

# 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.

CAMPAIGN FOR WORKING FAMILIES

ADDRESS (number and street)

Check if different than previously reported. (ACC)

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

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 checked="" 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 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 **PRE-Election** Report for the:
- |   |  |                                       |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P)    | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) |                                       |

Election on  /  /  in the State of

- (d) 30-Day **POST-Election** Report for the:
- |  |                                       |  |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on  /  /  in the State of

5. Covering Period  /  /  through  /  /

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  /  /

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								
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**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"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="359098.56"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="15203.96"/>	<input type="text" value="15203.96"/>
(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="374302.52"/>	<input type="text" value="374302.52"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="37814.99"/>	<input type="text" value="37814.99"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="336487.53"/>	<input type="text" value="336487.53"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="6498.86"/>	

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: 01 / 01 / 2016 To: 01 / 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).....	850.00	850.00
(ii) Unitemized .....	1654.68	1654.68
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	2504.68	2504.68
(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) .....	2504.68	2504.68
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.).....	12699.28	12699.28
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))..... ▶	15203.96	15203.96
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	15203.96	15203.96

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	34814.99	34814.99
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	34814.99	34814.99
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	3000.00	3000.00
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 .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	37814.99	37814.99
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	37814.99	37814.99

**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) .....	2504.68	2504.68
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	2504.68	2504.68
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	34814.99	34814.99
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	34814.99	34814.99

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

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

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

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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. 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 ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 15 / 2016  
**Transaction ID : SA11AI.16916**  
Amount of Each Receipt this Period  
250.00  
CONTRIBUTION

**B. MR MIKE D RISINGER**  
Full Name (Last, First, Middle Initial)  
Mailing Address 421 E GREENWOOD ST  
City MORTON State IL Zip Code 61550  
FEC ID number of contributing federal political committee. C  
Name of Employer STATE OF IL Occupation JUDGE  
Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 10 / 2016  
**Transaction ID : SA11AI.16891**  
Amount of Each Receipt this Period  
600.00  
CONTRIBUTION

**C.**  
Full Name (Last, First, Middle Initial)  
Mailing Address  
City State Zip Code  
FEC ID number of contributing federal political committee. C  
Name of Employer Occupation  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	850.00
<b>TOTAL</b> This Period (last page this line number only).....▶	850.00

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.16916

0111888-0000047

Form/Schedule: SA11AI

Transaction ID: SA11AI.16891

0103251-0000022

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

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

FOR LINE NUMBER: PAGE 8 OF 22  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 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**

Full Name (Last, First, Middle Initial)  
**A. AMERICAN VALUES**

Mailing Address 2800 S SHIRLINGTON RD #950

City ARLINGTON State VA Zip Code 22206

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
12690.42

Date of Receipt  
 01 / 05 / 2016  
**Transaction ID : SA17.16968**

Amount of Each Receipt this Period  
12690.42

LIST RENTAL AT FAIR MARKET INCOME

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

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

Amount of Each Receipt this Period

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

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

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	12690.42
<b>TOTAL</b> This Period (last page this line number only).....▶	12690.42



**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. 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  
01 / 06 / 2016

Transaction ID : SB21B.16931

Amount of Each Disbursement this Period

533.34

Full Name (Last, First, Middle Initial)

**B. 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  
01 / 04 / 2016

Transaction ID : SB21B.16930

Amount of Each Disbursement this Period

6750.00

Full Name (Last, First, Middle Initial)

**C. 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  
01 / 28 / 2016

Transaction ID : SB21B.16944

Amount of Each Disbursement this Period

6750.00

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

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

14033.34

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**CAMPAIGN FOR WORKING FAMILIES**

Full Name (Last, First, Middle Initial)

**A. BB&T**

Mailing Address 2800 S Quincy St.

City State Zip Code  
Arlington VA 22206

Purpose of Disbursement  
BANK FEES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
01 / 21 / 2016

**Transaction ID : SB21B.16918**

Amount of Each Disbursement this Period

78.50

Full Name (Last, First, Middle Initial)

**B. BB&T**

Mailing Address 2800 S Quincy St.

City State Zip Code  
Arlington VA 22206

Purpose of Disbursement  
BANK FEES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
01 / 31 / 2016

**Transaction ID : SB21B.16919**

Amount of Each Disbursement this Period

4.00

Full Name (Last, First, Middle Initial)

**C. BB&T BANK CARD**

Mailing Address P.O. BOX 580340

City State Zip Code  
CHARLOTTE NC 28226

Purpose of Disbursement  
PAC - POSTAGE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
01 / 06 / 2016

**Transaction ID : SB21B.16949**

Amount of Each Disbursement this Period

955.71

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

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

1038.21

**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  
01 / 06 / 2016

Transaction ID : SB21B.16932

Amount of Each Disbursement this Period

2500.00

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 SERVICES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 06 / 2016

Transaction ID : SB21B.16933

Amount of Each Disbursement this Period

259.55

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 SERVICES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 28 / 2016

Transaction ID : SB21B.16942

Amount of Each Disbursement this Period

262.46

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

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

3022.01

**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. CT CORPORATION**

Mailing Address 1015 15TH STREET NW#1000

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
REGISTERED AGENT FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
01 / 28 / 2016

Transaction ID : SB21B.16943

Amount of Each Disbursement this Period

429.00

Full Name (Last, First, Middle Initial)

**B. HOON DESIGNS**

Mailing Address 2800 S SHIRLINGTON RD  
9TH FLOOR

City ARLINGTON State VA Zip Code 22206

Purpose of Disbursement  
PAC DIRECT MAIL GRAPHIC DESIGN

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
01 / 16 / 2016

Transaction ID : SB21B.16954

Amount of Each Disbursement this Period

600.00

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  
01 / 15 / 2016

Transaction ID : SB21B.16937

Amount of Each Disbursement this Period

346.84

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

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

1375.84

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**CAMPAIGN FOR WORKING FAMILIES**

Full Name (Last, First, Middle Initial)

**A. LPS**

Mailing Address P.O. BOX 2325

City State Zip Code  
FAIRFAX VA 22031

Purpose of Disbursement  
PAC DATA PROCESSING SERVICES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
01 / 06 / 2016

**Transaction ID : SB21B.16950**

Amount of Each Disbursement this Period

437.23

Full Name (Last, First, Middle Initial)

**B. LPS**

Mailing Address P.O. BOX 2325

City State Zip Code  
FAIRFAX VA 22031

Purpose of Disbursement  
PAC DATA PROCESSING SERVICES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
01 / 15 / 2016

**Transaction ID : SB21B.16951**

Amount of Each Disbursement this Period

100.00

Full Name (Last, First, Middle Initial)

**C. LPS**

Mailing Address P.O. BOX 2325

City State Zip Code  
FAIRFAX VA 22031

Purpose of Disbursement  
PAC DATA PROCESSING SERVICES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
01 / 28 / 2016

**Transaction ID : SB21B.16957**

Amount of Each Disbursement this Period

116.33

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

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

653.56

**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 WRITER/RESEARCHER

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 04 / 2016

Transaction ID : SB21B.16928

Amount of Each Disbursement this Period

2250.00

Full Name (Last, First, Middle Initial)

**B. BILL MOELLER**

Mailing Address 2800 S SHIRLINGTON RD #930

City ARLINGTON State VA Zip Code 22206

Purpose of Disbursement  
PAC CONSULTING WRITER RESEARCHER

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 28 / 2016

Transaction ID : SB21B.16941

Amount of Each Disbursement this Period

2250.00

Full Name (Last, First, Middle Initial)

**C. STEPHENSON PRINTING INC**

Mailing Address 5731 GENERAL WASHINGTON DRIVE

City ALEXANDRIA State VA Zip Code 22312

Purpose of Disbursement  
PAC DIRECT MAIL PRODUCTION

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 15 / 2016

Transaction ID : SB21B.16952

Amount of Each Disbursement this Period

2142.20

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

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

6642.20

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**CAMPAIGN FOR WORKING FAMILIES**

**A. U.S. POSTMASTER**

Full Name (Last, First, Middle Initial)

Mailing Address 2850 S QUINCY ST

City ARLINGTON State VA Zip Code 22206

Purpose of Disbursement  
BOX FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 01 / 28 / 2016

Transaction ID : **SB21B.16925**

Amount of Each Disbursement this Period: 635.00

Category/Type

**B. U.S. POSTMASTER**

Full Name (Last, First, Middle Initial)

Mailing Address 2850 S QUINCY ST

City ARLINGTON State VA Zip Code 22206

Purpose of Disbursement  
BULK RATE MAILING FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 01 / 28 / 2016

Transaction ID : **SB21B.16926**

Amount of Each Disbursement this Period: 225.00

Category/Type

**C. U.S. POSTMASTER**

Full Name (Last, First, Middle Initial)

Mailing Address 2850 S QUINCY ST

City ARLINGTON State VA Zip Code 22206

Purpose of Disbursement  
BULK RATE MAILING FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 01 / 28 / 2016

Transaction ID : **SB21B.16927**

Amount of Each Disbursement this Period: 700.00

Category/Type

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 1560.00

**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 State Zip Code  
Arlington VA 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

MM / DD / YYYY  
01 / 04 / 2016

Transaction ID : **SB21B.16929**

Amount of Each Disbursement this Period

2250.00

Full Name (Last, First, Middle Initial)

**B. Dorie Velezis**

Mailing Address 2800 S Shirlington Rd #930

City State Zip Code  
Arlington VA 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

MM / DD / YYYY  
01 / 28 / 2016

Transaction ID : **SB21B.16947**

Amount of Each Disbursement this Period

2250.00

Full Name (Last, First, Middle Initial)

**C. VERIZON**

Mailing Address P.O. BOX 17577

City State Zip Code  
BALTIMORE MD 21297

Purpose of Disbursement  
TELEPHONE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
01 / 28 / 2016

Transaction ID : **SB21B.16945**

Amount of Each Disbursement this Period

418.82

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

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

4918.82



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**CAMPAIGN FOR WORKING FAMILIES**

Full Name (Last, First, Middle Initial)

**A. DEAN VIRAG**

Mailing Address 14511 RILLHURST DR

City State Zip Code  
CULPEPER VA 22701

Purpose of Disbursement  
WEBSITE SUPPORT

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
01 / 06 / 2016

Transaction ID : SB21B.16935

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**B. WASHINGTON INTELLIGENCE BUREAU**

Mailing Address 4128 PEPSI PLACE

City State Zip Code  
CHANTILLY VA 20151

Purpose of Disbursement  
PAC CAGING AND DATA ENTRY SERVICES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
01 / 15 / 2016

Transaction ID : SB21B.16955

Amount of Each Disbursement this Period

531.91

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

MM / DD / YYYY

Amount of Each Disbursement this Period

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

1031.91

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

34275.89

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

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

FOR LINE NUMBER:  
(check only one)

<input 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. JIM BANKS FOR CONGRESS, INC.**

Mailing Address P.O. BOX 11431

City State Zip Code  
FORT WAYNE IN 46858

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

**JIM BANKS FOR CONGRESS, INC.**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: IN District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01	/	15	/	2016

**Transaction ID : SB23.16959**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. LOUIE GOHMERT FOR CONGRESS COMMITTEE**

Mailing Address PO BOX 8060

City State Zip Code  
TYLER TX 75711

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

**LOUIE GOHMERT FOR CONGRESS COMMITTEE**

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01	/	21	/	2016

**Transaction ID : SB23.16964**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. SUSAN B ANTHONY LIST INC. CANDIDATE FUND**

Mailing Address 1707 L STREET, NW  
SUITE 750

City State Zip Code  
WASHINGTON DC 20036

Purpose of Disbursement  
CONTRIBUTION TO EVENT

Candidate Name

**SUSAN B ANTHONY LIST INC**

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01	/	15	/	2016

**Transaction ID : SB23.16962**

Amount of Each Disbursement this Period

1000.00
---------

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

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

3000.00
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3000.00
---------

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 19 OF 22
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**CAMPAIGN FOR WORKING FAMILIES**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>AMERICA DIRECT</b>	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	<b>Transaction ID : SD10.4357</b>	
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 <b>BB&amp;T BANK CARD</b>	Nature of Debt (Purpose): US POSTMASTER - POSTAGE
Mailing Address P.O. BOX 580340	
City State Zip Code CHARLOTTE NC 28226	

Outstanding Balance Beginning This Period 955.71	<b>Transaction ID : SD10.16868</b>	
Amount Incurred This Period 0.00	Payment This Period 955.71	Outstanding Balance at Close of This Period 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>DIRECTECH</b>	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	<b>Transaction ID : SD10.4359</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 223.11

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	3178.42
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL 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) ▶	

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 20 OF 22
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**CAMPAIGN FOR WORKING FAMILIES**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>HOON DESIGNS</b>	Nature of Debt (Purpose): DIRECT MAIL GRAPHIC DESIGN
Mailing Address 2800 S SHIRLINGTON RD 9TH FLOOR	
City State Zip Code ARLINGTON VA 22206	

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

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

Outstanding Balance Beginning This Period <input type="text" value="537.23"/>	<b>Transaction ID : SD10.16865</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="537.23"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

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

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	<b>Transaction ID : SD10.16956</b>	
Amount Incurred This Period <input type="text" value="116.33"/>	Payment This Period <input type="text" value="116.33"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

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

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 21 OF 22
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**CAMPAIGN FOR WORKING FAMILIES**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>LPS</b>	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	<b>Transaction ID : SD10.16965</b>	
Amount Incurred This Period 505.46	Payment This Period 0.00	Outstanding Balance at Close of This Period 505.46

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>MWM DIRECT MARKETING SERVICES</b>	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	<b>Transaction ID : SD10.4361</b>	
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 <b>STEPHENSON PRINTING INC</b>	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	<b>Transaction ID : SD10.16859</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 0.30

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	2826.66
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL 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) ▶	

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 22 OF 22
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**CAMPAIGN FOR WORKING FAMILIES**

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

Outstanding Balance Beginning This Period 2142.20	<b>Transaction ID : SD10.16862</b>	
Amount Incurred This Period 0.00	Payment This Period 2142.20	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>WASHINGTON INTELLIGENCE BUREAU</b>	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 531.91	<b>Transaction ID : SD10.16867</b>	
Amount Incurred This Period 0.00	Payment This Period 531.91	Outstanding Balance at Close of This Period 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>WASHINGTON INTELLIGENCE BUREAU</b>	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	<b>Transaction ID : SD10.16967</b>	
Amount Incurred This Period 493.78	Payment This Period 0.00	Outstanding Balance at Close of This Period 493.78

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	493.78
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	6498.86
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	6498.86