

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) USE FEC MAILING LABEL OR TYPE OR PRINT Example: If typing, type over the lines CAMPAIGN FOR WORKING FAMILIES

ADDRESS (number and street) 2800 Shirlington Road, Suite 930 Check if different than previously reported. (ACC) Arlington VA 22206

2. FEC IDENTIFICATION NUMBER C00325076 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Convention, Special, Runoff (d) 30-Day Post -Election Report for the: General, Runoff, Special

5. Covering Period 01 01 2010 through 01 31 2010

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

Type or Print Name of Treasurer Dorie Velezis

Signature of Treasurer Electronically Filed by Dorie Velezis Date 02 19 2010

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

Table with 7 columns and 1 row for Office Use Only

FEC FORM 3X (Rev. 12/2004)

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

Write or Type Committee Name  
CAMPAIGN FOR WORKING FAMILIES

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	1

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		1942798.34
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period .....	1942798.34									
(c) Total Receipts (from Line 19) .....	17697.00	17697.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	1960495.34	1960495.34								
7. Total Disbursements (from Line 31) .....	31214.29	31214.29								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	1929281.05	1929281.05								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	7901.59									

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: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	1

D	D
3	1

Y	Y	Y	Y
2	0	1	0

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) .....	3163.24	3163.24
(ii) Unitemized .....	5250.87	5250.87
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	8414.11	8414.11
(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) .....	8414.11	8414.11
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	407.89	407.89
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	8875.00	8875.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	8875.00	8875.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	17697.00	17697.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	8822.00	8822.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	8875.00	8875.00
(ii) Non-Federal Share.....	8875.00	8875.00
(b) Other Federal Operating Expenditures.....	13464.29	13464.29
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	31214.29	31214.29
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	31214.29	31214.29
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	22339.29	22339.29

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	8414.11	8414.11
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	8414.11	8414.11
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	22339.29	22339.29
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	22339.29	22339.29

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 22  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)  
MR ALAN HOKANSON

Mailing Address 152 GRANDE VISTA WAY

City State Zip Code  
CHELSEA AL 35043

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

Name of Employer Occupation  
BIOHORIZONS IMPLANT SYSTEMS INC VP OPS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1263.24

Date of Receipt  
MM / DD / YYYY  
01 / 14 / 2010

**Transaction ID:** SA11AI.40000

Amount of Each Receipt this Period  
1263.24

**B.**

Full Name (Last, First, Middle Initial)  
MR ALAN HOKANSON

Mailing Address 152 GRANDE VISTA WAY

City State Zip Code  
CHELSEA AL 35043

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

Name of Employer Occupation  
BIOHORIZONS IMPLANT SYSTEMS INC VP OPS

Receipt For: 2010  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1363.24

Date of Receipt  
MM / DD / YYYY  
01 / 15 / 2010

**Transaction ID:** SA11AI.39874

Amount of Each Receipt this Period  
100.00

**C.**

Full Name (Last, First, Middle Initial)  
MRS DAVID M LARKIN

Mailing Address 259 N WATERTOWN ST

City State Zip Code  
WAUPUN WI 53963

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

Name of Employer Occupation  
POWERCOM CORPORATION EXECUTIVE

Receipt For: 2010  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
MM / DD / YYYY  
01 / 20 / 2010

**Transaction ID:** SA11AI.39903

Amount of Each Receipt this Period  
600.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1963.24**

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

B. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.39874**

0105332-0000036

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.39903**

0099488-0000064

**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 8 / 22
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
CAMPAIGN FOR WORKING FAMILIES

<b>A.</b>	Full Name (Last, First, Middle Initial) MR JAMES S PHILLIPS		Date of Receipt																					
	Mailing Address 1476 KELSO BLVD		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	8		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	1		2	8		2	0	1	0														
	City State Zip Code WINDERMERE FL 34786		<b>Transaction ID:</b> SA11AI.39873																					
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 200.00																						
Name of Employer Occupation CERTI-FINE FRUIT CO.- INC. CITRUS GROWER																								
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00																						

<b>B.</b>	Full Name (Last, First, Middle Initial) MRS HELEN A STEFELY		Date of Receipt																					
	Mailing Address 941 S EUCLID AVE		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	8		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	1		2	8		2	0	1	0														
	City State Zip Code ELMHURST IL 60126		<b>Transaction ID:</b> SA11AI.39918																					
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00																						
Name of Employer Occupation HOMEMAKER HOMEMAKER																								
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00																						

<b>C.</b>	Full Name (Last, First, Middle Initial) MR JOHN W TIMMONS		Date of Receipt																					
	Mailing Address 1444 BETHEL CHURCH RD		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	7		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	1		1	7		2	0	1	0														
	City State Zip Code ELKTON VA 22827		<b>Transaction ID:</b> SA11AI.39854																					
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00																						
Name of Employer Occupation BETWEEN JOBS (WILL BE PAGE MEMORIAL) PHYSICIAN																								
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00																						

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1200.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	3163.24

A. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.39873**

0011922-0000034

B. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.39918**

0006449-0000079

C. Form/Schedule : **SA11AI**

0002694-0000013

Transaction ID : **SA11AI.39854**

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 11 / 22	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial) BB& T Bank		Date of Receipt
Mailing Address 2700 S. Quincy Street		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 1 / 3 1 / 2 0 1 0
City	State	Zip Code
Arlington	VA	22206
FEC ID number of contributing federal political committee.		Transaction ID: SA17.40048
<input type="text"/> C <input type="text"/>		Amount of Each Receipt this Period
Name of Employer		<input type="text"/> 407.89
Occupation		INTEREST INCOME
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text"/> 407.89	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 407.89
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/> 407.89

# 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

<b>A.</b>	Full Name (Last, First, Middle Initial) <b>DAN ALLOTT</b>	<b>Transaction ID:</b> SB21B.40018 Date of Disbursement 01 / 07 / 2010	
	Mailing Address 2800 S. SHIRLINGTON ROAD #930		
	City ARLINGTON State VA Zip Code 22206 Purpose of Disbursement PAC - POLITICAL RESEARCH/WRITING Candidate Name	Amount of Each Disbursement this Period 3000.00	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>B.</b>	Full Name (Last, First, Middle Initial) <b>CHOI COMPANIES</b>	<b>Transaction ID:</b> SB21B.40021 Date of Disbursement 01 / 20 / 2010	
	Mailing Address 5999 STEVENSON AVE #310		
	City ALEXANDRIA State VA Zip Code 22304 Purpose of Disbursement RENT Candidate Name	Amount of Each Disbursement this Period 2689.08	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>C.</b>	Full Name (Last, First, Middle Initial) <b>COVINGTON &amp; BURLING</b>	<b>Transaction ID:</b> SB21B.40001 Date of Disbursement 01 / 06 / 2010	
	Mailing Address 1201 PENNSYLVANIA AVE NW		
	City WASHINGTON State DC Zip Code 20044 Purpose of Disbursement PAC LEGAL FEES Candidate Name	Amount of Each Disbursement this Period 2641.50	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>8330.58</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
CAMPAIGN FOR WORKING FAMILIES

A.	Full Name (Last, First, Middle Initial) IRON MOUNTAIN  Mailing Address 745 ATLANTIC AVE  City BOSTON State MA Zip Code 02111  Purpose of Disbursement STORAGE FEES Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.40023 Date of Disbursement 01 / 20 / 2010  Amount of Each Disbursement this Period 238.95
B.	Full Name (Last, First, Middle Initial) LEXIS NEXIS  Mailing Address P.O. BOX 7247-7090  City PHILADELPHIA State PA Zip Code 19170  Purpose of Disbursement DUES & SUBSCRIPTIONS Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.40024 Date of Disbursement 01 / 20 / 2010  Amount of Each Disbursement this Period 350.00
C.	Full Name (Last, First, Middle Initial) LPS  Mailing Address P.O. BOX 2325  City FAIRFAX State VA Zip Code 22031  Purpose of Disbursement PAC DATA PROCESSING SERVICES Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.40040 Date of Disbursement 01 / 06 / 2010  Amount of Each Disbursement this Period 223.17

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>812.12</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[Empty Box]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
CAMPAIGN FOR WORKING FAMILIES

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) LPS</p> <p>Mailing Address P.O. BOX 2325</p> <p>City FAIRFAX State VA Zip Code 22031</p> <p>Purpose of Disbursement PAC DATA PROCESSING SERVICES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.40041</p> <p>Date of Disbursement 01 / 20 / 2010</p> <p>Amount of Each Disbursement this Period 238.54</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) PENSION DESIGN GROUP</p> <p>Mailing Address 7506 DIPLOMAT DRIVE SUITE 201</p> <p>City MANASSAS State VA Zip Code 20109</p> <p>Purpose of Disbursement PLAN FEES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.40026</p> <p>Date of Disbursement 01 / 20 / 2010</p> <p>Amount of Each Disbursement this Period 525.00</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) U.S. POSTMASTER</p> <p>Mailing Address MAIN POST OFFICE</p> <p>City WASHINGTON State DC Zip Code 20000</p> <p>Purpose of Disbursement PAC - GENERAL OFFICE POSTAGE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.40019</p> <p>Date of Disbursement 01 / 12 / 2010</p> <p>Amount of Each Disbursement this Period 880.00</p>

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

1643.54

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 15 / 22

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

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

NAME OF COMMITTEE (In Full)  
CAMPAIGN FOR WORKING FAMILIES

A.	Full Name (Last, First, Middle Initial) U.S. POSTMASTER	Transaction ID: SB21B.40013 Date of Disbursement 01 / 29 / 2010
	Mailing Address MAIN POST OFFICE	Amount of Each Disbursement this Period 1040.00
	City WASHINGTON State DC Zip Code 20000	
	Purpose of Disbursement P.O. BOX FEES	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) VERIZON	Transaction ID: SB21B.40028 Date of Disbursement 01 / 20 / 2010
	Mailing Address P.O. BOX 17577	Amount of Each Disbursement this Period 432.49
	City BALTIMORE State MD Zip Code 21297	
	Purpose of Disbursement TELEPHONE	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) DEAN VIRAG	Transaction ID: SB21B.40015 Date of Disbursement 01 / 06 / 2010
	Mailing Address 14039 WESTWIND LANE	Amount of Each Disbursement this Period 500.00
	City CULPEPER State VA Zip Code 22701	
	Purpose of Disbursement WEBSITE SUPPORT	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1972.49
<b>TOTAL</b> This Period (last page this line number only) .....	▶	12758.73

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

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

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)  
CAMPAIGN FOR WORKING FAMILIES

<b>A. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> ADVANCED DIGITAL SOLUTIONS			Nature of Debt (Purpose): COMPUTER SUPPORT
Mailing Address 10680 MAIN STREET			
City FAIRFAX	State VA	ZIP Code 22030	

Outstanding Balance Beginning This Period 0.00		<b>Transaction ID: SD10.40042</b>	
Amount Incurred This Period 1215.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1215.00	

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

Outstanding Balance Beginning This Period 2641.50		<b>Transaction ID: SD10.39812</b>	
Amount Incurred This Period 0.00	Payment This Period 2641.50	Outstanding Balance at Close of This Period 0.00	

<b>C. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> DESIGN 4 INC.			Nature of Debt (Purpose): PAC - DIRECT MAIL PRODUCT- ION
Mailing Address 106 N. Collins Street			
City Plant City	State FL	ZIP Code 33563	

Outstanding Balance Beginning This Period 0.00		<b>Transaction ID: SD10.40043</b>	
Amount Incurred This Period 1460.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1460.00	

<b>1) SUBTOTALS</b> This Period This Page (optional).....	2675.00
<b>2) TOTALS</b> This Period (last page this line number only).....	
<b>3) TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

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

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)  
CAMPAIGN FOR WORKING FAMILIES

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

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

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

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>		<b>Transaction ID: SD10.40039</b>	
Amount Incurred This Period <input type="text" value="223.17"/>	Payment This Period <input type="text" value="223.17"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>	

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

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>		<b>Transaction ID: SD10.40038</b>	
Amount Incurred This Period <input type="text" value="238.54"/>	Payment This Period <input type="text" value="238.54"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>	

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

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

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

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)  
CAMPAIGN FOR WORKING FAMILIES

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

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>		<b>Transaction ID: SD10.40044</b>	
Amount Incurred This Period <input type="text" value="502.17"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="502.17"/>	

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

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

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

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>		<b>Transaction ID: SD10.40045</b>	
Amount Incurred This Period <input type="text" value="1316.84"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1316.84"/>	

<b>1) SUBTOTALS</b> This Period This Page (optional).....	<input type="text" value="4139.91"/>
<b>2) TOTALS</b> This Period (last page this line number only).....	<input type="text"/>
<b>3) TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text"/>
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 19 / 22	
	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 & DATA ENTRY SERVICES
Mailing Address 4128 PEPSI PLACE			
City CHANTILLY	State VA	ZIP Code 20151	

Outstanding Balance Beginning This Period		<b>Transaction ID: SD10.40046</b>	
0.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
863.57	0.00	863.57	

1) <b>SUBTOTALS</b> This Period This Page (optional).....	863.57
2) <b>TOTALS</b> This Period (last page this line number only).....	7901.59
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	7901.59

**METHOD OF ALLOCATION FOR:**

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

NAME OF COMMITTEE (In Full)  
 CAMPAIGN FOR WORKING FAMILIES

USE ONLY ONE SECTION, A or B

**A. State and Local Party Committees**

**Fixed Percentage (select one)**

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

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

**Flat Minimum Federal Percentage**

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

**or**

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

Federal.....  %

Nonfederal.....  %

This ratio applies to (check all that apply):

Administrative     Generic Voter Drive     Public Communications Referencing Party Only

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

NAME OF COMMITTEE (In Full)  
 CAMPAIGN FOR WORKING FAMILIES

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
CAMPAIGN FOR WORKING FAMILIES	M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 1 0	8875.00

**BREAKDOWN OF TRANSFER RECEIVED**

<b>i) Total Administrative</b> .....	8875.00	Transaction ID: H3.40037
<b>ii) Generic Voter Drive</b> .....		Transaction ID:
<b>iii) Exempt Activities</b> .....		Transaction ID:
<b>iv) Direct Fundraising</b> (List Activity or Event Identifier)		
a) _____		Transaction ID:
b) _____		Transaction ID:
c) Total Amount Transferred for Direct Fundraising .....		
<b>v) Direct Candidate Support</b> (List of Activity or Event Identifier)		
a) _____		Transaction ID:
b) _____		Transaction ID:
c) Total Amount Transferred For Direct Candidate Support .....		
<b>vi) Public Communications Referring Only to Party</b> (Made by PAC)		
		Transaction ID:

**TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED**

<b>TOTAL</b> This Period (Administrative) .....	8875.00
<b>TOTAL</b> This Period (Generic Voter Drive) .....	0.00
<b>TOTAL</b> This Period (Exempt Activities) .....	0.00
<b>TOTAL</b> This Period (Direct Fundraising) .....	0.00
<b>TOTAL</b> This Period (Direct Candidate Support) .....	0.00
<b>TOTAL</b> This Period (Public Communications Referring Only to Party) .....	0.00
<b>TOTAL</b> This Period (Total Amount Transferred) .....	8875.00

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

NAME OF COMMITTEE (In Full)  
CAMPAIGN FOR WORKING FAMILIES

<b>A. Full Name (Last, First, Middle Initial)</b> GARY BAUER			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 2800 SHIRLINGTON ROAD #930			Allocated Activity or Event Year-To-Date 12500.00		
City ARLINGTON	State VA	Zip Code 22206	Date <input type="text" value="01"/> / <input type="text" value="27"/> / <input type="text" value="2010"/>		
Purpose of Disbursement: PAC CONSULTING POLITICAL FUNDRAISING			Transaction ID: H4.40009		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
6250.00		6250.00		12500.00

<b>B. Full Name (Last, First, Middle Initial)</b> BILL MOELLER			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 2800 SHIRLINGTON ROAD #930			Allocated Activity or Event Year-To-Date 15250.00		
City ARLINGTON	State VA	Zip Code 22206	Date <input type="text" value="01"/> / <input type="text" value="27"/> / <input type="text" value="2010"/>		
Purpose of Disbursement: PAC CONSULTING POLITICAL RESEARCHER			Transaction ID: H4.40011		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1375.00		1375.00		2750.00

<b>C. Full Name (Last, First, Middle Initial)</b> Dorie Velezis			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 2800 S. Shirlington Road, #930			Allocated Activity or Event Year-To-Date 17750.00		
City Arlington	State VA	Zip Code 22206	Date <input type="text" value="01"/> / <input type="text" value="27"/> / <input type="text" value="2010"/>		
Purpose of Disbursement: ACCOUNTING SERVICES			Transaction ID: H4.40012		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1250.00		1250.00		2500.00

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
8875.00		8875.00		17750.00

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

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT
8875.00		8875.00		17750.00