

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
Campaign for Working Families

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

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

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 07 01 2006 through 07 31 2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Amy Myers
Signature of Treasurer Electronically Filed by Amy Myers Date 08 18 2006

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
Campaign for Working Families

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 0 | 7 |

| | |
|---|---|
| D | D |
| 0 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

 To:

| | |
|---|---|
| M | M |
| 0 | 7 |

| | |
|---|---|
| D | D |
| 3 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date | | | | | | | | |
|---|-------------------------|-----------------------------------|---|---|---|---|---|---|--|-----------|
| 6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table> | Y | Y | Y | Y | 2 | 0 | 0 | 6 | | 982491.24 |
| Y | Y | Y | Y | | | | | | | |
| 2 | 0 | 0 | 6 | | | | | | | |
| (b) Cash on Hand at Beginning of Reporting Period | 1029137.74 | | | | | | | | | |
| (c) Total Receipts (from Line 19) | 20522.68 | 341235.45 | | | | | | | | |
| (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 1049660.42 | 1323726.69 | | | | | | | | |
| 7. Total Disbursements (from Line 31) | 61093.22 | 335159.49 | | | | | | | | |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 988567.20 | 988567.20 | | | | | | | | |
| 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) | 12417.23 | | | | | | | | | |

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
Campaign for Working Families

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 0 | 7 |

| | |
|---|---|
| D | D |
| 0 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

 To:

| | |
|---|---|
| M | M |
| 0 | 7 |

| | |
|---|---|
| D | D |
| 3 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

| I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From: | | |
| (a) Individuals/Persons Other Than Political Committees | 12495.00 | 213984.50 |
| (i) Itemized (use Schedule A) | 7893.43 | 110709.63 |
| (ii) Unitemized | 20388.43 | 324694.13 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) | 0.00 | 0.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs) | 0.00 | 0.00 |
| (d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) | 20388.43 | 324694.13 |
| 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 | 975.80 |
| 16. Refunds of Contributions Made to Federal candidates and Other Political Committees | 0.00 | 0.00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.) | 134.25 | 15565.52 |
| 18. Transfers from Non-Federal and Levin Funds | | |
| (a) Non-Federal Account (from Schedule H3) | 0.00 | 0.00 |
| (b) Levin Funds (from Schedule H5) | 0.00 | 0.00 |
| (c) Total Transfer (add 18(a) and 18(b)). | 0.00 | 0.00 |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) | 20522.68 | 341235.45 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 20522.68 | 341235.45 |

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) Shared Federal/Non-Federal Activity (from Schedule H4) | | |
| (i) Federal Share..... | 0.00 | 0.00 |
| (ii) Non-Federal Share..... | 0.00 | 0.00 |
| (b) Other Federal Operating Expenditures..... | 20603.22 | 236169.49 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶ | 20603.22 | 236169.49 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 5500.00 |
| 23. Contributions to Federal Candidates/Committees..... and Other Political Committees..... | 14000.00 | 67000.00 |
| 24. Independent Expenditure (use Schedule E) | 26490.00 | 26490.00 |
| 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)).. | 61093.22 | 335159.49 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31)..... | 61093.22 | 335159.49 |

DETAILED SUMMARY PAGE
of Disbursements

| III. Net Contributions/Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans) from Line 11(d), page 3 | 20388.43 | 324694.13 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 20388.43 | 324694.13 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... | 20603.22 | 236169.49 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) | 0.00 | 975.80 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 20603.22 | 235193.69 |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 6 / 38 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

NAME OF COMMITTEE (In Full)
Campaign for Working Families

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) A. MS LISA C AUBLE | | Date of Receipt M M / D D / Y Y Y Y 07 / 31 / 2006 | |
| Mailing Address PO BOX 654 | | Transaction ID: SA11A1.66579 | |
| City State Zip Code GLENNALLEN AK 99588 | | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Occupation SERVICE OIL & GAS INC CLERICAL | | | |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 1000.00 | |

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) B. MR CHARLES D AYRES | | Date of Receipt M M / D D / Y Y Y Y 07 / 31 / 2006 | |
| Mailing Address 4911 CASA ORO DR | | Transaction ID: SA11A1.66519 | |
| City State Zip Code YORBA LINDA CA 92886 | | Amount of Each Receipt this Period 100.00 | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Occupation RETIRED RETIRED | | | |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 300.00 | |

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) C. CPT CLIFFORD P BARNES | | Date of Receipt M M / D D / Y Y Y Y 07 / 21 / 2006 | |
| Mailing Address 2270 DURAND HWY | | Transaction ID: SA11A1.66306 | |
| City State Zip Code WARM SPRINGS GA 31830 | | Amount of Each Receipt this Period 100.00 | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Occupation RETIRED MILITARY RETIRED MILITARY | | | |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 300.00 | |

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

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 7 / 38 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
Campaign for Working Families

A. Full Name (Last, First, Middle Initial)
MS PATRICIA BECK

Mailing Address 4605 94TH ST

City LUBBOCK State TX Zip Code 79424

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

Name of Employer HOUSEWIFE Occupation HOUSEWIFE

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 26 / 2006

Transaction ID: SA11A1.66465

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
DR GARY R BISHOP

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: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
245.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 05 / 2006

Transaction ID: SA11A1.66504

Amount of Each Receipt this Period
35.00

C. Full Name (Last, First, Middle Initial)
MR KENNETH N BLACKBURN

Mailing Address 10 SHALLOWBROOK DR

City O FALLON State IL Zip Code 62269

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

Name of Employer USAF Occupation US MILITARY

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 05 / 2006

Transaction ID: SA11A1.66416

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► **1085.00**

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

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 8 / 38 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
Campaign for Working Families

A. Full Name (Last, First, Middle Initial)
MS NANCY A BLANK

Mailing Address 20368 N 93RD PL

City State Zip Code
SCOTTSDALE AZ 85255

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 05 / 2006

Transaction ID: SA11A1.66481

Amount of Each Receipt this Period
100.00

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

Mailing Address 9301 PALI AVE

City State Zip Code
TUJUNGA CA 91042

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

Name of Employer Occupation
LOS ANGELES UNIFIED SCHOOL DIS TEACHER

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 28 / 2006

Transaction ID: SA11A1.66494

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
MR CHRIS BRANDON

Mailing Address 9099 CAIRN RIDGE DR

City State Zip Code
GERMANTOWN TN 38139

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

Name of Employer Occupation
INFO REQUESTED INFO REQUESTED

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 26 / 2006

Transaction ID: SA11A1.66336

Amount of Each Receipt this Period
50.00

| | | |
|--|---|--------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 400.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 9 / 38 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
Campaign for Working Families

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

Mailing Address 344 E FOOTHILLS PKWY
RED ROOM 9-W

City State Zip Code
FORT COLLINS CO 80525

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

Name of Employer Occupation
SELF ASSET MGR

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 05 / 2006

Transaction ID: SA11A1.66473

Amount of Each Receipt this Period
50.00

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

Mailing Address 12789 MUIRFIELD BLVD N

City State Zip Code
JACKSONVILLE FL 32225

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

Name of Employer Occupation
SMURFIT STORE CONT. CORP GEN MGR

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
700.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 18 / 2006

Transaction ID: SA11A1.66308

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
MR DALE A BROWN

Mailing Address PO BOX 5562

City State Zip Code
MIDLAND TX 79704

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

Name of Employer Occupation
PETROLEUM STRATEGIES INC BUS. MANAGER

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 06 / 2006

Transaction ID: SA11A1.66466

Amount of Each Receipt this Period
1000.00

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 1150.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 10 / 38 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
Campaign for Working Families

A. Full Name (Last, First, Middle Initial)
MR WENDELL E BROWN

Mailing Address 300 N FILLMORE ST

City ARLINGTON State VA Zip Code 22201

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

Name of Employer SELF Occupation ACCOUNTANT

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 07 / 13 / 2006

Transaction ID: SA11A1.66283

Amount of Each Receipt this Period
 20.00

B. Full Name (Last, First, Middle Initial)
MR RUSSELL CARDENAS

Mailing Address 510 E SUNSHINE DR

City SAN ANTONIO State TX Zip Code 78228

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

Name of Employer INFO REQUESTED Occupation INFO REQUESTED

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 07 / 05 / 2006

Transaction ID: SA11A1.66459

Amount of Each Receipt this Period
 40.00

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

Mailing Address 1023 NE 98TH ST

City SEATTLE State WA Zip Code 98115

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

Name of Employer NORTHWEST HOSP Occupation C T TECHNOLOGIST

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 07 / 05 / 2006

Transaction ID: SA11A1.66569

Amount of Each Receipt this Period
 50.00

| | | |
|--|---|--------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 110.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 11 / 38 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
Campaign for Working Families

A. Full Name (Last, First, Middle Initial)
MR & MRS JOHN M DAVIS

Mailing Address 1204 LAUREL SPRINGS WAY

City State Zip Code
SIGNAL MTN TN 37377

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

Name of Employer Occupation
SELF INSURANCE INSURANCE BROKERAGE

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 21 / 2006

Transaction ID: SA11A1.66327

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
MR LEONARD A DEO

Mailing Address 2 SYLDEO DR

City State Zip Code
PARSIPPANY NJ 07054

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

Name of Employer Occupation
FLOWERS & GIFTS INC FLORIST

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 05 / 2006

Transaction ID: SA11A1.66262

Amount of Each Receipt this Period
50.00

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

Mailing Address PO BOX 1

City State Zip Code
LYNNWOOD WA 98046

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

Name of Employer Occupation
ECHELBARGER INVESTMENTS REAL ESTATE DEVELOPEMENT

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1750.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 31 / 2006

Transaction ID: SA11A1.66568

Amount of Each Receipt this Period
500.00

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 1050.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 12 / 38 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
Campaign for Working Families

A. Full Name (Last, First, Middle Initial)
MR CRAIG W EGLOFF

Mailing Address PO BOX 79
27001 HWY 128

City YORKVILLE State CA Zip Code 95494

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

Name of Employer JAYMES & JAYMES Occupation INSURANCE BROKER

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1600.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 07 / 2006

Transaction ID: SA11A1.66543

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
MR. WILLIAM EVERLY

Mailing Address 1008 CENTENNIAL DR

City CHATTANOOGA State TN Zip Code 37405

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

Name of Employer INFO REQUESTED Occupation INFO REQUESTED

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 10 / 2006

Transaction ID: SA11A1.66328

Amount of Each Receipt this Period
100.00

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

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 INTERVARSITY Occupation MANAGER

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 05 / 2006

Transaction ID: SA11A1.66379

Amount of Each Receipt this Period
50.00

| | | |
|--|---|--------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 450.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 13 / 38 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
Campaign for Working Families

A. Full Name (Last, First, Middle Initial)
MR ERWIN R FRIESEN

Mailing Address PO BOX 342

City State Zip Code
HATHAWAY PNES CA 95233

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 06 / 2006

Transaction ID: SA11A1.66542

Amount of Each Receipt this Period
25.00

B. Full Name (Last, First, Middle Initial)
MS JEAN GERSTNER

Mailing Address 351 E JOSEPH WAY

City State Zip Code
GILBERT AZ 85296

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

Name of Employer Occupation
SELF-EMPLOYED SELF EMPLOYED

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 13 / 2006

Transaction ID: SA11A1.66483

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
MR BOBBI GOOD

Mailing Address 18161 BASTANCHURY RD

City State Zip Code
YORBA LINDA CA 92886

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

Name of Employer Occupation
ROSE DRIVE FRIENDS CHURCH RISK MANAGER

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 31 / 2006

Transaction ID: SA11A1.66520

Amount of Each Receipt this Period
100.00

| | | |
|--|---|--------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 175.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 14 / 38 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
Campaign for Working Families

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

Mailing Address 1212 NW 12TH ST

City State Zip Code
ANDREWS TX 79714

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

Name of Employer Occupation
BRIAN E GORDON- MD BOOKKEEPER

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 05 / 2006

Transaction ID: SA11A1.66467

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
MR CARL W GUSTKE

Mailing Address 233 STATON RD

City State Zip Code
CABOT AR 72023

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

Name of Employer Occupation
FED EX PILOT

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1350.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 05 / 2006

Transaction ID: SA11A1.66438

Amount of Each Receipt this Period
50.00

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

Mailing Address 525 JACK LEG LN

City State Zip Code
BOZEMAN MT 59715

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

Name of Employer Occupation
DICK WALTER AUTO CENTER SECRETARY/BOOKKEEPER

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
650.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 05 / 2006

Transaction ID: SA11A1.66401

Amount of Each Receipt this Period
350.00

| | | |
|--|---|--------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 500.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 15 / 38 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
Campaign for Working Families

A. Full Name (Last, First, Middle Initial)
Dr. DAVID S HUNGERFORD

Mailing Address 10715 POT SPRING RD

City State Zip Code
COCKEYSVILLE MD 21030

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

Name of Employer Occupation
JOHNS HOPKINS UNIVERSITY SURGEON

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 06 / 2006

Transaction ID: SA11A1.66279

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
MRS VICKY L JOHNSON

Mailing Address 43449 ELK RUN

City State Zip Code
STEAMBOAT SPR CO 80487

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

Name of Employer Occupation
SELF PHYSICAL THERAPIST/EDUCATORS

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 07 / 2006

Transaction ID: SA11A1.66471

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
MR FLOYD R JUMP

Mailing Address 350 E HENSCHEN ST

City State Zip Code
GARNER IA 50438

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 07 / 2006

Transaction ID: SA11A1.66367

Amount of Each Receipt this Period
100.00

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

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 16 / 38 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
Campaign for Working Families

A. Full Name (Last, First, Middle Initial)
MR FLOYD R JUMP

Mailing Address 350 E HENSCHEN ST

City State Zip Code
GARNER IA 50438

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 31 / 2006

Transaction ID: SA11A1.66368

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
MR HERMAN KERKSTRA

Mailing Address 6612 SKY VIEW DR

City State Zip Code
BAKERSFIELD CA 93307

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
420.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 21 / 2006

Transaction ID: SA11A1.66527

Amount of Each Receipt this Period
60.00

C. Full Name (Last, First, Middle Initial)
MR ROBERT L KOLES

Mailing Address 1300 N 130TH AVE

City State Zip Code
FALL CREEK WI 54742

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 14 / 2006

Transaction ID: SA11A1.66384

Amount of Each Receipt this Period
75.00

| | | |
|--|---|--------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 235.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 17 / 38 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
Campaign for Working Families

| | | |
|---|--|--|
| A. Full Name (Last, First, Middle Initial) MR ROBERT LAKE | | Date of Receipt M M / D D / Y Y Y Y 07 / 07 / 2006 |
| Mailing Address 2721 18TH ST | | Transaction ID: SA11A1.66525 |
| City BAKERSFIELD | State CA | Zip Code 93301 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 50.00 |
| Name of Employer INFO REQUESTED- NOT RECD | Occupation INFO REQUESTED- NOT RECD | |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 300.00 | |

| | | |
|---|--|--|
| B. Full Name (Last, First, Middle Initial) MR ROBERT LAKE | | Date of Receipt M M / D D / Y Y Y Y 07 / 31 / 2006 |
| Mailing Address 2721 18TH ST | | Transaction ID: SA11A1.66526 |
| City BAKERSFIELD | State CA | Zip Code 93301 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 50.00 |
| Name of Employer INFO REQUESTED- NOT RECD | Occupation INFO REQUESTED- NOT RECD | |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 350.00 | |

| | | |
|---|------------------------------------|--|
| C. Full Name (Last, First, Middle Initial) MRS GLENN G LARSON | | Date of Receipt M M / D D / Y Y Y Y 07 / 07 / 2006 |
| Mailing Address 8950 235TH ST N | | Transaction ID: SA11A1.66385 |
| City FOREST LAKE | State MN | Zip Code 55025 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 300.00 |
| Name of Employer WHOLESALE PRODUCE SUPPLY | Occupation TRUCKING | |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 400.00 |
| TOTAL This Period (last page this line number only) ▶ | [] |

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

| | | |
|--|------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 18 / 38 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 |
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
Campaign for Working Families

| | | | |
|---|---|--|--|
| Full Name (Last, First, Middle Initial) A. MR BRIAN LEFEVER | | Date of Receipt M M / D D / Y Y Y Y 07 / 05 / 2006 | |
| Mailing Address 124 DELASON AVE | | Transaction ID: SA11A1.66272 | |
| City State Zip Code BUTLER PA 16001 | Amount of Each Receipt this Period 30.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer CALAVERAS CEMENT CO | Occupation SALES ADMINISTRATION | | |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 210.00 | | |

| | | | |
|---|---|--|--|
| Full Name (Last, First, Middle Initial) B. MS SUSAN BOARD LHOTA | | Date of Receipt M M / D D / Y Y Y Y 07 / 13 / 2006 | |
| Mailing Address 838 CAMBRIDGE CT | | Transaction ID: SA11A1.66340 | |
| City State Zip Code WORTHINGTON OH 40385 | Amount of Each Receipt this Period 35.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer INFO REQUESTED | Occupation INFO REQUESTED | | |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 210.00 | | |

| | | | |
|---|---|--|--|
| Full Name (Last, First, Middle Initial) C. MAJ JAMES P LUKE | | Date of Receipt M M / D D / Y Y Y Y 07 / 31 / 2006 | |
| Mailing Address 4405 CARRIER CT | | Transaction ID: SA11A1.66277 | |
| City State Zip Code CHANTILLY VA 20151 | Amount of Each Receipt this Period 50.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer USAF | Occupation USAF | | |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 300.00 | | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 115.00 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 19 / 38 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
Campaign for Working Families

A. Full Name (Last, First, Middle Initial)
MR DAVID E MCKINLEY

Mailing Address 515 11TH AVE NE

City State Zip Code
MINOT ND 58703

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
230.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 11 / 2006

Transaction ID: SA11A1.66398

Amount of Each Receipt this Period
30.00

B. Full Name (Last, First, Middle Initial)
MRS VIOLA PANMAN

Mailing Address 1152 CALLE MARIA

City State Zip Code
SAN MARCOS CA 92069

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

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 07 / 2006

Transaction ID: SA11A1.66506

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
MRS PAMELA W SCHRIMSHER

Mailing Address 1541 HEMPEL AVE

City State Zip Code
WINDERMERE FL 34786

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

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 26 / 2006

Transaction ID: SA11A1.66316

Amount of Each Receipt this Period
1000.00

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 1080.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 20 / 38 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
Campaign for Working Families

A. Full Name (Last, First, Middle Initial)
MR DOUGLAS M SCHROEDER

Mailing Address 15720 52ND AVE N

City State Zip Code
MINNEAPOLIS MN 55446

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

Name of Employer Occupation
NORTHWESTERN CFO

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 20 / 2006

Transaction ID: SA11A1.66390

Amount of Each Receipt this Period
50.00

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

Mailing Address 115 TALL TIMBER CT

City State Zip Code
FAYETTEVILLE GA 30215

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

Name of Employer Occupation
US AIR FORCE WEATHER OFFICER

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 05 / 2006

Transaction ID: SA11A1.66300

Amount of Each Receipt this Period
50.00

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

Mailing Address 3360 E TERRELL BRANCH CT SE

City State Zip Code
MARIETTA GA 30067

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

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 05 / 2006

Transaction ID: SA11A1.66297

Amount of Each Receipt this Period
25.00

| | | |
|--|---|--------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 125.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 21 / 38 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
Campaign for Working Families

A. Full Name (Last, First, Middle Initial)
MRS TRACY SPIVEY

Mailing Address 396 HUNTERS CT

City State Zip Code
BALL GROUND GA 30107

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

Name of Employer Occupation
TERRY MAKENZIE HUNTER AND ELI HOME SCHOOL MOM

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
330.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 31 / 2006

Transaction ID: SA11A1.66298

Amount of Each Receipt this Period
330.00

B. Full Name (Last, First, Middle Initial)
MR MARK SWISHER

Mailing Address 24902 N POINTE PL

City State Zip Code
KATY TX 77494

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

Name of Employer Occupation
AVIARA ENERGY ENGINEER

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 05 / 2006

Transaction ID: SA11A1.66455

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
DR JAMES P SYVRUD

Mailing Address 8225 BRUTON RD

City State Zip Code
DALLAS TX 75217

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

Name of Employer Occupation
OWNER & LIBERTY HEALTHCARE CHIROPRACTOR

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
700.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 07 / 2006

Transaction ID: SA11A1.66447

Amount of Each Receipt this Period
100.00

| | | |
|--|---|--------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 480.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 22 / 38 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
Campaign for Working Families

A. Full Name (Last, First, Middle Initial)
MRS HARRIET THEUNE

Mailing Address PO BOX 306

City OOSTBURG State WI Zip Code 53070

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

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

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 07 / 20 / 2006

Transaction ID: SA11A1.66377

Amount of Each Receipt this Period
 50.00

B. Full Name (Last, First, Middle Initial)
MR JOHN W TIMMONS

Mailing Address 1444 BETHEL CHURCH RD

City ELKTON State VA Zip Code 22827

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

Name of Employer: ROCKINGHAM MEMORIAL HOSPITAL Occupation: PHYSICIAN

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 660.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 07 / 31 / 2006

Transaction ID: SA11A1.66285

Amount of Each Receipt this Period
 330.00

C. Full Name (Last, First, Middle Initial)
MR PAUL A TONDRE

Mailing Address 410 RUA DE MATTA ST

City SAN ANTONIO State TX Zip Code 78232

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

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

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 07 / 11 / 2006

Transaction ID: SA11A1.66460

Amount of Each Receipt this Period
 75.00

| | | |
|--|---|--------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 455.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 23 / 38 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
Campaign for Working Families

A. Full Name (Last, First, Middle Initial)
MR GEORGE E TRAGOS

Mailing Address 818 ISLAND WAY

City State Zip Code
CLEARWATER FL 33767

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

Name of Employer SELF Occupation ATTORNEY

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 31 / 2006

Transaction ID: SA11A1.66314

Amount of Each Receipt this Period
1500.00

B. Full Name (Last, First, Middle Initial)
MR BILL TVEIT

Mailing Address 610 HAZEN BAY RD

City State Zip Code
HAZEN ND 58545

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

Name of Employer SELF-EMPLOYED BERGSTEDT IMP IN Occupation FARM EQUIP RETAILER - & HOME MAKER

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 06 / 2006

Transaction ID: SA11A1.66397

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
MR PAUL T URREA, MD

Mailing Address 850 S ATLANTIC BLVD STE 301

City State Zip Code
MONTEREY PARK CA 91754

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

Name of Employer PAUL T URREA MD MPH INC Occupation PHYSICIAN

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 26 / 2006

Transaction ID: SA11A1.66501

Amount of Each Receipt this Period
25.00

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 1825.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

| | | |
|--|------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 24 / 38 |
| | (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)
MRS JUNE L ZEIGLER

Mailing Address 2261 WARREN DR

City State Zip Code
MORRISTOWN TN 37814

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
205.00

Date of Receipt
MM / DD / YYYY
07 / 07 / 2006

Transaction ID: SA11A1.66330

Amount of Each Receipt this Period
30.00

B. Full Name (Last, First, Middle Initial)
MRS JUNE L ZEIGLER

Mailing Address 2261 WARREN DR

City State Zip Code
MORRISTOWN TN 37814

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
235.00

Date of Receipt
MM / DD / YYYY
07 / 20 / 2006

Transaction ID: SA11A1.66331

Amount of Each Receipt this Period
30.00

| | | |
|--|---|----------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 60.00 |
| TOTAL This Period (last page this line number only) | ▶ | 12495.00 |

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

| | | | | |
|--|------------------------------|------------------------------|-----------------------------|--|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | | PAGE 25 / 38 | |
| | (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)
ALLFIRST BANK

Mailing Address 1800 K Street

City State Zip Code
Washington DC 20002

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
15565.52

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 | / | 3 | 1 | / | 2 | 0 | 0 | 6 |

Transaction ID: SA17.66616

Amount of Each Receipt this Period
134.25

Interest Income

| | | |
|--|---|--------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 134.25 |
| TOTAL This Period (last page this line number only) | ▶ | 134.25 |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Campaign for Working Families

| | | | |
|---|--|--|---|
| Full Name (Last, First, Middle Initial) A. ALLFIRST BANK | | Transaction ID: SB21B.66581 | |
| Mailing Address 1800 K Street | | Date of Disbursement 07 / 10 / 2006 | |
| City Washington | State DC | Zip Code 20002 | Amount of Each Disbursement this Period 647.41 |
| Purpose of Disbursement BANK FEES | | Category/ Type | |
| Candidate Name | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| State: District: | | | |

| | | | |
|---|--|--|---|
| Full Name (Last, First, Middle Initial) B. ALLFIRST BANK | | Transaction ID: SB21B.66615 | |
| Mailing Address 1800 K Street | | Date of Disbursement 07 / 31 / 2006 | |
| City Washington | State DC | Zip Code 20002 | Amount of Each Disbursement this Period 5.71 |
| Purpose of Disbursement Bank Fees | | Category/ Type | |
| Candidate Name | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| State: District: | | | |

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) C. Gary Bauer | | Transaction ID: SB21B.66599 | |
| Mailing Address 2800 Shirlington Road | | Date of Disbursement 07 / 26 / 2006 | |
| City Arlington | State VA | Zip Code 22206 | Amount of Each Disbursement this Period 7200.00 |
| Purpose of Disbursement CONSULTING - POLITICAL & ADMIN | | Category/ Type | |
| Candidate Name | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| State: District: | | | |

| | |
|--|----------------|
| SUBTOTAL of Disbursements This Page (optional) | 7853.12 |
| 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 27 / 38

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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. DEER PARK | | Transaction ID: SB21B.66589 | |
| Mailing Address P.O. Box 52271 | | Date of Disbursement 07 / 06 / 2006 | |
| City Phoenix | State AZ | Zip Code 85072 | Amount of Each Disbursement this Period 31.72 |
| Purpose of Disbursement Office Expense | | Category/ Type | |
| Candidate Name | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| State: District: | | | |

| | | | |
|---|--|--|---|
| Full Name (Last, First, Middle Initial) B. F&M BANK | | Transaction ID: SB21B.66584 | |
| Mailing Address 4117 Chain Bridge Road | | Date of Disbursement 07 / 15 / 2006 | |
| City Fairfax | State VA | Zip Code 22030 | Amount of Each Disbursement this Period 715.41 |
| Purpose of Disbursement BANK FEES | | Category/ Type | |
| Candidate Name | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| State: District: | | | |

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) C. INKWELL, INC | | Transaction ID: SB21B.66614 | |
| Mailing Address 1973 COUNTY ROAD C2 WEST | | Date of Disbursement 07 / 27 / 2006 | |
| City ROSEVILLE | State MN | Zip Code 55113 | Amount of Each Disbursement this Period 3402.00 |
| Purpose of Disbursement PAC - Direct Mail Postage | | Category/ Type | |
| Candidate Name | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| State: District: | | | |

| | |
|--|----------------|
| SUBTOTAL of Disbursements This Page (optional) | 4149.13 |
| 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. LEXIS NEXIS | | Transaction ID: SB21B.66592 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 1 / 2 0 0 6 |
| Mailing Address P.O. Box 7247-7090 | | Amount of Each Disbursement this Period 350.00 |
| City Philadelphia State PA Zip Code 19170 | | |
| Purpose of Disbursement DUES & SUBSCRIPTIONS | Category/ Type | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. MGP Shirlington Gateway | | Transaction ID: SB21B.66596 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 6 / 2 0 0 6 |
| Mailing Address P.O. Box 201630 | | Amount of Each Disbursement this Period 2278.36 |
| City Dallas State TX Zip Code 75320 | | |
| Purpose of Disbursement RENT | Category/ Type | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. MILLERS OFFICE SUPPLY | | Transaction ID: SB21B.66600 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 6 / 2 0 0 6 |
| Mailing Address P.O. Box 990098 | | Amount of Each Disbursement this Period 41.35 |
| City Hartford State CT Zip Code 06199 | | |
| Purpose of Disbursement OFFICE SUPPLIES | 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) ▼ | |

| | |
|--|-------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 2669.71 |
| TOTAL This Period (last page this line number only) ▶ | [Empty Box] |

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

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

FOR LINE NUMBER: (check only one)

PAGE 29 / 38

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

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NAME OF COMMITTEE (In Full)
Campaign for Working Families

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) A. Bill Moeller | | Transaction ID: SB21B.66597 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 6 / 2 0 0 6 | |
| Mailing Address 2800 Shirlington Road #930 | | Amount of Each Disbursement this Period 2150.00 | |
| City Arlington State VA Zip Code 22206 | Purpose of Disbursement CONSULTING - POLITICAL | Category/Type | |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) B. Bill Moeller | | Transaction ID: SB21B.66601 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 8 / 2 0 0 6 | |
| Mailing Address 2800 Shirlington Road #930 | | Amount of Each Disbursement this Period 67.28 | |
| City Arlington State VA Zip Code 22206 | Purpose of Disbursement TRAVEL EXPENSE REIMBURSEMENT | Category/Type | |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) C. RECORDS MGMT INC | | Transaction ID: SB21B.66590 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 1 / 2 0 0 6 | |
| Mailing Address 7726 Southern Drive | | Amount of Each Disbursement this Period 160.80 | |
| City Springfield State VA Zip Code 22150 | Purpose of Disbursement Storage Fees | Category/Type | |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 2378.08 |
| 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 30 / 38

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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. Suntrust | | Transaction ID: SB21B.66582 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 3 1 / 2 0 0 6 |
| Mailing Address P.O. Box 622227 | | Amount of Each Disbursement this Period 10.00 |
| City Orlando State FL Zip Code 32862 | Purpose of Disbursement BANK FEES Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/ Type |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. US POSTMASTER | | Transaction ID: SB21B.66594 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 1 / 2 0 0 6 |
| Mailing Address Main Post Office | | Amount of Each Disbursement this Period 585.00 |
| City Washington State DC Zip Code 20000 | Purpose of Disbursement PAC POSTAGE - GENERAL OFFICE Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/ Type |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. Dorie Velezis | | Transaction ID: SB21B.66598 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 6 / 2 0 0 6 |
| Mailing Address 2800 Shirlington Road #930 | | Amount of Each Disbursement this Period 2000.00 |
| City Arlington State VA Zip Code 22206 | Purpose of Disbursement ACCOUNTING SERVICES Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/ Type |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 2595.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

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

FOR LINE NUMBER:
(check only one)

PAGE 31 / 38

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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. VERIZON | | Transaction ID: SB21B.66595 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 1 / 2 0 0 6 |
| Mailing Address P.O. Box 17577 | | Amount of Each Disbursement this Period 429.44 |
| City Baltimore State MD Zip Code 21297 | Purpose of Disbursement TELEPHONE Candidate Name Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. Dean Virag | | Transaction ID: SB21B.66586 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 6 / 2 0 0 6 |
| Mailing Address 14039 Westwind Lane | | Amount of Each Disbursement this Period 350.00 |
| City Culpeper State VA Zip Code 22701 | Purpose of Disbursement COMPUTER SERVICES Candidate Name Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

SUBTOTAL of Disbursements This Page (optional) ▶

779.44

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

20424.48

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 type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" 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

| | | | |
|---|---|--|-------------------|
| Full Name (Last, First, Middle Initial) A. BACHMANN FOR CONGRESS | | Transaction ID: SB23.66602 Date of Disbursement 07 / 17 / 2006 | |
| Mailing Address BOX 49756 | | Amount of Each Disbursement this Period 2500.00 | |
| City BLAINE | State MN | | Zip Code 55449 |
| Purpose of Disbursement CONTRIBUTION | | | Category/ Type |
| Candidate Name BACHMANN FOR CONGRESS | | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| State: MN District: 06 | | | |

| | | | |
|---|---|--|-------------------|
| Full Name (Last, First, Middle Initial) B. COMMITTEE TO RE-ELECT TRENT FRANKS | | Transaction ID: SB23.66603 Date of Disbursement 07 / 17 / 2006 | |
| Mailing Address 12416 N. 57th Drive | | Amount of Each Disbursement this Period 2500.00 | |
| City Glendale | State AZ | | Zip Code 85304 |
| Purpose of Disbursement CONTRIBUTION | | | Category/ Type |
| Candidate Name COMMITTEE TO RE-ELECT TRENT FRANKS | | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| State: AZ District: 02 | | | |

| | | | |
|---|---|--|-------------------|
| Full Name (Last, First, Middle Initial) C. FRIENDS OF JOE PITTS | | Transaction ID: SB23.66604 Date of Disbursement 07 / 17 / 2006 | |
| Mailing Address PO BOX 216 | | Amount of Each Disbursement this Period 1000.00 | |
| City Unionville | State PA | | Zip Code 19375 |
| Purpose of Disbursement CONTRIBUTION | | | Category/ Type |
| Candidate Name FRIENDS OF JOE PITTS | | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| State: PA District: 16 | | | |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 6000.00 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" 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. KING FOR CONGRESS | | Transaction ID: SB23.66605 Date of Disbursement MM / DD / YYYY 07 / 17 / 2006 |
| Mailing Address 126 N DES MOINES STREET PO BOX 576 | | Amount of Each Disbursement this Period 1000.00 |
| City ODEBOLT State IA Zip Code 51458 | Purpose of Disbursement CONTRIBUTION Candidate Name KING FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 05 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| Category/ Type | | |
| Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) B. MUSGRAVE FOR CONGRESS | | Transaction ID: SB23.66607 Date of Disbursement MM / DD / YYYY 07 / 28 / 2006 |
| Mailing Address 15484 RD 18 1/2 | | Amount of Each Disbursement this Period 2000.00 |
| City FORT MORGAN State CO Zip Code 80701 | Purpose of Disbursement CONTRIBUTION Candidate Name MUSGRAVE FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 04 Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| Category/ Type | | |
| Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) C. TALENT FOR SENATE COMMITTEE | | Transaction ID: SB23.66608 Date of Disbursement MM / DD / YYYY 07 / 28 / 2006 |
| Mailing Address 1031 EXECUTIVE PARKWAY SUITE 100 | | Amount of Each Disbursement this Period 5000.00 |
| City ST LOUIS State MO Zip Code 63141 | Purpose of Disbursement CONTRIBUTION Candidate Name TALENT FOR SENATE COMMITTEE Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 00 Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| Category/ Type | | |
| Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | |
|--|----------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 8000.00 |
| TOTAL This Period (last page this line number only) ▶ | 14000.00 |

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
Campaign for Working Families

| | |
|--|---|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor CAPITOL ADVANTAGE | Nature of Debt (Purpose): Dues and Subscriptions |
| Mailing Address P.O. 1223 | |
| City State ZIP Code McLean VA 22101 | |

| | | |
|---|-----------------------------------|--|
| Outstanding Balance Beginning This Period 0.00 | Transaction ID: SD10.66612 | |
| Amount Incurred This Period 1500.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 1500.00 |

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

| | | |
|---|-----------------------------------|---|
| Outstanding Balance Beginning This Period 223.11 | Transaction ID: SD10.42032 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 223.11 |

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

| | | |
|--|-----------------------------------|--|
| Outstanding Balance Beginning This Period 1431.23 | Transaction ID: SD10.66168 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 1431.23 |

| | | |
|--|---|---------|
| 1) SUBTOTALS This Period This Page (optional)..... | ▶ | 3154.34 |
| 2) TOTALS This Period (last page this line number only)..... | ▶ | |
| 3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)..... | ▶ | |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | ▶ | |

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
Campaign for Working Families

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
DIRECTECH, INC
Nature of Debt (Purpose):
PAC - Caging and Data Processing

Mailing Address 8595 Grovemont Circle

City State ZIP Code
Gaithersburg MD 20877

Outstanding Balance Beginning This Period **Transaction ID: SD10.66611**
0.00

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period
1158.62 0.00 1158.62

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
INKWELL, INC
Nature of Debt (Purpose):
PAC - Direct Mail Postage

Mailing Address 1973 COUNTY ROAD C2 WEST

City State ZIP Code
ROSEVILLE MN 55113

Outstanding Balance Beginning This Period **Transaction ID: SD10.66610**
0.00

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period
3402.00 3402.00 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
INKWELL, INC
Nature of Debt (Purpose):
PAC - Direct Mail Production

Mailing Address 1973 COUNTY ROAD C2 WEST

City State ZIP Code
ROSEVILLE MN 55113

Outstanding Balance Beginning This Period **Transaction ID: SD10.66609**
0.00

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period
6233.37 0.00 6233.37

| | | |
|--|---|---------|
| 1) SUBTOTALS This Period This Page (optional)..... | ▶ | 7391.99 |
| 2) TOTALS This Period (last page this line number only)..... | ▶ | |
| 3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)..... | ▶ | |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | ▶ | |

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
Campaign for Working Families

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

| | | |
|--|-----------------------------------|--|
| Outstanding Balance Beginning This Period 2320.90 | Transaction ID: SD10.15344 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 2320.90 |

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

| | | |
|--|-----------------------------------|--|
| Outstanding Balance Beginning This Period -450.00 | Transaction ID: SD10.15354 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period -450.00 |

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

| | | |
|--|-----------------------------------|--|
| Outstanding Balance Beginning This Period 1022.32 | Transaction ID: SD10.15340 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 1022.32 |

| | |
|--|----------------|
| 1) SUBTOTALS This Period This Page (optional)..... | 2893.22 |
| 2) TOTALS This Period (last page this line number only)..... | |
| 3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)..... | |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | |

SCHEDULE D (FEC Form 3X)
DEBTS AND OBLIGATIONS
Excluding Loans

| | | |
|---|--------------------------------------|--|
| (Use separate schedule(s) for each numbered line) | PAGE 37 / 38 | |
| | FOR LINE NUMBER: (check only one) | <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10 |

NAME OF COMMITTEE (In Full)
 Campaign for Working Families

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

| | | |
|---|-----------------------------------|---|
| Outstanding Balance Beginning This Period | Transaction ID: SD10.15509 | |
| -1022.32 | | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period |
| 0.00 | 0.00 | -1022.32 |

| | |
|--|----------|
| 1) SUBTOTALS This Period This Page (optional)..... | -1022.32 |
| 2) TOTALS This Period (last page this line number only)..... | 12417.23 |
| 3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)..... | |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | |

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

| | | | |
|--|-------------|---|---|
| NAME OF COMMITTEE (In Full) Campaign for Working Families | | FEC IDENTIFICATION NUMBER C C00325076 | |
| Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice | | Date M M / D D / Y Y Y Y 07 / 31 / 2006 | |
| Full Name (Last, First, Middle, Initial) of Payee DESIGN 4 INC. | | Amount 26490.00 | |
| Mailing Address 2020 W. Bandon Blvd. Suite 202 | | Transaction ID: SE24.66242 | |
| City Brandon | State FL | Zip Code 33511 | Office Sought: <input checked="" type="checkbox"/> House State: MI <input type="checkbox"/> Senate District: 07 <input type="checkbox"/> Presidential |
| Purpose of Expenditure Radio Production and Ad Costs | | Category/Type | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose |
| Name of Federal Candidate supported or Opposed by expenditure: TIMOTHY WALBERG | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ | |
| Calendar Year-To-Date Per Election for Office Sought | | 26490.00 | |

| | |
|--|----------|
| (a) SUBTOTAL of Itemized Independent Expenditures | 26490.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | 0.00 |
| (c) TOTAL Independent Expenditures | 26490.00 |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature _____ Date M M / D D / Y Y Y Y
08 / 18 / 2006