

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

12FE4M5

CAMPAIGN FOR WORKING FAMILIES

ADDRESS (number and street) ▼

2800 SHIRLINGTON ROAD, SUITE 930

Check if different than previously reported. (ACC)

ARLINGTON VA 22206

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00325076

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- | | | | |
|--------------------------------------|--|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input checked="checked" type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

- (c) 12-Day Primary (12P) General (12G) Runoff (12R)
- PRE-Election Report for the: Convention (12C) Special (12S)

Election on / / in the State of

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

Election on / / in the State of

5. Covering Period

05 / 01 / 2016 through 05 / 31 / 2016

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

Type or Print Name of Treasurer Dorie Velezis

Signature of Treasurer

Dorie Velezis

[Electronically Filed]

Date

07 / 20 / 2016

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

Office Use Only

FEC FORM 3X Rev. 12/2004

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

CAMPAIGN FOR WORKING FAMILIES

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>	<input type="text" value="359098.56"/>	<input type="text" value="359098.56"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="341846.09"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="19180.91"/>	<input type="text" value="96908.89"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="361027.00"/>	<input type="text" value="456007.45"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="32898.40"/>	<input type="text" value="127878.85"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="328128.60"/>	<input type="text" value="328128.60"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="6178.95"/>	

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: 05 / 01 / 2016 To: 05 / 31 / 2016

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).....	16645.01	50736.02
(ii) Unitemized	2530.70	33453.56
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	19175.71	84189.58
(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)	19175.71	84189.58
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.).....	5.20	12719.31
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	19180.91	96908.89
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	19180.91	96908.89

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	20898.40	111878.85
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	20898.40	111878.85
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	7000.00	11000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	5000.00	5000.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	32898.40	127878.85
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	32898.40	127878.85

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	19175.71	84189.58
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	19175.71	84189.58
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	20898.40	111878.85
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	20898.40	111878.85

**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 6 OF 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

A. MR CHARLES D AYRES
 Full Name (Last, First, Middle Initial)
 Mailing Address 4911 CASA ORO DR
 City YORBA LINDA State CA Zip Code 92886
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 06 / 2016
Transaction ID : SA11AI.18068
 Amount of Each Receipt this Period
 100.00
 Memo Item
 CONTRIBUTION

B. MR DAVID BAIN
 Full Name (Last, First, Middle Initial)
 Mailing Address 1000 PECAN DR
 City MCKINNEY State TX Zip Code 75069
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CORWIN ENGINEERING INCORPORATED Occupation ENGINEER
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 10 / 2016
Transaction ID : SA11AI.18038
 Amount of Each Receipt this Period
 50.00
 Memo Item
 CONTRIBUTION

C. MR DEL C BROOKS
 Full Name (Last, First, Middle Initial)
 Mailing Address 12789 MUIRFIELD BLVD N
 City JACKSONVILLE State FL Zip Code 32225
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SMURFIT STORE CONT. CORP Occupation GEN MGR
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 03 / 2016
Transaction ID : SA11AI.17984
 Amount of Each Receipt this Period
 50.00
 Memo Item
 CONTRIBUTION

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

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.18068

0103804-0000099

Form/Schedule: SA11AI

Transaction ID: SA11AI.18038

0111998-0000066

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.17984

0012784-0000014

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

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

Mailing Address 12789 MUIRFIELD BLVD N

City JACKSONVILLE State FL Zip Code 32225

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

Name of Employer SMURFIT STORE CONT. CORP Occupation GEN MGR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 05 / 31 / 2016
Transaction ID : SA11AI.17985

Amount of Each Receipt this Period 50.00

Memo Item CONTRIBUTION

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

Mailing Address PO BOX 5562

City MIDLAND State TX Zip Code 79704

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

Name of Employer MORIAH GROUP Occupation PRINCIPAL

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 05 / 12 / 2016
Transaction ID : SA11AI.18054

Amount of Each Receipt this Period 5000.00

Memo Item CONTRIBUTION

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

Mailing Address P.O. BOX 5562

City MIDLAND State TX Zip Code 79704

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

Name of Employer HOMEMAKER Occupation HOMEMAKER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 05 / 12 / 2016
Transaction ID : SA11AI.18079

Amount of Each Receipt this Period 5000.00

Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 10050.00

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

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.17985

0012784-0000015

Form/Schedule: SA11AI

Transaction ID: SA11AI.18054

0111652-0000084

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

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

FOR LINE NUMBER: PAGE 11 OF 43
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

A. MR CHARLES DAN CHENOWETH
 Full Name (Last, First, Middle Initial)
 Mailing Address 5515 W RICHEY ROAD
 City HOUSTON State TX Zip Code 77066
 FEC ID number of contributing federal political committee. C
 Name of Employer TWSCO Occupation CHAIRMAN
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 02 / 2016
Transaction ID : SA11AI.18045
 Amount of Each Receipt this Period
 1000.00
 Memo Item
 CONTRIBUTION

B. KATHLEEN ECHELBARGER
 Full Name (Last, First, Middle Initial)
 Mailing Address 620 SUNSET AVE N
 City EDMONDS State WA Zip Code 98020
 FEC ID number of contributing federal political committee. C
 Name of Employer SELF Occupation HOMEMAKER
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 15 / 2016
Transaction ID : SA11AI.18077
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION

C. MR RON B FLEISCHMAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 171 HERITAGE PKWY W
 City DECATUR State TX Zip Code 76234
 FEC ID number of contributing federal political committee. C
 Name of Employer CDI Occupation BUSINESS OWNER
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 328.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 19 / 2016
Transaction ID : SA11AI.18041
 Amount of Each Receipt this Period
 128.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 1378.00
TOTAL This Period (last page this line number only)..... ▶

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.18045

0111232-0000073

Form/Schedule: SA11AI

Transaction ID: SA11AI.18077

0111888-0000108

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.18041

0103698-0000070

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

A. MR FRANCIS L FRIEND
 Full Name (Last, First, Middle Initial)
 Mailing Address 2125 LUANN LN APT 6
 City MADISON State WI Zip Code 53713
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF Occupation CONSULTANT
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 10 / 2016
Transaction ID : SA11AI.18015
 Amount of Each Receipt this Period
 50.00
 Memo Item
 CONTRIBUTION

B. MR CARL W GUSTKE
 Full Name (Last, First, Middle Initial)
 Mailing Address 233 STATON RD
 City CABOT State AR Zip Code 72023
 FEC ID number of contributing federal political committee. **C**
 Name of Employer FEDERAL EX - (WIFE) REBSAMEN R. H. Occupation PILOT - WIFE DEBORAH-RN
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 10 / 2016
Transaction ID : SA11AI.18036
 Amount of Each Receipt this Period
 50.00
 Memo Item
 CONTRIBUTION

C. MR MICHAEL HUTFLESS
 Full Name (Last, First, Middle Initial)
 Mailing Address 1951 DOWNING PL
 City PALM HARBOR State FL Zip Code 34683
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NA Occupation RETIRED
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 02 / 2016
Transaction ID : SA11AI.17994
 Amount of Each Receipt this Period
 500.00
 Memo Item
 CONTRIBUTION

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

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.18015

0100234-0000043

Form/Schedule: SA11AI

Transaction ID: SA11AI.18036

0022519-0000064

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.17994

0108506-0000023

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

A. MR JAMES J KAZMIERZAK
 Full Name (Last, First, Middle Initial)
 Mailing Address 11808 EAGLE VIEW CT
 City FORT WAYNE State IN Zip Code 46814
 FEC ID number of contributing federal political committee. C
 Name of Employer SELF Occupation SALES
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 610.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 13 / 2016
Transaction ID : SA11AI.18006
 Amount of Each Receipt this Period
 122.00
 Memo Item
 CONTRIBUTION

B. SHARRY KROUCH
 Full Name (Last, First, Middle Initial)
 Mailing Address 7412 MARION AVE
 City KANSAS CITY State MO Zip Code 64133
 FEC ID number of contributing federal political committee. C
 Name of Employer HOMEMAKER Occupation HOMEMAKER
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 20 / 2016
Transaction ID : SA11AI.18031
 Amount of Each Receipt this Period
 240.00
 Memo Item
 CONTRIBUTION

C. MR THOMAS J KUK
 Full Name (Last, First, Middle Initial)
 Mailing Address 32265 WEEPING WILLOW STREET
 City TRABUCO CANYON State CA Zip Code 92679
 FEC ID number of contributing federal political committee. C
 Name of Employer HOMEMAKER Occupation HOMEMAKER
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 290.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 26 / 2016
Transaction ID : SA11AI.18067
 Amount of Each Receipt this Period
 55.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	417.00
TOTAL This Period (last page this line number only).....▶	

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.18006

0111250-0000036

Form/Schedule: SA11AI

Transaction ID: SA11AI.18031

0107040-0000057

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.18067

0015893-0000098

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

A. DR JON TOM MCANEAR
 Full Name (Last, First, Middle Initial)
 Mailing Address 12131 STOCKHOLM
 City SAN ANTONIO State TX Zip Code 78230
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF Occupation OMSURGEON
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 13 / 2016
Transaction ID : SA11AI.18049
 Amount of Each Receipt this Period
 1000.00
 Memo Item
 CONTRIBUTION

B. MR JEFFERY ROBILLARD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5028 LONGVIEW CT
 City WEDDINGTON State NC Zip Code 28104
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UNEMPLOYED Occupation UNEMPLOYED
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2016
Transaction ID : SA11AI.17981
 Amount of Each Receipt this Period
 100.00
 Memo Item
 CONTRIBUTION

C. MR RICK B SKINNER
 Full Name (Last, First, Middle Initial)
 Mailing Address 19111 SCENIC HIGHWAY 98
 City FAIRHOPE State AL Zip Code 36532
 FEC ID number of contributing federal political committee. **C**
 Name of Employer N/A Occupation RETIRED ENGINEER
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.05

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2016
Transaction ID : SA11AI.17998
 Amount of Each Receipt this Period
 50.01
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	1150.01
TOTAL This Period (last page this line number only).....▶	

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.18049

0102083-0000078

Form/Schedule: SA11AI

Transaction ID: SA11AI.17981

0111867-0000010

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.17998

0111973-0000028

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

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

Mailing Address 24902 N POINT PL

City KATY State TX Zip Code 77494

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

Name of Employer AVIARA ENERGY CORPORATION Occupation ENGINEER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 10 / 2016
Transaction ID : SA11AI.18047

Amount of Each Receipt this Period 50.00

Memo Item CONTRIBUTION

B. MRS JO ANN THIESSEN
Full Name (Last, First, Middle Initial)

Mailing Address 4560 WESTLAKE CT

City BEL AIRE State KS Zip Code 67220

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

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

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 05 / 02 / 2016
Transaction ID : SA11AI.18034

Amount of Each Receipt this Period 200.00

Memo Item CONTRIBUTION

C. DR JOHN TRUELSON
Full Name (Last, First, Middle Initial)

Mailing Address 3108 CARUTH BLVD

City DALLAS State TX Zip Code 75225

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

Name of Employer MY EMPLOYER Occupation WORKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 05 / 01 / 2016
Transaction ID : SA11AI.18040

Amount of Each Receipt this Period 2500.00

Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 2750.00

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

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.18047

0048257-0000076

Form/Schedule: SA11AI

Transaction ID: SA11AI.18034

0107029-0000061

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.18040

0102387-0000068

Form/Schedule:

Transaction ID:

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

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

FOR LINE NUMBER: PAGE 26 OF 43
(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 DONALD A WHITE JR

Mailing Address 9412 ROCKY HILLS DR

City State Zip Code
CORDOVA TN 38018

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

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 31 / 2016

Transaction ID : SA11AI.18000

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	100.00
TOTAL This Period (last page this line number only).....▶	16645.01

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.18000

0101707-0000030

Form/Schedule:

Transaction ID:

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

Full Name (Last, First, Middle Initial)

A. 1st VIRGINIA COMMUNITY BANK

Mailing Address 11325 RANDOM HILLS RD

City FAIRFAX State VA Zip Code 22030

Purpose of Disbursement
BANK FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
05 / 03 / 2016

Transaction ID : SB21B.18083

Amount of Each Disbursement this Period

74.50

Memo Item

Full Name (Last, First, Middle Initial)

B. AMERICAN VALUES

Mailing Address 2800 S SHIRLINGTON RD #950

City ARLINGTON State VA Zip Code 22206

Purpose of Disbursement
RENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
05 / 26 / 2016

Transaction ID : SB21B.18111

Amount of Each Disbursement this Period

533.34

Memo Item

Full Name (Last, First, Middle Initial)

C. AUTHORIZE.NET

Mailing Address P.O. BOX 8999

City SAN FRANCISCO State CA Zip Code 94128

Purpose of Disbursement
BANK FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
05 / 03 / 2016

Transaction ID : SB21B.18082

Amount of Each Disbursement this Period

44.43

Memo Item

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

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

652.27

**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. GARY BAUER

Mailing Address 2800 S SHIRLINGTON RD #930

City ARLINGTON State VA Zip Code 22206

Purpose of Disbursement
PAC CONSULTING POLITICAL AND ADMIN

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
05 / 26 / 2016

Transaction ID : SB21B.18116

Amount of Each Disbursement this Period

6750.00

Memo Item

Full Name (Last, First, Middle Initial)

B. BB&T

Mailing Address 2800 S Quincy St.

City Arlington State VA Zip Code 22206

Purpose of Disbursement
BANK FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
05 / 16 / 2016

Transaction ID : SB21B.18085

Amount of Each Disbursement this Period

244.29

Memo Item

Full Name (Last, First, Middle Initial)

C. BB&T

Mailing Address 2800 S Quincy St.

City Arlington State VA Zip Code 22206

Purpose of Disbursement
BANK FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
05 / 21 / 2016

Transaction ID : SB21B.18080

Amount of Each Disbursement this Period

78.50

Memo Item

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

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

7072.79

**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. CASTLE STRATEGIES

Mailing Address 11105 HARROWFIELD ROAD

City CHARLOTTE State NC Zip Code 28226

Purpose of Disbursement
PAC SOCIAL MEDIA CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
05 / 06 / 2016

Transaction ID : SB21B.18092

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. COMCAST

Mailing Address P.O. BOX 3005

City SOUTHEASTERN State PA Zip Code 19398

Purpose of Disbursement
COMPUTER SERVICE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
05 / 17 / 2016

Transaction ID : SB21B.18093

Amount of Each Disbursement this Period

262.46

Memo Item

Full Name (Last, First, Middle Initial)

C. COMCAST

Mailing Address P.O. BOX 3005

City SOUTHEASTERN State PA Zip Code 19398

Purpose of Disbursement
COMPUTER SERVICE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
05 / 26 / 2016

Transaction ID : SB21B.18114

Amount of Each Disbursement this Period

275.59

Memo Item

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

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

3038.05

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

Full Name (Last, First, Middle Initial)

A. FEDERAL EXPRESS

Mailing Address P.O. BOX 1140

City MEMPHIS State TN Zip Code 28101

Purpose of Disbursement
SHIPPING COSTS

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
05 / 06 / 2016

Transaction ID : **SB21B.18088**

Amount of Each Disbursement this Period

21.27

Memo Item

Full Name (Last, First, Middle Initial)

B. FEDERAL EXPRESS

Mailing Address P.O. BOX 1140

City MEMPHIS State TN Zip Code 28101

Purpose of Disbursement
SHIPPING COSTS

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
05 / 17 / 2016

Transaction ID : **SB21B.18094**

Amount of Each Disbursement this Period

63.92

Memo Item

Full Name (Last, First, Middle Initial)

C. IRON MOUNTAIN

Mailing Address P.O. BOX 27128

City NEW YORK State NY Zip Code 10087

Purpose of Disbursement
STORAGE FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
05 / 06 / 2016

Transaction ID : **SB21B.18089**

Amount of Each Disbursement this Period

346.84

Memo Item

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

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

432.03

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

Full Name (Last, First, Middle Initial)

A. 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: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
05 / 06 / 2016

Transaction ID : SB21B.18126

Amount of Each Disbursement this Period

172.59

Memo Item

Full Name (Last, First, Middle Initial)

B. 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: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
05 / 17 / 2016

Transaction ID : SB21B.18103

Amount of Each Disbursement this Period

367.25

Memo Item

Full Name (Last, First, Middle Initial)

C. 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: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
05 / 17 / 2016

Transaction ID : SB21B.18104

Amount of Each Disbursement this Period

150.93

Memo Item

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

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

690.77

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

Full Name (Last, First, Middle Initial)

A. LPS

Mailing Address P.O. BOX 2325

City FAIRFAX State VA Zip Code 22031

Purpose of Disbursement
PAC DATA PROCESSING SERVICES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
05 / 17 / 2016

Transaction ID : **SB21B.18105**

Amount of Each Disbursement this Period

100.00

Memo Item

Full Name (Last, First, Middle Initial)

B. 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: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
05 / 26 / 2016

Transaction ID : **SB21B.18119**

Amount of Each Disbursement this Period

304.67

Memo Item

Full Name (Last, First, Middle Initial)

C. BILL MOELLER

Mailing Address 2800 S SHIRLINGTON RD #930

City ARLINGTON State VA Zip Code 22206

Purpose of Disbursement
TRAVEL EXPENSE REIMBURSEMENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
05 / 26 / 2016

Transaction ID : **SB21B.18113**

Amount of Each Disbursement this Period

62.12

Memo Item

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

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

466.79

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

Full Name (Last, First, Middle Initial)

A. BILL MOELLER

Mailing Address 2800 S SHIRLINGTON RD #930

City ARLINGTON State VA Zip Code 22206

Purpose of Disbursement
PAC CONSULTING POLITICAL RESEARCH/WRITER

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
05 / 26 / 2016

Transaction ID : **SB21B.18117**

Amount of Each Disbursement this Period

2250.00

Memo Item

Full Name (Last, First, Middle Initial)

B. OFFICE SHREDDING

Mailing Address 6500 KANE WAY

City ELKRIDGE State MD Zip Code 21075

Purpose of Disbursement
OFFICE EXPENSE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
05 / 17 / 2016

Transaction ID : **SB21B.18095**

Amount of Each Disbursement this Period

45.00

Memo Item

Full Name (Last, First, Middle Initial)

C. THE HARTFORD

Mailing Address P.O. BOX 660916

City DALLAS State TX Zip Code 75266

Purpose of Disbursement
PAC BUSINESS INSURANCE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
05 / 17 / 2016

Transaction ID : **SB21B.18107**

Amount of Each Disbursement this Period

2532.00

Memo Item

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

4827.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

Full Name (Last, First, Middle Initial)

A. Dorie Velezis

Mailing Address 2800 S Shirlington Rd #930

City Arlington State VA Zip Code 22206

Purpose of Disbursement
PAC COMPLIANCE CONSULTING

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB21B.18115**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. VERIZON

Mailing Address P.O. BOX 17577

City BALTIMORE State MD Zip Code 21297

Purpose of Disbursement
TELEPHONE

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB21B.18110**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. DEAN VIRAG

Mailing Address 14511 RILLHURST DR

City CULPEPER State VA Zip Code 22701

Purpose of Disbursement
PAC WEBSITE CONSULTING

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB21B.18086**

Amount of Each Disbursement this Period

Memo Item

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

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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. WASHINGTON INTELLIGENCE BUREAU

Mailing Address 4128 PEPSI PLACE

City CHANTILLY State VA Zip Code 20151

Purpose of Disbursement
PAC CAGING AND DATA ENTRY SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	17	/	2016

Transaction ID : SB21B.18106

Amount of Each Disbursement this Period

473.44

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

--

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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Memo Item

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

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

473.44

20817.93

**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. FRIENDS OF PAT TOOMEY

Mailing Address 228 S. WASHINGTON ST., SUITE 115

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
CONTRIBUTION

Candidate Name
FRIENDS OF PAT TOOMEY

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: PA District: 00

Date of Disbursement

MM / DD / YYYY
05 / 17 / 2016

Transaction ID : **SB23.18096**

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. KING FOR CONGRESS

Mailing Address 202 W 2ND ST.
PO BOX 398

City WALL LAKE State IA Zip Code 51466

Purpose of Disbursement
CONTRIBUTION

Candidate Name
KING FOR CONGRESS

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: IA District: 04

Date of Disbursement

MM / DD / YYYY
05 / 17 / 2016

Transaction ID : **SB23.18098**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. PATTERSON FOR CONGRESS

Mailing Address 140 POTTER ST

City HADDONFIELD State NJ Zip Code 08033

Purpose of Disbursement
CONTRIBUTION

Candidate Name
PATTERSON FOR CONGRESS

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: NJ District: 01

Date of Disbursement

MM / DD / YYYY
05 / 17 / 2016

Transaction ID : **SB23.18108**

Amount of Each Disbursement this Period

1000.00

Memo Item

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

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

7000.00

7000.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

A. MIKE PENCE FOR INDIANA

Full Name (Last, First, Middle Initial)
Mailing Address 1435 CHASE COURT

City CARMEL State IN Zip Code 46032

Purpose of Disbursement CONTRIBUTION

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
05 / 06 / 2016

Transaction ID : SB29.18090

Amount of Each Disbursement this Period: 5000.00

Memo Item

B.

Full Name (Last, First, Middle Initial)
Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY

Amount of Each Disbursement this Period

Memo Item

C.

Full Name (Last, First, Middle Initial)
Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 5000.00

TOTAL This Period (last page this line number only)..... ▶ 5000.00

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 39 OF 43
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor AMERICA DIRECT	Nature of Debt (Purpose): PAC DIRECT MAIL PRODUCTION
Mailing Address 1272 CORPORATE PARK DR	
City State Zip Code FOREST VA 24511	

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

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

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

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

Outstanding Balance Beginning This Period 539.84	Transaction ID : SD10.17963	
Amount Incurred This Period 0.00	Payment This Period 539.84	Outstanding Balance at Close of This Period 0.00

1) SUBTOTALS This Period This Page (optional)..... ▶	3178.42
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 40 OF 43
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

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

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.18100	
Amount Incurred This Period 100.00	Payment This Period 100.00	Outstanding Balance at Close of This Period 0.00

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

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.18101	
Amount Incurred This Period 150.93	Payment This Period 150.93	Outstanding Balance at Close of This Period 0.00

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

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.18118	
Amount Incurred This Period 304.67	Payment This Period 304.67	Outstanding Balance at Close of This Period 0.00

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

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 41 OF 43
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

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

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.18120	
Amount Incurred This Period 88.69	Payment This Period 0.00	Outstanding Balance at Close of This Period 88.69

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

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

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

Outstanding Balance Beginning This Period 0.30	Transaction ID : SD10.16859	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 0.30

1) SUBTOTALS This Period This Page (optional)..... ▶	2409.89
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 42 OF 43
	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 HARTFORD	Nature of Debt (Purpose): PAC - BUSINESS INSURANCE COSTS
Mailing Address P.O. BOX 660916	
City State Zip Code DALLAS TX 75266	

Outstanding Balance Beginning This Period 2532.00	Transaction ID : SD10.17965	
Amount Incurred This Period 0.00	Payment This Period 2532.00	Outstanding Balance at Close of This Period 0.00

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

Outstanding Balance Beginning This Period 473.44	Transaction ID : SD10.17964	
Amount Incurred This Period 0.00	Payment This Period 473.44	Outstanding Balance at Close of This Period 0.00

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

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.18121	
Amount Incurred This Period 590.64	Payment This Period 0.00	Outstanding Balance at Close of This Period 590.64

1) SUBTOTALS This Period This Page (optional)..... ▶	590.64
2) TOTALS This Period (last page this line number only)..... ▶	6178.95
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	6178.95

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

Form/Schedule: SD10

Transaction ID : SD10.18121

AMOUNT ENTERED WAS CORRECTED DUE TO A TYPO ON PREVIOUS REPORT.

Form/Schedule:

Transaction ID: