of Each Disbursement this Period 2954.01
City Arlington State VA Zip Code 22206	Purpose of Disbursement PAC - Direct Mail List Rental	
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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶

10104.01

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Campaign for Working Families

Full Name (Last, First, Middle Initial) A. RECORDS MGMT INC		Transaction ID: SB21B.64676
Mailing Address 7726 Southern Drive		Date of Disbursement MM / DD / YYYY 04 / 13 / 2006
City Springfield	State VA	Amount of Each Disbursement this Period 160.80
Zip Code 22150		
Purpose of Disbursement Storage Fees	Category/ Type	
Candidate Name		
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. THE HARTFORD		Transaction ID: SB21B.64682
Mailing Address P.O. Box 659519		Date of Disbursement MM / DD / YYYY 04 / 13 / 2006
City San Antonio	State TX	Amount of Each Disbursement this Period 2126.00
Zip Code 78265		
Purpose of Disbursement Insurance Expense	Category/ Type	
Candidate Name		
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. THE LUKENS COMPANY'		Transaction ID: SB21B.64697
Mailing Address 2800 Shirlington Road 9th Floor		Date of Disbursement MM / DD / YYYY 04 / 26 / 2006
City Arlington	State VA	Amount of Each Disbursement this Period 2425.00
Zip Code 22206		
Purpose of Disbursement PAC - Direct Mail Consulting	Category/ Type	
Candidate Name		
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)	4711.80
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 28 / 33

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

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NAME OF COMMITTEE (In Full)
Campaign for Working Families

Full Name (Last, First, Middle Initial) A. Dorie Velezis		Transaction ID: SB21B.64684 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 5 / 2 0 0 6	
Mailing Address 2800 Shirlington Road #930		Amount of Each Disbursement this Period 2000.00	
City Arlington State VA Zip Code 22206	Purpose of Disbursement Accounting Services	Category/ Type	
Candidate Name	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:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dean Virag		Transaction ID: SB21B.64680 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 3 / 2 0 0 6	
Mailing Address 14039 Westwind Lane		Amount of Each Disbursement this Period 350.00	
City Culpeper State VA Zip Code 22701	Purpose of Disbursement Computer Services	Category/ Type	
Candidate Name	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:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ►

2350.00

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

42067.02

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 29 / 33
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
Campaign for Working Families

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor DIRECTECH, INC	Nature of Debt (Purpose): Caging & Data Processing
Mailing Address 8595 Grovemont Circle	
City State ZIP Code Gaithersburg MD 20877	

Outstanding Balance Beginning This Period <input type="text" value="223.11"/>	Transaction ID: SD10.42032	
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. Full Name (Last, First, Middle Initial) of Debtor or Creditor DIRECTECH, INC	Nature of Debt (Purpose): CAGING AND DATA ENTRY
Mailing Address 8595 Grovemont Circle	
City State ZIP Code Gaithersburg MD 20877	

Outstanding Balance Beginning This Period <input type="text" value="1757.19"/>	Transaction ID: SD10.64046	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="1757.19"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor DIRECTECH, INC	Nature of Debt (Purpose): General Office Postage
Mailing Address 8595 Grovemont Circle	
City State ZIP Code Gaithersburg MD 20877	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	Transaction ID: SD10.64689	
Amount Incurred This Period <input type="text" value="194.22"/>	Payment This Period <input type="text" value="194.22"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="223.11"/>
2) TOTALS This Period (last page this line number only).....	<input type="text"/>
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
Campaign for Working Families

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor DIRECTECH, INC	Nature of Debt (Purpose): Caging and Data Processing
Mailing Address 8595 Grovemont Circle	
City State ZIP Code Gaithersburg MD 20877	

Outstanding Balance Beginning This Period 0.00	Transaction ID: SD10.64694	
Amount Incurred This Period 472.10	Payment This Period 0.00	Outstanding Balance at Close of This Period 472.10

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor J and J Printing	Nature of Debt (Purpose): General Office Letterhead-Envelope
Mailing Address 5540 Port Royal Road	
City State ZIP Code Springfield VA 22151	

Outstanding Balance Beginning This Period 0.00	Transaction ID: SD10.64699	
Amount Incurred This Period 3246.60	Payment This Period 0.00	Outstanding Balance at Close of This Period 3246.60

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor J and J Printing	Nature of Debt (Purpose): General Office Letterhead-Envelopes
Mailing Address 5540 Port Royal Road	
City State ZIP Code Springfield VA 22151	

Outstanding Balance Beginning This Period 0.00	Transaction ID: SD10.64700	
Amount Incurred This Period 118.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 118.00

1) SUBTOTALS This Period This Page (optional).....	3836.70
2) TOTALS This Period (last page this line number only).....	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
Campaign for Working Families

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor MWM Direct Marketing Services	Nature of Debt (Purpose): Direct Mail
Mailing Address 8048 Hillrise Court	
City State ZIP Code Elkridge MD 21075	

Outstanding Balance Beginning This Period <input type="text" value="2320.90"/>	Transaction ID: SD10.15344	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="2320.90"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor PINNACLE LIST CO.	Nature of Debt (Purpose):
Mailing Address 2800 Shirlington Road 9th Floor	
City State ZIP Code Arlington VA 22206	

Outstanding Balance Beginning This Period <input type="text" value="2954.01"/>	Transaction ID: SD10.64049	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="2954.01"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Seckman Printing	Nature of Debt (Purpose): Printing & Mailing
Mailing Address 305 Enterprise Drive	
City State ZIP Code Forest VA 24551	

Outstanding Balance Beginning This Period <input type="text" value="-450.00"/>	Transaction ID: SD10.15354	
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="-450.00"/>

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="1870.90"/>
2) TOTALS This Period (last page this line number only).....	<input type="text"/>
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 32 / 33	
	FOR LINE NUMBER: (check only one)	<input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
Campaign for Working Families

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor THE LUKENS COMPANY'	Nature of Debt (Purpose): Direct Mail
Mailing Address 2800 Shirlington Road 9th Floor	
City State ZIP Code Arlington VA 22206	

Outstanding Balance Beginning This Period <input type="text" value="1022.32"/>	Transaction ID: SD10.15340	
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="1022.32"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor THE LUKENS COMPANY'	Nature of Debt (Purpose): Credit for Error in Billi- ng
Mailing Address 2800 Shirlington Road 9th Floor	
City State ZIP Code Arlington VA 22206	

Outstanding Balance Beginning This Period <input type="text" value="-1022.32"/>	Transaction ID: SD10.15509	
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="-1022.32"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor THE LUKENS COMPANY'	Nature of Debt (Purpose): PAC - DIRECT MAIL CONSULT- ING
Mailing Address 2800 Shirlington Road 9th Floor	
City State ZIP Code Arlington VA 22206	

Outstanding Balance Beginning This Period <input type="text" value="2425.00"/>	Transaction ID: SD10.64050	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="2425.00"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="0.00"/>
2) TOTALS This Period (last page this line number only).....	<input type="text" value="5930.71"/>
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

Image# 26930140697

Form/Schedule: SA11A1 Donor exceeded limit and reattribution form sent to transfer money to non-federal account. Form and transfer of funds completed on 5/5/06. Next monthly report will reflect change.
Transaction ID: SA11A1.64586
