

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 05 01 2006 through 05 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 06 20 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	5

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	5

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 .....	1014122.30									
(c) Total Receipts (from Line 19) .....	51233.00	247405.76								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	1065355.30	1229897.00								
7. Total Disbursements (from Line 31) .....	35706.99	200248.69								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	1029648.31	1029648.31								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	13159.23									

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	5

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	5

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	33557.00	155814.50
(i) Itemized (use Schedule A) .....	13864.43	75498.84
(ii) Unitemized .....	47421.43	231313.34
(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) .....	47421.43	231313.34
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) .....	975.77	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.) .....	2835.80	15116.62
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)) .....	51233.00	247405.76
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	51233.00	247405.76

**DETAILED SUMMARY PAGE**

of Disbursements

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.....	24206.99	176748.69
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	24206.99	176748.69
22. Transfers to Affiliated/Other Party Committees.....	500.00	5500.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	11000.00	18000.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	35706.99	200248.69
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	35706.99	200248.69

**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) .....	47421.43	231313.34
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	47421.43	231313.34
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	24206.99	176748.69
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	975.77	975.80
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	23231.22	175772.89

**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 / 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
Campaign for Working Families

**A.** Full Name (Last, First, Middle Initial)  
MRS KATHRYN A ARKELL

Mailing Address 8131 HIDDEN BAY TRL N

City State Zip Code  
LAKE ELMO MN 55042

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  
05 / 19 / 2006

Transaction ID: SA11A1.64933

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
MR CHRIS AYERS

Mailing Address 828 OLNEY OAK DR

City State Zip Code  
HOUSTON TX 77079

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

Name of Employer Occupation  
CONOCO INDONESIA MANAGE ECONOMICS & PLANNING

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  
05 / 23 / 2006

Transaction ID: SA11A1.65046

Amount of Each Receipt this Period  
300.00

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

Mailing Address 10 SHALLOWBROOK DR

City State Zip Code  
O FALLON IL 62269

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

Name of Employer Occupation  
USAF US MILITARY

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  
05 / 05 / 2006

Transaction ID: SA11A1.64984

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1350.00**

**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 / 39
	<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 RONDA R BLEHM-KUK

Mailing Address 32265 WEEPING WILLOW ST

City State Zip Code  
TRABUCO CYN CA 92679

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

Name of Employer Occupation  
HOMEMAKER HOMEMAKER

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

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

Transaction ID: SA11A1.65143

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
MR LAWRENCE D BOONE

Mailing Address 4036 WILLIAMS RD

City State Zip Code  
MODESTO CA 95358

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 ▼  
300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 0 9 / 2 0 0 6

Transaction ID: SA11A1.65181

Amount of Each Receipt this Period  
150.00

**C.** 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 ▼  
250.00

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

Transaction ID: SA11A1.65077

Amount of Each Receipt this Period  
50.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	300.00
<b>TOTAL</b> 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 / 39
	<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 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 ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 1 8 / 2 0 0 6

Transaction ID: SA11A1.64810

Amount of Each Receipt this Period  
100.00

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

Mailing Address 1023 NE 98TH ST

City State Zip Code  
SEATTLE WA 98115

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

Name of Employer Occupation  
NORTHWEST HOSP C T TECHNOLOGIST

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

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

Transaction ID: SA11A1.65216

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
C DAN CHENOWETH

Mailing Address 5515 W RICHEY RD

City State Zip Code  
HOUSTON TX 77066

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 ▼  
350.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 3 0 / 2 0 0 6

Transaction ID: SA11A1.65042

Amount of Each Receipt this Period  
150.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	300.00
<b>TOTAL</b> 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 / 39
	<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 S IDELLE COLLINS

Mailing Address PO BOX 849

City State Zip Code  
SHADY COVE OR 97539

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 ▼  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 22 / 2006

Transaction ID: SA11A1.65208

Amount of Each Receipt this Period  
2500.00

**B.** Full Name (Last, First, Middle Initial)  
MR ERIC D D'ANNA

Mailing Address 3110 BELAIR DR

City State Zip Code  
BOWIE MD 20715

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

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

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 18 / 2006

Transaction ID: SA11A1.64747

Amount of Each Receipt this Period  
300.00

**C.** 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 ▼  
250.00

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

Transaction ID: SA11A1.64719

Amount of Each Receipt this Period  
50.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2850.00
<b>TOTAL</b> 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 / 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Campaign for Working Families

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

Mailing Address PO BOX 1

City LYNNWOOD State WA Zip Code 98046

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

Name of Employer ECHELBARGER INVESTMENTS Occupation REAL ESTATE DEVELOPEMENT

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 5 / 0 8 / 2 0 0 6

Transaction ID: SA11A1.65215

Amount of Each Receipt this Period  
250.00

**B.** 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 ▼  
800.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 5 / 0 1 / 2 0 0 6

Transaction ID: SA11A1.65182

Amount of Each Receipt this Period  
300.00

**C.** 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 ▼  
1300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 5 / 3 0 / 2 0 0 6

Transaction ID: SA11A1.65183

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1050.00
<b>TOTAL</b> 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 / 39
	<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. JAMES S ENGLUND

Mailing Address 302 CINDI CT

City State Zip Code  
LONGVIEW TX 75605

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

Name of Employer Occupation  
MISSIONARY TECH TEAM 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  
05 / 10 / 2006

Transaction ID: SA11A1.65030

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
MRS MARGUERITE ENSIO

Mailing Address 7540 WINDOW PEAK RD

City State Zip Code  
TUCSON AZ 85718

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

Name of Employer Occupation  
HOMEMAKER HOMEMAKER

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 22 / 2006

Transaction ID: SA11A1.65100

Amount of Each Receipt this Period  
5000.00

**C.** Full Name (Last, First, Middle Initial)  
MR. PAAVO ENSIO

Mailing Address 7540 N WINDOW PEAK RD

City State Zip Code  
TUCSON AZ 85718

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

Name of Employer Occupation  
SELF EMPLOYED ENGINEER

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 22 / 2006

Transaction ID: SA11A1.65101

Amount of Each Receipt this Period  
5000.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	10100.00
<b>TOTAL</b> 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 / 39
	<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 CAROLYN F EVANS

Mailing Address 7328 E ELM CT

City State Zip Code  
WICHITA KS 67206

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

Name of Employer Occupation  
HOUSEWIFE HOUSEWIFE

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 5 / 1 0 / 2 0 0 6

Transaction ID: SA11A1.64997

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
MRS JACQUELINE FRAKES

Mailing Address 88 BIG BEAR RUN

City State Zip Code  
CLEVELAND GA 30528

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

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

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

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

Transaction ID: SA11A1.64805

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
DR JERRE M FREEMAN

Mailing Address 6485 POPLAR AVE

City State Zip Code  
MEMPHIS TN 38119

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

Name of Employer Occupation  
MEMPHIS EYE & CATARACT CE- NTER PHYSICIAN

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 5 / 0 1 / 2 0 0 6

Transaction ID: SA11A1.64845

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1000.00
<b>TOTAL</b> 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 / 39
	<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 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 ▼ 250.00

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

Transaction ID: SA11A1.64927

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
MRS KRISTI ELLIOTT GILCHRIST

Mailing Address 205 S WESTMINSTER RD

City ARCADIA State OK Zip Code 73007

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

Name of Employer HOMEMAKER Occupation HOMEMAKER

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 0 9 / 2 0 0 6

Transaction ID: SA11A1.65015

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
DR DENNIS R GIMLIN

Mailing Address 1641 HORSESHOE DR

City PUEBLO State CO Zip Code 81001

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

Name of Employer SELF EMPLOYED Occupation ENDODONTIST

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 0 9 / 2 0 0 6

Transaction ID: SA11A1.65086

Amount of Each Receipt this Period  
400.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **700.00**

**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 / 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Campaign for Working Families

Full Name (Last, First, Middle Initial) <b>A. MR MARVIN H GOEHRING</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 6
Mailing Address 301 W REDWOOD ST APT 11		<b>Transaction ID: SA11A1.64956</b>
City State Zip Code PARKSTON SD 57366	Amount of Each Receipt this Period 460.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 460.00	

Full Name (Last, First, Middle Initial) <b>B. MR DENNIS A GOLDENMAN</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 6
Mailing Address 2016 18TH AVE		<b>Transaction ID: SA11A1.64924</b>
City State Zip Code MONROE WI 53566	Amount of Each Receipt this Period 175.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer THE SWISS COLONY INC	Occupation ACCOUNTANT	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

Full Name (Last, First, Middle Initial) <b>C. MR. JERRY GOULDING</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 6
Mailing Address PO BOX 8173		<b>Transaction ID: SA11A1.65193</b>
City State Zip Code TRUCKEE CA 96162	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	685.00
<b>TOTAL</b> 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 / 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Campaign for Working Families

Full Name (Last, First, Middle Initial) <b>A. MR CARL W GUSTKE</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 05 / 2006	
Mailing Address 233 STATON RD		<b>Transaction ID: SA11A1.65013</b>	
City <b>CABOT</b>	State <b>AR</b>	Zip Code <b>72023</b>	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer FED EX	Occupation PILOT		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>B. MR CARL W GUSTKE</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 05 / 2006	
Mailing Address 233 STATON RD		<b>Transaction ID: SA11A1.65014</b>	
City <b>CABOT</b>	State <b>AR</b>	Zip Code <b>72023</b>	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer FED EX	Occupation PILOT		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00		

Full Name (Last, First, Middle Initial) <b>C. MRS BABETTE HILL</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 30 / 2006	
Mailing Address 157 NE COAL LN		<b>Transaction ID: SA11A1.64989</b>	
City <b>TRENTON</b>	State <b>MO</b>	Zip Code <b>64683</b>	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer HOME	Occupation FAMILY MANAGER		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1350.00
<b>TOTAL</b> 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 / 39
	<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 CHARLES B HUMPHREY

Mailing Address 3004 FAIRMOUNT ST

City State Zip Code  
DALLAS TX 75201

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

Name of Employer SELF-EMPLOYED Occupation SELF-EMPLOYED

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 12 / 2006

Transaction ID: SA11A1.65026

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
MRS LORENA JAEB

Mailing Address PO BOX 428

City State Zip Code  
MANGO FL 33550

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 17 / 2006

Transaction ID: SA11A1.64820

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
MRS ARLENE JOHNSON

Mailing Address 4512 BRENDA DR

City State Zip Code  
FLOWER MOUND TX 75022

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

Name of Employer HOMEMAKER Occupation HOMEMAKER

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
757.50

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 23 / 2006

Transaction ID: SA11A1.65019

Amount of Each Receipt this Period  
147.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1647.00
<b>TOTAL</b> 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 / 39
	<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 ▼  
400.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 01 / 2006

Transaction ID: SA11A1.64908

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
MR ROBERT LAKE

Mailing Address 2721 18TH ST

City State Zip Code  
BAKERSFIELD CA 93301

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

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

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 30 / 2006

Transaction ID: SA11A1.65159

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
MS RUTH MERILLAT

Mailing Address 860 RICHLYN DR

City State Zip Code  
ADRIAN MI 49221

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 ▼  
3000.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 19 / 2006

Transaction ID: SA11A1.64896

Amount of Each Receipt this Period  
2000.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2150.00
<b>TOTAL</b> 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 18 / 39
	<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 WILLIAM B POWELL

Mailing Address 10050 WHITE SHOP RD

City State Zip Code  
CULPEPER VA 22701

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 ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 5 / 2 3 / 2 0 0 6

Transaction ID: SA11A1.64761

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
MR MICHAEL A PRIMROSE

Mailing Address 2020 ROSE CREEK BLVD S

City State Zip Code  
FARGO ND 58104

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

Name of Employer Occupation  
FOOD SERV OF MANAGEMENT

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 5 / 1 1 / 2 0 0 6

Transaction ID: SA11A1.64958

Amount of Each Receipt this Period  
100.00

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

Mailing Address 3445 EVERETTE DR

City State Zip Code  
BOWIE MD 20716

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 ▼  
550.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 5 / 1 9 / 2 0 0 6

Transaction ID: SA11A1.64748

Amount of Each Receipt this Period  
100.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1200.00
<b>TOTAL</b> 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 / 39
	<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 ▼  
250.00

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

Transaction ID: SA11A1.64943

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
MR ROBERT D SELLECK, II

Mailing Address 5655 LINDERO CANYON RD STE 301

City State Zip Code  
WESTLAKE VLG CA 91362

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

Name of Employer Occupation  
SELLECK PROPERTIES DEVELOPER

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 0 1 / 2 0 0 6

Transaction ID: SA11A1.65121

Amount of Each Receipt this Period  
200.00

**C.** 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 ▼  
250.00

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

Transaction ID: SA11A1.64802

Amount of Each Receipt this Period  
50.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	300.00
<b>TOTAL</b> 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 / 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Campaign for Working Families

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

Mailing Address 3360 E TERRELL BRANCH CT SE

City State Zip Code  
MARIETTA GA 30067

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

Name of Employer Occupation  
HOMEMAKER HOMEMAKER

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

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

Transaction ID: SA11A1.64799

Amount of Each Receipt this Period  
25.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. GRAHAM START

Mailing Address 1755 KILKARE RD

City State Zip Code  
SUNOL CA 94586

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

Name of Employer Occupation  
SELF EMPLOYED SALES

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  
05 / 12 / 2006

Transaction ID: SA11A1.65172

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
MRS ESTHER R STEEGE

Mailing Address 4600 FOREST AVE SE

City State Zip Code  
MERCER ISLAND WA 98040

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  
05 / 18 / 2006

Transaction ID: SA11A1.65214

Amount of Each Receipt this Period  
200.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **325.00**

**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 / 39
	<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 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  
OWNER & LIBERTY HEALTHCARE

Occupation  
CHIROPRACTOR

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 08 / 2006

Transaction ID: SA11A1.65028

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
MR JAMES W TERRY

Mailing Address 2825 BLOOMFIELD RD  
SAXONY VILLAGE DUPLEX #14

City State Zip Code  
CPE GIRARDEAU MO 63703

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

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 30 / 2006

Transaction ID: SA11A1.64988

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
MR CLIFFORD F TRACY

Mailing Address 18747 SAN FELIPE ST

City State Zip Code  
FOUNTAIN VLY CA 92708

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

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 30 / 2006

Transaction ID: SA11A1.65146

Amount of Each Receipt this Period  
300.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	900.00
<b>TOTAL</b> 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 / 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Campaign for Working Families

Full Name (Last, First, Middle Initial) <b>A. MR. PAUL VESTUTO</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 6	
Mailing Address 22926 FOXTAIL DR		<b>Transaction ID: SA11A1.64967</b>	
City State Zip Code KILDEER IL 60047		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation VESTATO APPLICATION CONSU- LT SOFTWARE DEVELOPER			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. MR PERRY WAUGHTAL</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 2 / 2 0 0 6	
Mailing Address 5379 LYNBROOK DR		<b>Transaction ID: SA11A1.65038</b>	
City State Zip Code HOUSTON TX 77056		Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation SELF EMPLOYED PRIVATE INVESTOR			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) <b>C. MR DANIEL WHYLE</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 5 / 2 0 0 6	
Mailing Address 12727 HUNTSMAN VIEW DR		<b>Transaction ID: SA11A1.65062</b>	
City State Zip Code SAN ANTONIO TX 78249		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation STATE FARM INSURANCE AGENT			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	5750.00
<b>TOTAL</b> 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 / 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
Campaign for Working Families

**A.** Full Name (Last, First, Middle Initial)  
MR R JAMES WILLIS

Mailing Address 837 LIGHTSTONE DR

City State Zip Code  
SAN ANTONIO TX 78258

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

Name of Employer Occupation  
ST MARY'S UNIVERSITY HIGHER EDUCATION

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
05 / 30 / 2006

Transaction ID: SA11A1.65063

Amount of Each Receipt this Period  
300.00

**B.** Full Name (Last, First, Middle Initial)  
MR TIM WINN

Mailing Address 3325 CAMINO VALLAREAL

City State Zip Code  
ESCONDIDO CA 92029

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

Name of Employer Occupation  
SELF TRUSTEE

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3000.00

Date of Receipt  
MM / DD / YYYY  
05 / 05 / 2006

Transaction ID: SA11A1.65125

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
MR ROBERT H WISE, JR

Mailing Address 950 S LAKESHORE DR

City State Zip Code  
VALDOSTA GA 31605

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

Name of Employer Occupation  
RADIOLOGY ASSOC OF WALDOS- TA PHYSICIAN

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
05 / 15 / 2006

Transaction ID: SA11A1.64807

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1550.00
<b>TOTAL</b> 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 / 39	
	(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"/> 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 ELSIE ZUERCHER

Mailing Address 1556 SW SANTA FE LAKE RD

City State Zip Code  
TOWANDA KS 67144

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	1	/	2	0	0	6

Transaction ID: SA11A1.64995

Amount of Each Receipt this Period  
50.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	50.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	33557.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 25 / 39
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input checked="" 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)  
US POSTMASTER

Mailing Address Main Post Office

City State Zip Code  
Washington DC 20000

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
975.77

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	5	/	2	0	0	6

Transaction ID: SA15.65274

Amount of Each Receipt this Period  
975.77

Refund BRE reconciliation

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	975.77
<b>TOTAL</b> This Period (last page this line number only) .....	▶	975.77

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 26 / 39	
	(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 ▼  
15116.62

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	3	1	/	2	0	0	6

Transaction ID: SA17.65272

Amount of Each Receipt this Period  
2835.80

Interest Income

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2835.80
<b>TOTAL</b> This Period (last page this line number only) .....	▶	2835.80

# 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 / 39

<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) <b>A. ALLFIRST BANK</b>		<b>Transaction ID:</b> SB21B.65233	
Mailing Address 1800 K Street		Date of Disbursement 05 / 10 / 2006	
City Washington	State DC	Zip Code 20002	Amount of Each Disbursement this Period 699.77
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>B. ALLFIRST BANK</b>		<b>Transaction ID:</b> SB21B.65273	
Mailing Address 1800 K Street		Date of Disbursement 05 / 31 / 2006	
City Washington	State DC	Zip Code 20002	Amount of Each Disbursement this Period 129.33
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>C. Gary Bauer</b>		<b>Transaction ID:</b> SB21B.65256	
Mailing Address 2800 Shirlington Road		Date of Disbursement 05 / 24 / 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:			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>8029.10</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 28 / 39

<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) <b>A. DIRECTECH, INC</b>		<b>Transaction ID:</b> SB21B.65258
Mailing Address 8595 Grovemont Circle		Date of Disbursement 05 / 31 / 2006
City Gaithersburg	State MD	Zip Code 20877
Purpose of Disbursement CAGING AND DATA PROCESSING	Amount of Each Disbursement this Period 472.10	
Candidate Name	Category/Type	
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>B. F&amp;M BANK</b>		<b>Transaction ID:</b> SB21B.65237
Mailing Address 4117 Chain Bridge Road		Date of Disbursement 05 / 15 / 2006
City Fairfax	State VA	Zip Code 22030
Purpose of Disbursement BANK FEES	Amount of Each Disbursement this Period 279.66	
Candidate Name	Category/Type	
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>C. INTEGRAM</b>		<b>Transaction ID:</b> SB21B.65259
Mailing Address 8421 Hilltop Road		Date of Disbursement 05 / 31 / 2006
City Fairfax	State VA	Zip Code 22031
Purpose of Disbursement PAC DIRECT MAIL POSTAGE	Amount of Each Disbursement this Period 3208.58	
Candidate Name	Category/Type	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3960.34</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 29 / 39

<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) <b>A. J and J Printing</b>		<b>Transaction ID:</b> SB21B.65243 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 0 3 / 2 0 0 6	
Mailing Address 5540 Port Royal Road		Amount of Each Disbursement this Period 3246.60	
City Springfield State VA Zip Code 22151	Purpose of Disbursement GENERAL OFFICE LETTERHEAD	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) ▼	Candidate Name	

Full Name (Last, First, Middle Initial) <b>B. J and J Printing</b>		<b>Transaction ID:</b> SB21B.65248 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 1 7 / 2 0 0 6	
Mailing Address 5540 Port Royal Road		Amount of Each Disbursement this Period 118.00	
City Springfield State VA Zip Code 22151	Purpose of Disbursement GENERAL OFFICE LETTERHEAD	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) ▼	Candidate Name	

Full Name (Last, First, Middle Initial) <b>C. LEXIS NEXIS</b>		<b>Transaction ID:</b> SB21B.65249 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 1 7 / 2 0 0 6	
Mailing Address P.O. Box 7247-7090		Amount of Each Disbursement this Period 321.00	
City Philadelphia State PA Zip Code 19170	Purpose of Disbursement DUES & SUBSCRIPTIONS	Category/ Type	
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) ▼	Candidate Name	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3685.60
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Campaign for Working Families

Full Name (Last, First, Middle Initial) <b>A. MGP Shirlington Gateway</b>		<b>Transaction ID: SB21B.65257</b> Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 4 / 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 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>B. Bill Moeller</b>		<b>Transaction ID: SB21B.65254</b> Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 4 / 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 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>C. RECORDS MGMT INC</b>		<b>Transaction ID: SB21B.65244</b> Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 7 / 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 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) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4589.16
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Campaign for Working Families

Full Name (Last, First, Middle Initial) <b>A. US POSTMASTER</b>		<b>Transaction ID:</b> SB21B.65240 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 1 2 / 2 0 0 6
Mailing Address Main Post Office		Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20000	Purpose of Disbursement GENERAL OFFICE POSTAGE 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>B. Dorie Velezis</b>		<b>Transaction ID:</b> SB21B.65255 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 2 4 / 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 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>C. VERIZON</b>		<b>Transaction ID:</b> SB21B.65251 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 1 7 / 2 0 0 6
Mailing Address P.O. Box 17577		Amount of Each Disbursement this Period 379.56
City Baltimore State MD Zip Code 21297	Purpose of Disbursement TELEPHONE EXPENSE 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) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3379.56
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[Empty Box]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Campaign for Working Families

**A.** Full Name (Last, First, Middle Initial)  
Dean Virag

Mailing Address 14039 Westwind Lane

City Culpeper State VA Zip Code 22701

Purpose of Disbursement  
COMPUTER SERVICES

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  Primary  General  
 Other (specify) ▼

Transaction ID: SB21B.65242

Date of Disbursement

/   /

Amount of Each Disbursement this Period

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

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 33 / 39

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

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NAME OF COMMITTEE (In Full)  
Campaign for Working Families

**A.** Full Name (Last, First, Middle Initial)  
Campaign for Working Families

Mailing Address 2800 Shirlington Road, Suite 930

City Arlington State VA Zip Code 22206

Purpose of Disbursement  
Trans Excess Contrib Armour 4/3/06

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: SB22.65267

Date of Disbursement

<sup>M</sup> 0	<sup>M</sup> 5	/	<sup>D</sup> 0	<sup>D</sup> 3	/	<sup>Y</sup> 2	<sup>Y</sup> 0	<sup>Y</sup> 0	<sup>Y</sup> 6
----------------	----------------	---	----------------	----------------	---	----------------	----------------	----------------	----------------

Amount of Each Disbursement this Period

500.00
--------

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

500.00
--------

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

500.00
--------



**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)

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<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) <b>A. WELDON VICTORY COMMITTEE</b>		Transaction ID: SB23.65265	
Mailing Address P. O. Box 1992		Date of Disbursement MM / DD / YYYY 05 / 10 / 2006	
City Media	State PA	Zip Code 19063	Amount of Each Disbursement this Period 2500.00
Purpose of Disbursement CONTRIBUTION		Category/ Type	
Candidate Name WELDON VICTORY COMMITTEE			
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: PA	District: 07		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	2500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	11000.00

**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  
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NAME OF COMMITTEE (In Full)  
Campaign for Working Families

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor AAMP	Nature of Debt (Purpose): PAC - Direct Mail Production
Mailing Address 9127 ANTIQUE WAY	
City State ZIP Code MANASSAS VA 20110	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID:</b> SD10.65270	
Amount Incurred This Period 4206.62	Payment This Period 0.00	Outstanding Balance at Close of This Period 4206.62

<b>B.</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	<b>Transaction ID:</b> SD10.42032	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 223.11

<b>C.</b> 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 472.10	<b>Transaction ID:</b> SD10.64694	
Amount Incurred This Period 0.00	Payment This Period 472.10	Outstanding Balance at Close of This Period 0.00

<b>1) SUBTOTALS</b> This Period This Page (optional).....	▶	4429.73
<b>2) TOTALS</b> This Period (last page this line number only).....	▶	
<b>3) TOTALS OUTSTANDING LOANS</b> from Schedule C (last page only).....	▶	
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	▶	

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

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

FOR LINE NUMBER: (check only one)

9  
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NAME OF COMMITTEE (In Full)  
Campaign for Working Families

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

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID: SD10.65269</b>	
Amount Incurred This Period 1494.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1494.00

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

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

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

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

<b>1) SUBTOTALS</b> This Period This Page (optional).....	<b>4858.60</b>
<b>2) TOTALS</b> This Period (last page this line number only).....	
<b>3) TOTALS OUTSTANDING LOANS</b> from Schedule C (last page only).....	
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

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

FOR LINE NUMBER: (check only one)

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NAME OF COMMITTEE (In Full)  
Campaign for Working Families

<b>A.</b> 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	<b>Transaction ID:</b> SD10.15344	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2320.90

<b>B.</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	<b>Transaction ID:</b> SD10.15354	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period -450.00

<b>C.</b> 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	<b>Transaction ID:</b> SD10.15340	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1022.32

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

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

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

NAME OF COMMITTEE (In Full)  
Campaign for Working Families

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

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

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

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID: SD10.65271</b>	
Amount Incurred This Period 2000.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2000.00

1) <b>SUBTOTALS</b> This Period This Page (optional).....	<b>977.68</b>
2) <b>TOTALS</b> This Period (last page this line number only).....	<b>13159.23</b>
3) <b>TOTALS OUTSTANDING LOANS</b> from Schedule C (last page only).....	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	