

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. 12FE4M5

CAMPAIGN FOR WORKING FAMILIES

ADDRESS (number and street) 2800 SHIRLINGTON ROAD, SUITE 930

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

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C 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 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 [MM] / [DD] / [YYYY] in the State of []

- (d) 30-Day POST-Election Report for the:
- General (30G) Runoff (30R) Special (30S)

Election on [MM] / [DD] / [YYYY] in the State of []

5. Covering Period [MM] / [DD] / [YYYY] 12 / 01 / 2015 through [MM] / [DD] / [YYYY] 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 Dorie Velezis

Signature of Treasurer *Dorie Velezis* [Electronically Filed] Date 01 / 29 / 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.

| | | | | | | | | | |
|-----------------|--|--|--|--|--|--|--|--|--|
| Office Use Only | | | | | | | | | |
|-----------------|--|--|--|--|--|--|--|--|--|

**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: / / To: / /

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand January 1, <input type="text" value="2015"/> | | 414085.84 |
| (b) Cash on Hand at Beginning of Reporting Period..... | 342571.57 | |
| (c) Total Receipts (from Line 19) | 26346.66 | 247501.10 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... | 368918.23 | 661586.94 |
| 7. Total Disbursements (from Line 31)..... | 9819.67 | 302488.38 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | 359098.56 | 359098.56 |
| 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) | 10266.67 | |

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

CAMPAIGN FOR WORKING FAMILIES

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

| 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)..... | 23223.01 | 161673.42 |
| (ii) Unitemized | 3122.79 | 70465.97 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶ | 26345.80 | 232139.39 |
| (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) | 26345.80 | 232139.39 |
| 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 | 2738.02 |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees..... | 0.00 | 0.00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.)..... | 0.86 | 12623.69 |
| 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))..... ▶ | 26346.66 | 247501.10 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶ | 26346.66 | 247501.10 |

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 | 9819.67 | 298858.38 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 9819.67 | 298858.38 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 0.00 | 3500.00 |
| 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 | 130.00 |
| (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 | 130.00 |
| 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)) .. | 9819.67 | 302488.38 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 9819.67 | 302488.38 |

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) | 26345.80 | 232139.39 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 130.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 26345.80 | 232009.39 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 9819.67 | 298858.38 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3)..... | 0.00 | 2738.02 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 9819.67 | 296120.36 |

**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 84
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

A. MR CHARLES D AYRES
 Full Name (Last, First, Middle Initial)
 Mailing Address 4911 CASA ORO DR
 City YORBA LINDA State CA Zip Code 92886
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2015
Transaction ID : SA11AI.16814
 Amount of Each Receipt this Period
 100.00
 CONTRIBUTION

B. DAVID BAIN
 Full Name (Last, First, Middle Initial)
 Mailing Address 1000 PECAN DR
 City MCKINNEY State TX Zip Code 75069
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CORWIN ENGINEERING INCORPORATED Occupation ENGINEER
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2015
Transaction ID : SA11AI.16777
 Amount of Each Receipt this Period
 50.00
 CONTRIBUTION

C. MR DAVID J BATLUCK
 Full Name (Last, First, Middle Initial)
 Mailing Address 17 MULLIGAN DR
 City READING State PA Zip Code 19606
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HAVEN BEHAVIORAL HOSPITAL Occupation PHYSICIAN
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2015
Transaction ID : SA11AI.16702
 Amount of Each Receipt this Period
 50.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 200.00
TOTAL This Period (last page this line number only)..... ▶

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.16814

0103804-0000135

Form/Schedule: SA11AI

Transaction ID: SA11AI.16777

0111881-0000096

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.16702

0002355-0000013

Form/Schedule:

Transaction ID:

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

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

FOR LINE NUMBER: PAGE 9 OF 84
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

A. MR ANTHONY R BIANCHI
 Full Name (Last, First, Middle Initial)
 Mailing Address 601 HACKBERRY RIDGE DR
 City MCKINNEY State TX Zip Code 75070
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RE/MAX Occupation REALTOR
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2015
Transaction ID : SA11AI.16778
 Amount of Each Receipt this Period
 25.00
 CONTRIBUTION

B. DR GARY R BISHOP
 Full Name (Last, First, Middle Initial)
 Mailing Address 15144 LARRY ST
 City POWAY State CA Zip Code 92064
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RIVERSIDE COUNTY Occupation PHARMACIST
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2015
Transaction ID : SA11AI.16806
 Amount of Each Receipt this Period
 35.00
 CONTRIBUTION

C. MRS DEBORAH M BLACKMAR
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 278
 City CATAULA State GA Zip Code 31804
 FEC ID number of contributing federal political committee. **C**
 Name of Employer INFO REQUESTED- NOT RECD Occupation INFO REQUESTED- NOT RECD
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : SA11AI.16723
 Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶ 1060.00
TOTAL This Period (last page this line number only).....▶

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.16778

0103533-0000097

Form/Schedule: SA11AI

Transaction ID: SA11AI.16806

0009108-0000125

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.16723

0108779-0000032

Form/Schedule:

Transaction ID:

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

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

FOR LINE NUMBER: PAGE 12 OF 84
(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. MR PHIL BOLLINGER
Full Name (Last, First, Middle Initial)

Mailing Address 1901 CANTERBURY COURT CV

| | | |
|-----------------|-------------|-------------------|
| City CORDOVA | State TN | Zip Code 38016 |
|-----------------|-------------|-------------------|

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

| | |
|--------------------------------|----------------------|
| Name of Employer ST FRANCIS | Occupation IT MGR |
|--------------------------------|----------------------|

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **275.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | / | 31 | / | 2015 |

Transaction ID : SA11Al.16741

Amount of Each Receipt this Period

| |
|--------|
| 663.00 |
|--------|

CONTRIBUTION

B. MR STEPHEN BOVY
Full Name (Last, First, Middle Initial)

Mailing Address 9301 PALI AVE

| | | |
|-----------------|-------------|-------------------|
| City TUJUNGA | State CA | Zip Code 91042 |
|-----------------|-------------|-------------------|

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

| | |
|-------------------------|---------------------------|
| Name of Employer N/A | Occupation UN-EMPLOYED |
|-------------------------|---------------------------|

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | / | 30 | / | 2015 |

Transaction ID : SA11Al.16804

Amount of Each Receipt this Period

| |
|--------|
| 600.00 |
|--------|

CONTRIBUTION

C. MR TERRY O BRISTOL
Full Name (Last, First, Middle Initial)

Mailing Address 1304 DUFF DR STE 2 OFC 5

| | | |
|----------------------|-------------|-------------------|
| City FORT COLLINS | State CO | Zip Code 80524 |
|----------------------|-------------|-------------------|

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

| | |
|--|-------------------------|
| Name of Employer 344E FOOTHILLS PARKWAY FC COLORADO | Occupation ASSET MGR |
|--|-------------------------|

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **456.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | / | 07 | / | 2015 |

Transaction ID : SA11Al.16795

Amount of Each Receipt this Period

| |
|-------|
| 38.00 |
|-------|

CONTRIBUTION

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 663.00 |
| TOTAL This Period (last page this line number only).....▶ | |

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.16741

0108922-0000053

Form/Schedule: SA11AI

Transaction ID: SA11AI.16804

0008772-0000122

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.16795

0024811-0000113

Form/Schedule:

Transaction ID:

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 15 OF 84 |
| | <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"/> | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

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

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: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 01 / 2015
Transaction ID : SA11Al.16724

Amount of Each Receipt this Period
 500.00

CONTRIBUTION

B. MR DAVID M EASON
Full Name (Last, First, Middle Initial)

Mailing Address 1125 BESSEMER ROAD N W

City HUNTSVILLE State AL Zip Code 35816

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

Name of Employer DRS TEST & ENERGY MANAGEMENT- LLC Occupation COMPUTER PROGRAMMER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : SA11Al.16737

Amount of Each Receipt this Period
 300.00

CONTRIBUTION

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

Mailing Address 620 SUNSET AVE N

City EDMONDS State WA Zip Code 98020

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

Name of Employer SELF Occupation HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1950.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2015
Transaction ID : SA11Al.16825

Amount of Each Receipt this Period
 250.00

CONTRIBUTION

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

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.16724

0012784-0000034

Form/Schedule: SA11AI

Transaction ID: SA11AI.16737

0014621-0000047

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.16825

0111888-0000146

Form/Schedule:

Transaction ID:

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 18 OF 84 |
| | <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"/> | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

A. MR FRANCIS L FRIEND
Full Name (Last, First, Middle Initial)

Mailing Address 2125 LUANN LN APT 6

City MADISON State WI Zip Code 53713

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

Name of Employer SELF Occupation CONSULTANT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
12 / 07 / 2015
Transaction ID : SA11Al.16758

Amount of Each Receipt this Period
50.00

CONTRIBUTION

B. MR WAYNE GARNER
Full Name (Last, First, Middle Initial)

Mailing Address 236 CROSS COUNTRY DR

City HEWITT State TX Zip Code 76643

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

Name of Employer RETIRED Occupation TEACHER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
12 / 11 / 2015
Transaction ID : SA11Al.16782

Amount of Each Receipt this Period
25.00

CONTRIBUTION

C. MR BEN J GOUGH
Full Name (Last, First, Middle Initial)

Mailing Address 13999 LAVERTON AVE

City BAKERSFIELD State CA Zip Code 93314

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

Name of Employer SELF Occupation ENGINEERING

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt
12 / 01 / 2015
Transaction ID : SA11Al.16818

Amount of Each Receipt this Period
20.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 95.00

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

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.16758

0100234-0000074

Form/Schedule: SA11AI

Transaction ID: SA11AI.16782

0100558-0000101

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.16818

0101216-0000139

Form/Schedule:

Transaction ID:

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

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

FOR LINE NUMBER: PAGE 21 OF 84
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

A. MR BEN J GOUGH
 Full Name (Last, First, Middle Initial)
 Mailing Address 13999 LAVERTON AVE
 City BAKERSFIELD State CA Zip Code 93314
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF Occupation ENGINEERING
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : SA11AI.16819
 Amount of Each Receipt this Period
 200.00
 CONTRIBUTION

B. MRS PHYLLIS L GUNTER
 Full Name (Last, First, Middle Initial)
 Mailing Address 12939 JULINGTON RIDGE DR E
 City JACKSONVILLE State FL Zip Code 32258
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 28 / 2015
Transaction ID : SA11AI.16725
 Amount of Each Receipt this Period
 30.00
 CONTRIBUTION

C. MR CARL W GUSTKE
 Full Name (Last, First, Middle Initial)
 Mailing Address 233 STATON RD
 City CABOT State AR Zip Code 72023
 FEC ID number of contributing federal political committee. **C**
 Name of Employer FEDERAL EX - (WIFE) REBSAMEN R. H. Occupation PILOT - WIFE DEBORAH-RN
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1050.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 01 / 2015
Transaction ID : SA11AI.16774
 Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 550.00
TOTAL This Period (last page this line number only)..... ▶

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.16819

0101216-0000140

Form/Schedule: SA11AI

Transaction ID: SA11AI.16725

0107460-0000035

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.16774

0022519-0000092

Form/Schedule:

Transaction ID:

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 24 OF 84 |
| | <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. MR CARL W GUSTKE
Full Name (Last, First, Middle Initial)

Mailing Address 233 STATON RD

City CABOT State AR Zip Code 72023

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

Name of Employer FEDERAL EX - (WIFE) REBSAMEN R. H. Occupation PILOT - WIFE DEBORAH-RN

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt
12 / 07 / 2015
Transaction ID : SA11Al.16775

Amount of Each Receipt this Period
50.00

CONTRIBUTION

B. MR BRUCE HALL
Full Name (Last, First, Middle Initial)

Mailing Address 29006 71ST AVE E

City GRAHAM State WA Zip Code 98338

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

Name of Employer HALL FOREST PRODUCTS Occupation BUSINESS OWNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
12 / 31 / 2015
Transaction ID : SA11Al.16829

Amount of Each Receipt this Period
250.00

CONTRIBUTION

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

Mailing Address 152 GRANDE VISTA WAY

City CHELSEA State AL Zip Code 35043

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

Name of Employer ATHEROTECH DIAGNOSTICS LAB Occupation VP BUSINESS OPS - DIAGNOSTICS LAB

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
12 / 15 / 2015
Transaction ID : SA11Al.16734

Amount of Each Receipt this Period
25.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 325.00

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

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.16775

0022519-0000093

Form/Schedule: SA11AI

Transaction ID: SA11AI.16829

0099888-0000151

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.16734

0108189-0000044

Form/Schedule:

Transaction ID:

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 27 OF 84 |
| | <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. MR DAVID HOLLINGER
 Full Name (Last, First, Middle Initial)
 Mailing Address 755 WHITE OAK RD
 City DENVER State PA Zip Code 17517
 FEC ID number of contributing federal political committee. **C**
 Name of Employer FOUR SEASONS PRODUCE INC Occupation PRESIDENT
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : SA11AI.16698
 Amount of Each Receipt this Period
 5000.00
 CONTRIBUTION

B. MR CLAYTON L HOWIE
 Full Name (Last, First, Middle Initial)
 Mailing Address 1673 POPLAR LN
 City CAMANO ISLAND State WA Zip Code 98282
 FEC ID number of contributing federal political committee. **C**
 Name of Employer THE SEATTLE TIMES COMPANY Occupation DISTRICT MANAGER
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 13 / 2015
Transaction ID : SA11AI.16828
 Amount of Each Receipt this Period
 25.00
 CONTRIBUTION

C. MR ALDEN P JOHNSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 5010 LA BARRANCA ST
 City SAN ANTONIO State TX Zip Code 78233
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF Occupation MORTGAGE LOAN OFFICER
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2015
Transaction ID : SA11AI.16789
 Amount of Each Receipt this Period
 25.00
 CONTRIBUTION

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 5050.00 |
| TOTAL This Period (last page this line number only).....▶ | |

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.16698

0051656-0000008

Form/Schedule: SA11AI

Transaction ID: SA11AI.16828

0100387-0000150

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.16789

0104518-0000108

Form/Schedule:

Transaction ID:

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 30 OF 84 |
| <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. MR ALLAN G KAVALICH
 Full Name (Last, First, Middle Initial)
 Mailing Address 1518 EDGEHILL LANE
 City REDLANDS State CA Zip Code 92373
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ALLAN G KAVALICH- MD INC. Occupation PHYSICIAN
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : SA11AI.16808
 Amount of Each Receipt this Period
 2000.00
 CONTRIBUTION

B. MR JAMES J KAZMIERZAK
 Full Name (Last, First, Middle Initial)
 Mailing Address 11808 EAGLE VIEW CT
 City FORT WAYNE State IN Zip Code 46814
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF Occupation SALES
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1150.40

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 23 / 2015
Transaction ID : SA11AI.16750
 Amount of Each Receipt this Period
 800.00
 CONTRIBUTION

C. DR JOHN D KEISLING
 Full Name (Last, First, Middle Initial)
 Mailing Address 35 ERICA LN
 City BELEN State NM Zip Code 87002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer LEIDOS Occupation SCIENTIST
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 15 / 2015
Transaction ID : SA11AI.16801
 Amount of Each Receipt this Period
 40.00
 CONTRIBUTION

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 2840.00 |
| TOTAL This Period (last page this line number only).....▶ | |

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.16808

0104443-0000127

Form/Schedule: SA11AI

Transaction ID: SA11AI.16750

0111250-0000064

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.16801

0100128-0000119

Form/Schedule:

Transaction ID:

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 33 OF 84 |
| | <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. MR HENDRIK KERKSTRA
 Full Name (Last, First, Middle Initial)
 Mailing Address 1224 ATWATER ST
 City CHULA VISTA State CA Zip Code 91913
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 540.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2015
Transaction ID : SA11AI.16805
 Amount of Each Receipt this Period
 60.00
 CONTRIBUTION

B. MICHAEL T KOBEL
 Full Name (Last, First, Middle Initial)
 Mailing Address 9764 CEDAR CT
 KOBEL FAMILY TRUST
 City CYPRESS State CA Zip Code 90630
 FEC ID number of contributing federal political committee. **C**
 Name of Employer KOBEL FAMILY TRUST Occupation ENGINEER
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2015
Transaction ID : SA11AI.16803
 Amount of Each Receipt this Period
 20.00
 CONTRIBUTION

C. MR THOMAS J KUK
 Full Name (Last, First, Middle Initial)
 Mailing Address 32265 WEEPING WILLOW STREET
 City TRABUCO CANYON State CA Zip Code 92679
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HOMEMAKER Occupation HOMEMAKER
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 705.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 22 / 2015
Transaction ID : SA11AI.16812
 Amount of Each Receipt this Period
 70.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶ 150.00
TOTAL This Period (last page this line number only).....▶

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.16805

0103362-0000124

Form/Schedule: SA11AI

Transaction ID: SA11AI.16803

0101140-0000121

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.16812

0015893-0000133

Form/Schedule:

Transaction ID:

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 36 OF 84 |
| | <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. DR. ELDON LARSON
Full Name (Last, First, Middle Initial)

Mailing Address 2562 TREASURE DR APT S4100

| | | |
|-----------------------|-------------|-------------------|
| City SANTA BARBARA | State CA | Zip Code 93105 |
|-----------------------|-------------|-------------------|

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

| | |
|---|-------------------------|
| Name of Employer MARSHALL UNIVERSITY | Occupation PROFESSOR |
|---|-------------------------|

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | / | 15 | / | 2015 |

Transaction ID : SA11AI.16817

Amount of Each Receipt this Period

| |
|--------|
| 250.00 |
|--------|

CONTRIBUTION

B. MRS ELAINE LOZIER
Full Name (Last, First, Middle Initial)

Mailing Address 7420 WESTERFIELD RD

| | | |
|----------------|-------------|-------------------|
| City LYNDEN | State WA | Zip Code 98264 |
|----------------|-------------|-------------------|

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

| | |
|-------------------------------|-------------------------|
| Name of Employer HOMEMAKER | Occupation HOMEMAKER |
|-------------------------------|-------------------------|

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | / | 23 | / | 2015 |

Transaction ID : SA11AI.16827

Amount of Each Receipt this Period

| |
|---------|
| 2000.00 |
|---------|

CONTRIBUTION

C. DR JON TOM MCANEAR
Full Name (Last, First, Middle Initial)

Mailing Address 12131 STOCKHOLM

| | | |
|---------------------|-------------|-------------------|
| City SAN ANTONIO | State TX | Zip Code 78230 |
|---------------------|-------------|-------------------|

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

| | |
|--------------------------|-------------------------|
| Name of Employer SELF | Occupation OMSURGEON |
|--------------------------|-------------------------|

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | / | 23 | / | 2015 |

Transaction ID : SA11AI.16878

Amount of Each Receipt this Period

| |
|---------|
| 1000.00 |
|---------|

CONTRIBUTION

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 3025.00 |
| TOTAL This Period (last page this line number only).....▶ | |

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.16817

0104094-0000138

Form/Schedule: SA11AI

Transaction ID: SA11AI.16827

0102286-0000148

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.16788

0102083-0000106

Form/Schedule:

Transaction ID:

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 39 OF 84 |
| | <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. MRS LYNN MCCLATCHEY
Full Name (Last, First, Middle Initial)

Mailing Address 45012 70TH AVENUE

City LINN GROVE State IA Zip Code 51033

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

Name of Employer SIOUX CENTRAL SCHOOL Occupation TEACHER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 12 / 07 / 2015
Transaction ID : SA11AI.16756

Amount of Each Receipt this Period 200.00

CONTRIBUTION

B. MRS BONNIE MCCONNELL
Full Name (Last, First, Middle Initial)

Mailing Address 6960 CITRUS DRIVE

City SEMINOLE State FL Zip Code 33772

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

Name of Employer PUBLIC SCHOOL SYSTEM Occupation TEACHER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt 12 / 01 / 2015
Transaction ID : SA11AI.16729

Amount of Each Receipt this Period 35.00

CONTRIBUTION

C. MRS BONNIE MCCONNELL
Full Name (Last, First, Middle Initial)

Mailing Address 6960 CITRUS DRIVE

City SEMINOLE State FL Zip Code 33772

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

Name of Employer PUBLIC SCHOOL SYSTEM Occupation TEACHER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt 12 / 31 / 2015
Transaction ID : SA11AI.16730

Amount of Each Receipt this Period 30.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 85.00

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

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.16756

0023485-0000072

Form/Schedule: SA11AI

Transaction ID: SA11AI.16729

0108135-0000039

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.16730

0108135-0000040

Form/Schedule:

Transaction ID:

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 42 OF 84 |
| | <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. MRS GWEN L MOORE
Full Name (Last, First, Middle Initial)

Mailing Address 1213 CHRISTINE AVENUE

City ANNISTON State AL Zip Code 36207

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

Name of Employer: **HOMEMAKER** Occupation: **HOMEMAKER**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt: **12 / 03 / 2015**
Transaction ID : **SA11Al.16739**

Amount of Each Receipt this Period: **250.00**

CONTRIBUTION

B. MS ANNETTE NEUMANN
Full Name (Last, First, Middle Initial)

Mailing Address 7518 FULMAR AVE

City PORT CHARLOTTE State FL Zip Code 33981

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

Name of Employer: **SELF** Occupation: **CHIROPRACTOR**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2000.00**

Date of Receipt: **12 / 24 / 2015**
Transaction ID : **SA11Al.16732**

Amount of Each Receipt this Period: **2000.00**

CONTRIBUTION

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

Mailing Address 1330 COOSA RIVER RD

City DEATSVILLE State AL Zip Code 36022

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

Name of Employer: **RETIRED** Occupation: **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt: **12 / 07 / 2015**
Transaction ID : **SA11Al.16738**

Amount of Each Receipt this Period: **25.00**

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... **2275.00**

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

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.16739

0001229-0000050

Form/Schedule: SA11AI

Transaction ID: SA11AI.16732

0053840-0000041

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.16738

0106562-0000049

Form/Schedule:

Transaction ID:

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

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

FOR LINE NUMBER: PAGE 45 OF 84
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

Full Name (Last, First, Middle Initial)
A. MR EDWARD M NICHOLS

Mailing Address 11 HENDRIE LN

City RIVERSIDE State CT Zip Code 06878

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

Name of Employer Occupation
FUSION FINANCIAL GROUP SELF

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2015
Transaction ID : SA11AI.16693

Amount of Each Receipt this Period
50.00

CONTRIBUTION

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

Mailing Address 11 PARK PL

City WALDWICK State NJ Zip Code 07463

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

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

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2015
Transaction ID : SA11AI.16694

Amount of Each Receipt this Period
25.00

CONTRIBUTION

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

Mailing Address 11 PARK PL

City WALDWICK State NJ Zip Code 07463

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

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

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : SA11AI.16695

Amount of Each Receipt this Period
25.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 100.00

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

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.16693

0105268-0000004

Form/Schedule: SA11AI

Transaction ID: SA11AI.16694

0107234-0000005

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.16695

0107234-0000006

Form/Schedule:

Transaction ID:

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

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

FOR LINE NUMBER: PAGE 48 OF 84
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

A. MRS NANCY PHARRIS
 Full Name (Last, First, Middle Initial)
 Mailing Address 174 EMERALD BAY
 City LAGUNA BEACH State CA Zip Code 92651
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: HOMEMAKER Occupation: HOMEMAKER
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1600.00

Date of Receipt: 12 / 31 / 2015
Transaction ID : SA11AI.16811
 Amount of Each Receipt this Period: 300.00
 CONTRIBUTION

B. MR DONALD W RODRIGUEZ
 Full Name (Last, First, Middle Initial)
 Mailing Address 5116 N VALADEZ STREET
 City LAS VEGAS State NV Zip Code 89149
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: FENCING SPECIALISTS INC Occupation: MANAGER
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt: 12 / 07 / 2015
Transaction ID : SA11AI.16802
 Amount of Each Receipt this Period: 20.00
 CONTRIBUTION

C. MR THOMAS M SEAVER
 Full Name (Last, First, Middle Initial)
 Mailing Address 2886 EASTWOOD DR
 City KIMBALL State MI Zip Code 48074
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: RETIRED Occupation: RETIRED
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 12 / 21 / 2015
Transaction ID : SA11AI.16752
 Amount of Each Receipt this Period: 300.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶ 620.00
TOTAL This Period (last page this line number only).....▶

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.16811

0103953-0000131

Form/Schedule: SA11AI

Transaction ID: SA11AI.16802

0103454-0000120

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.16752

0012537-0000067

Form/Schedule:

Transaction ID:

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

| | |
|---|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 51 OF 84 (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. HERBERT SEEGER | | | Date of Receipt <input type="text" value="12"/> / <input type="text" value="23"/> / <input type="text" value="2015"/> Transaction ID : SA11AI.16727 |
| Mailing Address 20736 COUNTY ROAD 44A | | | Amount of Each Receipt this Period <input type="text" value="25.00"/> CONTRIBUTION |
| City EUSTIS | State FL | Zip Code 32736 | Amount of Each Receipt this Period <input type="text" value="25.00"/> CONTRIBUTION |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> | | Aggregate Year-to-Date ▼ <input type="text" value="380.00"/> | |
| Name of Employer WIFE | Occupation RETIRED | | |
| Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|-----------------------|---|--|
| Full Name (Last, First, Middle Initial) B. HERBERT SEEGER | | | Date of Receipt <input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2015"/> Transaction ID : SA11AI.16728 |
| Mailing Address 20736 COUNTY ROAD 44A | | | Amount of Each Receipt this Period <input type="text" value="25.00"/> CONTRIBUTION |
| City EUSTIS | State FL | Zip Code 32736 | Amount of Each Receipt this Period <input type="text" value="25.00"/> CONTRIBUTION |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> | | Aggregate Year-to-Date ▼ <input type="text" value="405.00"/> | |
| Name of Employer WIFE | Occupation RETIRED | | |
| Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|--------------------------|---|--|
| Full Name (Last, First, Middle Initial) C. MR GARY J SELF | | | Date of Receipt <input type="text" value="12"/> / <input type="text" value="07"/> / <input type="text" value="2015"/> Transaction ID : SA11AI.16787 |
| Mailing Address 8508 YORKSHIRE DR | | | Amount of Each Receipt this Period <input type="text" value="20.00"/> CONTRIBUTION |
| City ORANGE | State TX | Zip Code 77632 | Amount of Each Receipt this Period <input type="text" value="20.00"/> CONTRIBUTION |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> | | Aggregate Year-to-Date ▼ <input type="text" value="240.00"/> | |
| Name of Employer WAL-MART | Occupation PHARMACIST | | |
| Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | |
|---|------------------------------------|
| SUBTOTAL of Receipts This Page (optional)..... ▶ | <input type="text" value="70.00"/> |
| TOTAL This Period (last page this line number only)..... ▶ | <input type="text" value=""/> |

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.16727

0111525-0000037

Form/Schedule: SA11AI

Transaction ID: SA11AI.16728

0111525-0000038

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.16787

0013298-0000105

Form/Schedule:

Transaction ID:

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 54 OF 84 |
| | <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. Mr. WARREN SIMANDLE
 Full Name (Last, First, Middle Initial)
 Mailing Address 2322 VISTA MADERA
 City SANTA BARBARA State CA Zip Code 93101
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SANTA BARBARA HIGH SCHOOL DIST Occupation PUBLIC SCHOOL TEACHER
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2015
Transaction ID : SA11Al.16816
 Amount of Each Receipt this Period
 25.00
 CONTRIBUTION

B. MR RICK B SKINNER
 Full Name (Last, First, Middle Initial)
 Mailing Address 19111 SCENIC HIGHWAY 98
 City FAIRHOPE State AL Zip Code 36532
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED ENGINEER
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.05

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2015
Transaction ID : SA11Al.16740
 Amount of Each Receipt this Period
 50.01
 CONTRIBUTION

C. MRS DEBORAH E SMITH
 Full Name (Last, First, Middle Initial)
 Mailing Address 3360 E TERRELL BRANCH CT SE
 City MARIETTA State GA Zip Code 30067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HOMEMAKER Occupation HOMEMAKER
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2015
Transaction ID : SA11Al.16717
 Amount of Each Receipt this Period
 25.00
 CONTRIBUTION

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 100.01 |
| TOTAL This Period (last page this line number only).....▶ | |

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.16816

0009367-0000137

Form/Schedule: SA11AI

Transaction ID: SA11AI.16740

0111883-0000052

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.16717

0027760-0000025

Form/Schedule:

Transaction ID:

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 57 OF 84 |
| | <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. MRS LINDA C SMITH
Full Name (Last, First, Middle Initial)

Mailing Address 17618 REXWOOD ST

City LIVONIA State MI Zip Code 48152

FEC ID number of contributing federal political committee. C

Name of Employer ARBOR HOSPICE Occupation RN

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2015
Transaction ID : SA11AI.16753

Amount of Each Receipt this Period
 25.00

CONTRIBUTION

B. LAKE C SPEED
Full Name (Last, First, Middle Initial)

Mailing Address 4025 OLD SALISBURY CONCORD RD

City KANNAPOLIS State NC Zip Code 28083

FEC ID number of contributing federal political committee. C

Name of Employer SELF Occupation REAL ESTATE MANAGER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2015
Transaction ID : SA11AI.16713

Amount of Each Receipt this Period
 25.00

CONTRIBUTION

C. MRS TAMMY E STEINBERG
Full Name (Last, First, Middle Initial)

Mailing Address 101 WINDINGHAM DR NW

City HUNTSVILLE State AL Zip Code 35806

FEC ID number of contributing federal political committee. C

Name of Employer HARRO APOTHERAPY Occupation HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2015
Transaction ID : SA11AI.16736

Amount of Each Receipt this Period
 20.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 70.00

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

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.16753

0038656-0000069

Form/Schedule: SA11AI

Transaction ID: SA11AI.16713

0027438-0000022

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.16736

0011951-0000046

Form/Schedule:

Transaction ID:

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

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

FOR LINE NUMBER: PAGE 60 OF 84
(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. MRS PATSY STONE
Full Name (Last, First, Middle Initial)
Mailing Address 3540 PEAR ST
City TRUSSVILLE State AL Zip Code 35173
FEC ID number of contributing federal political committee. **C**
Name of Employer GGN Occupation RECEPTIONIST
Receipt For: 2016
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 210.00

Date of Receipt
12 / 23 / 2015
Transaction ID : SA11Al.16735
Amount of Each Receipt this Period 200.00
CONTRIBUTION

B. MR STEPHEN STUDE
Full Name (Last, First, Middle Initial)
Mailing Address 32797 820TH ST
City BREWSTER State MN Zip Code 56119
FEC ID number of contributing federal political committee. **C**
Name of Employer SELF EMPLOYED Occupation FARMER
Receipt For: 2016
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt
12 / 07 / 2015
Transaction ID : SA11Al.16762
Amount of Each Receipt this Period 25.00
CONTRIBUTION

C. MR MARK SWISHER
Full Name (Last, First, Middle Initial)
Mailing Address 24902 N POINT PL
City KATY State TX Zip Code 77494
FEC ID number of contributing federal political committee. **C**
Name of Employer AVIARA ENERGY CORPORATION Occupation ENGINEER
Receipt For: 2016
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 600.00

Date of Receipt
12 / 07 / 2015
Transaction ID : SA11Al.16784
Amount of Each Receipt this Period 50.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 95.00
TOTAL This Period (last page this line number only)..... ▶

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.16735

0020575-0000045

Form/Schedule: SA11AI

Transaction ID: SA11AI.16762

0006116-0000078

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.16784

0048257-0000103

Form/Schedule:

Transaction ID:

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 63 OF 84 |
| | <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. DENNIS R TAYLOR
Full Name (Last, First, Middle Initial)

Mailing Address 2604 MOUNT CARMEL RD

| | | |
|-----------------|-------------|-------------------|
| City HAMPTON | State GA | Zip Code 30228 |
|-----------------|-------------|-------------------|

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

| | |
|--------------------------------|---------------------------|
| Name of Employer PLUM CREEK | Occupation TAX MANAGER |
|--------------------------------|---------------------------|

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | / | 30 | / | 2015 |

Transaction ID : SA11Al.16719

Amount of Each Receipt this Period

| |
|--------|
| 200.00 |
|--------|

CONTRIBUTION

B. MRS PEGGY L TURNER
Full Name (Last, First, Middle Initial)

Mailing Address 4298 TALLMADGE RD

| | | |
|-------------------|-------------|-------------------|
| City ROOTSTOWN | State OH | Zip Code 44272 |
|-------------------|-------------|-------------------|

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

| | |
|-----------------------------|-----------------------|
| Name of Employer RETIRED | Occupation RETIRED |
|-----------------------------|-----------------------|

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | / | 23 | / | 2015 |

Transaction ID : SA11Al.16746

Amount of Each Receipt this Period

| |
|--------|
| 200.00 |
|--------|

CONTRIBUTION

C. MRS VICTORIA L VESTUTO
Full Name (Last, First, Middle Initial)

Mailing Address 22926 N FOXTAIL DR

| | | |
|-----------------|-------------|-------------------|
| City KILDEER | State IL | Zip Code 60047 |
|-----------------|-------------|-------------------|

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

| | |
|--|-----------------------------------|
| Name of Employer VESTURO APPLICATION CONSULTING INC | Occupation SOFTWARE CONSULTANT |
|--|-----------------------------------|

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1750.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | / | 23 | / | 2015 |

Transaction ID : SA11Al.16764

Amount of Each Receipt this Period

| |
|---------|
| 1000.00 |
|---------|

CONTRIBUTION

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1400.00 |
| TOTAL This Period (last page this line number only).....▶ | |

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.16719

0100575-0000027

Form/Schedule: SA11AI

Transaction ID: SA11AI.16746

0064493-0000059

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.16764

0006370-0000080

Form/Schedule:

Transaction ID:

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

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

FOR LINE NUMBER: PAGE 66 OF 84
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

A. MRS KATHLEEN WELD
 Full Name (Last, First, Middle Initial)
 Mailing Address 29 MAIN ST
 City DOVER State MA Zip Code 02030
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF Occupation PIANO TEACHER HOME MAKER
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2015
Transaction ID : SA11AI.16692
 Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

B. MRS WILLIAM J WILLIS
 Full Name (Last, First, Middle Initial)
 Mailing Address 1194 DUNBROOKE LANE
 City DUNWOODY State GA Zip Code 30338
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HOME MAKER Occupation HOME MAKER
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : SA11AI.16720
 Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

C. MR STEVEN E WINTER
 Full Name (Last, First, Middle Initial)
 Mailing Address 2104 BENTHAM WAY
 City YUKON State OK Zip Code 73099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer FAA / MUSTANG PUBLIC SCHOOLS Occupation RETIRED AVIATION SAFETY INSPECTOR /
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2015
Transaction ID : SA11AI.16776
 Amount of Each Receipt this Period
 100.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶ 1350.00
TOTAL This Period (last page this line number only).....▶

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.16692

0108754-0000002

Form/Schedule: SA11AI

Transaction ID: SA11AI.16720

0100150-0000029

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.16776

0111547-0000095

Form/Schedule:

Transaction ID:

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

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

FOR LINE NUMBER: PAGE 69 OF 84
(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)
ROBERT E WORMALD

Mailing Address 10121 CHAPEL ROAD

City POTOMAC State MD Zip Code 20854

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

Name of Employer WORMALD DEN CO Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : SA11Al.16705

Amount of Each Receipt this Period
 2500.00

CONTRIBUTION

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

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

Amount of Each Receipt this Period

| | |
|--|----------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 2500.00 |
| TOTAL This Period (last page this line number only).....▶ | 23223.01 |

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.16705

0109763-0000015

Form/Schedule:

Transaction ID:

**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. 1st VIRGINIA COMMUNITY BANK

Mailing Address 11325 RANDOM HILLS RD

City State Zip Code
FAIRFAX VA 22030

Purpose of Disbursement
BANK FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 02 / 2015

Transaction ID : SB21B.16835

Amount of Each Disbursement this Period

74.87

Full Name (Last, First, Middle Initial)

B. ADVANCED DIGITAL SOLUTIONS

Mailing Address 1069 W. BROAD ST #766

City State Zip Code
FALLS CHURCH VA 22046

Purpose of Disbursement
COMPUTER SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 02 / 2015

Transaction ID : SB21B.16838

Amount of Each Disbursement this Period

1350.00

Full Name (Last, First, Middle Initial)

C. AMERICAN EXPRESS

Mailing Address P.O. BOX 299051

City State Zip Code
FT. LAUDERDALE FL 33329

Purpose of Disbursement
BANK FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Transaction ID : SB21B.16833

Amount of Each Disbursement this Period

7.95

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

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

1432.82

**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 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. AMERICAN EXPRESS

Mailing Address P.O. BOX 299051

City State Zip Code
FT. LAUDERDALE FL 33329

Purpose of Disbursement
BANK FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB21B.16836**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. AUTHORIZE.NET

Mailing Address P.O. BOX 8999

City State Zip Code
SAN FRANCISCO CA 94128

Purpose of Disbursement
BANK FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB21B.16834**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. BB&T

Mailing Address 2800 S Quincy St.

City State Zip Code
Arlington VA 22206

Purpose of Disbursement
BANK FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB21B.16837**

Amount of Each Disbursement this Period

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

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. BB&T

Mailing Address 2800 S Quincy St.

City State Zip Code
Arlington VA 22206

Purpose of Disbursement
BANK FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB21B.16831**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. BB&T

Mailing Address 2800 S Quincy St.

City State Zip Code
Arlington VA 22206

Purpose of Disbursement
BANK FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB21B.16832**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. CASTLE STRATEGIES

Mailing Address 11105 HARROWFIELD ROAD

City State Zip Code
CHARLOTTE NC 28226

Purpose of Disbursement
PAC SOCIAL MEDIA CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB21B.16839**

Amount of Each Disbursement this Period

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

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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|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
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| <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. COMCAST

Mailing Address P.O. BOX 3005

City State Zip Code
SOUTHEASTERN PA 19398

Purpose of Disbursement
COMPUTER SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 02 / 2015

Transaction ID : SB21B.16841

Amount of Each Disbursement this Period

259.55

Full Name (Last, First, Middle Initial)

B. DEER PARK

Mailing Address P.O. BOX 52271

City State Zip Code
PHOENIX AZ 85072

Purpose of Disbursement
OFFICE EXPENSE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 22 / 2015

Transaction ID : SB21B.16848

Amount of Each Disbursement this Period

65.48

Full Name (Last, First, Middle Initial)

C. FEDERAL EXPRESS

Mailing Address P.O. BOX 1140

City State Zip Code
MEMPHIS TN 28101

Purpose of Disbursement
SHIPPING FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 02 / 2015

Transaction ID : SB21B.16843

Amount of Each Disbursement this Period

20.10

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

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

345.13

**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. FEDERAL EXPRESS

Mailing Address P.O. BOX 1140

City MEMPHIS State TN Zip Code 28101

Purpose of Disbursement
SHIPPING FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 22 / 2015

Transaction ID : SB21B.16849

Amount of Each Disbursement this Period

42.18

Full Name (Last, First, Middle Initial)

B. HELLER INFORMATION SERVICES

Mailing Address 30 W GUDE DR, #220

City ROCKVILLE State MD Zip Code 20850

Purpose of Disbursement
COMPUTER SERVICES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 02 / 2015

Transaction ID : SB21B.16844

Amount of Each Disbursement this Period

211.50

Full Name (Last, First, Middle Initial)

C. IRON MOUNTAIN

Mailing Address P.O. BOX 27128

City NEW YORK State NY Zip Code 10087

Purpose of Disbursement
STORAGE FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 22 / 2015

Transaction ID : SB21B.16850

Amount of Each Disbursement this Period

346.84

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

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

600.52

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. LPS

Mailing Address P.O. BOX 2325

City State Zip Code
FAIRFAX VA 22031

Purpose of Disbursement
PAC DATA PROCESSING SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
12 / 02 / 2015

Transaction ID : SB21B.16854

Amount of Each Disbursement this Period

591.78

Full Name (Last, First, Middle Initial)

B. LPS

Mailing Address P.O. BOX 2325

City State Zip Code
FAIRFAX VA 22031

Purpose of Disbursement
PAC DATA PROCESSING SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
12 / 22 / 2015

Transaction ID : SB21B.16856

Amount of Each Disbursement this Period

50.00

Full Name (Last, First, Middle Initial)

C. LPS

Mailing Address P.O. BOX 2325

City State Zip Code
FAIRFAX VA 22031

Purpose of Disbursement
PAC DATA PROCESSING SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
12 / 22 / 2015

Transaction ID : SB21B.16857

Amount of Each Disbursement this Period

161.32

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

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

803.10

**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. OFFICE SHREDDING

Mailing Address 6500 KANE WAY

City ELKRIDGE State MD Zip Code 21075

Purpose of Disbursement
OFFICE EXPENSE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 02 / 2015

Transaction ID : SB21B.16845

Amount of Each Disbursement this Period

45.00

Full Name (Last, First, Middle Initial)

B. OFFICE SHREDDING

Mailing Address 6500 KANE WAY

City ELKRIDGE State MD Zip Code 21075

Purpose of Disbursement
OFFICE EXPENSE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 22 / 2015

Transaction ID : SB21B.16851

Amount of Each Disbursement this Period

50.00

Full Name (Last, First, Middle Initial)

C. STEPHENSON PRINTING INC

Mailing Address 5731 GENERAL WASHINGTON DRIVE

City ALEXANDRIA State VA Zip Code 22312

Purpose of Disbursement
DIRECT MAIL POSTAGE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 02 / 2015

Transaction ID : SB21B.16861

Amount of Each Disbursement this Period

995.65

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

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

1090.65

**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. U.S. POSTMASTER

Mailing Address 2850 S QUINCY ST

City ARLINGTON State VA Zip Code 22206

Purpose of Disbursement
POSTAGE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
12 / 22 / 2015

Transaction ID : SB21B.16847

Amount of Each Disbursement this Period

718.00

Full Name (Last, First, Middle Initial)

B. VERIZON

Mailing Address P.O. BOX 17577

City BALTIMORE State MD Zip Code 21297

Purpose of Disbursement
TELEPHONE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
12 / 02 / 2015

Transaction ID : SB21B.16846

Amount of Each Disbursement this Period

489.97

Full Name (Last, First, Middle Initial)

C. VERIZON

Mailing Address P.O. BOX 17577

City BALTIMORE State MD Zip Code 21297

Purpose of Disbursement
TELEPHONE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
12 / 22 / 2015

Transaction ID : SB21B.16852

Amount of Each Disbursement this Period

424.42

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

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

1632.39

**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. DEAN VIRAG

Mailing Address 14511 RILLHURST DR

City State Zip Code
CULPEPER VA 22701

Purpose of Disbursement
PAC WEBSITE SUPPORT

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 02 / 2015

Transaction ID : SB21B.16842

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. WASHINGTON INTELLIGENCE BUREAU

Mailing Address 4128 PEPSI PLACE

City State Zip Code
CHANTILLY VA 20151

Purpose of Disbursement
PAC CAGING AND DATA ENTRY SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 22 / 2015

Transaction ID : SB21B.16858

Amount of Each Disbursement this Period

471.21

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

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

971.21

9819.67

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

| | |
|---|---|
| (Use separate schedule(s) for each numbered line) | PAGE 80 OF 84 |
| | 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 AMERICA DIRECT | Nature of Debt (Purpose): PAC DIRECT MAIL PRODUCTION |
| Mailing Address 1272 CORPORATE PARK DR | |
| City State Zip Code FOREST VA 24511 | |

| | | |
|--|-----------------------------------|--|
| Outstanding Balance Beginning This Period 2955.31 | Transaction ID : SD10.4357 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 2955.31 |

| | |
|---|--|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor BB&T BANK CARD | Nature of Debt (Purpose): US POSTMASTER - POSTAGE |
| Mailing Address P.O. BOX 580340 | |
| City State Zip Code CHARLOTTE NC 28226 | |

| | | |
|---|------------------------------------|---|
| Outstanding Balance Beginning This Period 0.00 | Transaction ID : SD10.16868 | |
| Amount Incurred This Period 955.71 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 955.71 |

| | |
|--|--|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor DIRECTECH | Nature of Debt (Purpose): CAGING AND DATA PROCESSING SERVICES |
| Mailing Address 8595 GROVEMONT CIRCLE | |
| City State Zip Code GAITHERSBURG MD 20877 | |

| | | |
|---|-----------------------------------|---|
| Outstanding Balance Beginning This Period 223.11 | Transaction ID : SD10.4359 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 223.11 |

| | |
|--|---------|
| 1) SUBTOTALS This Period This Page (optional)..... ▶ | 4134.13 |
| 2) TOTALS This Period (last page this line number only)..... ▶ | |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶ | |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶ | |

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

| | |
|---|---|
| (Use separate schedule(s) for each numbered line) | PAGE 81 OF 84 |
| | 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 HOON DESIGNS | Nature of Debt (Purpose): DIRECT MAIL GRAPHIC DESIGN |
| Mailing Address 2800 S SHIRLINGTON RD 9TH FLOOR | |
| City State Zip Code ARLINGTON VA 22206 | |

| | | |
|--|--|--|
| Outstanding Balance Beginning This Period <input type="text" value="0.00"/> | Transaction ID : SD10.16864 | |
| Amount Incurred This Period <input type="text" value="600.00"/> | Payment This Period <input type="text" value="0.00"/> | Outstanding Balance at Close of This Period <input type="text" value="600.00"/> |

| | |
|--|---|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor LPS | Nature of Debt (Purpose): PAC DATA PROCESSING SERVICES |
| Mailing Address P.O. BOX 2325 | |
| City State Zip Code FAIRFAX VA 22031 | |

| | | |
|---|---|--|
| Outstanding Balance Beginning This Period <input type="text" value="50.00"/> | Transaction ID : SD10.16686 | |
| Amount Incurred This Period <input type="text" value="0.00"/> | Payment This Period <input type="text" value="50.00"/> | Outstanding Balance at Close of This Period <input type="text" value="0.00"/> |

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

| | | |
|--|--|--|
| Outstanding Balance Beginning This Period <input type="text" value="591.78"/> | Transaction ID : SD10.16687 | |
| Amount Incurred This Period <input type="text" value="0.00"/> | Payment This Period <input type="text" value="591.78"/> | Outstanding Balance at Close of This Period <input type="text" value="0.00"/> |

| | |
|--|-------------------------------------|
| 1) SUBTOTALS This Period This Page (optional)..... ▶ | <input type="text" value="600.00"/> |
| 2) TOTALS This Period (last page this line number only)..... ▶ | <input type="text"/> |
| 3) TOTAL 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 82 OF 84 |
| | 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 LPS | Nature of Debt (Purpose): PAC DATA PROCESSING SERVICES |
| Mailing Address P.O. BOX 2325 | |
| City State Zip Code FAIRFAX VA 22031 | |

| | | |
|---|------------------------------------|---|
| Outstanding Balance Beginning This Period 0.00 | Transaction ID : SD10.16855 | |
| Amount Incurred This Period 161.32 | Payment This Period 161.32 | Outstanding Balance at Close of This Period 0.00 |

| | |
|--|---|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor LPS | Nature of Debt (Purpose): PAC DATA PROCESSING SERVICES |
| Mailing Address P.O. BOX 2325 | |
| City State Zip Code FAIRFAX VA 22031 | |

| | | |
|---|------------------------------------|---|
| Outstanding Balance Beginning This Period 0.00 | Transaction ID : SD10.16865 | |
| Amount Incurred This Period 537.23 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 537.23 |

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

| | | |
|--|-----------------------------------|--|
| Outstanding Balance Beginning This Period 2320.90 | Transaction ID : SD10.4361 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 2320.90 |

| | |
|--|---------|
| 1) SUBTOTALS This Period This Page (optional)..... ▶ | 2858.13 |
| 2) TOTALS This Period (last page this line number only)..... ▶ | |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶ | |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶ | |

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

| | |
|---|---|
| (Use separate schedule(s) for each numbered line) | PAGE 83 OF 84 |
| | 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 STEPHENSON PRINTING INC | Nature of Debt (Purpose): DIRECT MAIL POSTAGE |
| Mailing Address 5731 GENERAL WASHINGTON DRIVE | |
| City State Zip Code ALEXANDRIA VA 22312 | |

| | | |
|--|--|--|
| Outstanding Balance Beginning This Period <input type="text" value="0.00"/> | Transaction ID : SD10.16859 | |
| Amount Incurred This Period <input type="text" value="995.95"/> | Payment This Period <input type="text" value="995.65"/> | Outstanding Balance at Close of This Period <input type="text" value="0.30"/> |

| | |
|--|---|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor STEPHENSON PRINTING INC | Nature of Debt (Purpose): PAC DIRECT MAIL PRODUCTION |
| Mailing Address 5731 GENERAL WASHINGTON DRIVE | |
| City State Zip Code ALEXANDRIA VA 22312 | |

| | | |
|--|--|---|
| Outstanding Balance Beginning This Period <input type="text" value="0.00"/> | Transaction ID : SD10.16862 | |
| Amount Incurred This Period <input type="text" value="2142.20"/> | Payment This Period <input type="text" value="0.00"/> | Outstanding Balance at Close of This Period <input type="text" value="2142.20"/> |

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

| | | |
|--|--|--|
| Outstanding Balance Beginning This Period <input type="text" value="471.21"/> | Transaction ID : SD10.16685 | |
| Amount Incurred This Period <input type="text" value="0.00"/> | Payment This Period <input type="text" value="471.21"/> | Outstanding Balance at Close of This Period <input type="text" value="0.00"/> |

| | |
|--|--------------------------------------|
| 1) SUBTOTALS This Period This Page (optional)..... ▶ | <input type="text" value="2142.50"/> |
| 2) TOTALS This Period (last page this line number only)..... ▶ | <input type="text"/> |
| 3) TOTAL 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 84 OF 84 |
| | 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 WASHINGTON INTELLIGENCE BUREAU | Nature of Debt (Purpose): PAC CAGING AND DATA PROCESSING SERVICES |
| Mailing Address 4128 PEPSI PLACE | |
| City State Zip Code CHANTILLY VA 20151 | |

| | | |
|---|------------------------------------|---|
| Outstanding Balance Beginning This Period 0.00 | Transaction ID : SD10.16867 | |
| Amount Incurred This Period 531.91 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 531.91 |

| | |
|--|---------------------------|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor | Nature of Debt (Purpose): |
| Mailing Address | |
| City State Zip Code | |

| | | |
|---|---------------------|---|
| Outstanding Balance Beginning This Period | | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period |

| | |
|--|---------------------------|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor | Nature of Debt (Purpose): |
| Mailing Address | |
| City State Zip Code | |

| | | |
|---|---------------------|---|
| Outstanding Balance Beginning This Period | | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period |

| | |
|--|----------|
| 1) SUBTOTALS This Period This Page (optional)..... ▶ | 531.91 |
| 2) TOTALS This Period (last page this line number only)..... ▶ | 10266.67 |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶ | 0.00 |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶ | 10266.67 |