

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
Arlington VA 22206
 Check if different than previously reported. (ACC)

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

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

5. Covering Period 05 01 2010 through 05 31 2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Dorie Velezis
Signature of Treasurer Electronically Filed by Dorie Velezis Date 06 18 2010

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

Office Use Only **FEC FORM 3X** (Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
CAMPAIGN FOR WORKING FAMILIES

Report Covering the Period: From:

M	M
0	5

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	5

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		1942798.34
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	2007463.45									
(c) Total Receipts (from Line 19)	86315.12	292916.08								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	2093778.57	2235714.42								
7. Total Disbursements (from Line 31)	51382.75	193318.60								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	2042395.82	2042395.82								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	4979.56									

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

FEC Form 3X (Rev. 06/2004)

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	1	0

 To:

M	M
0	5

D	D
3	1

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	53200.00	154263.24
(ii) Unitemized	23980.25	92924.38
(iii) TOTAL (add Lines 11(a)(i) and (ii)	77180.25	247187.62
(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)	77180.25	247187.62
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)	35.00	35.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	224.87	1318.46
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	8875.00	44375.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	8875.00	44375.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	86315.12	292916.08
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	77440.12	248541.08

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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.....	8875.00	44125.00
(ii) Non-Federal Share.....	8875.00	44125.00
(b) Other Federal Operating Expenditures.....	29532.75	84968.60
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	47282.75	173218.60
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	4000.00	15000.00
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	100.00	5100.00
(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))	100.00	5100.00
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))..	51382.75	193318.60
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	42507.75	149193.60

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	77180.25	247187.62
34. Total Contribution Refunds (from Line 28(d))	100.00	5100.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	77080.25	242087.62
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	38407.75	129093.60
37. Offsets to Operating Expenditures (from Line 15, page 3)	35.00	35.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	38372.75	129058.60

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 94
	<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 D AYRES

Mailing Address 4911 CASA ORO DR

City State Zip Code
YORBA LINDA CA 92886

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
05 / 17 / 2010

Transaction ID: SA11AI.42686

Amount of Each Receipt this Period
100.00

B.

Full Name (Last, First, Middle Initial)
MRS JUDITH BIRDSEYE

Mailing Address 15816 197TH PL NE

City State Zip Code
WOODINVILLE WA 98077

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

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

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
05 / 14 / 2010

Transaction ID: SA11AI.42744

Amount of Each Receipt this Period
50.00

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
AIRTRAN AIRWAYS PILOT

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
MM / DD / YYYY
05 / 19 / 2010

Transaction ID: SA11AI.42469

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► **250.00**

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

A. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.42686**

0103804-0000628

B. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.42744**

0107438-0000688

C. Form/Schedule : **SA11AI**

0014063-0000411

Transaction ID : **SA11AI.42469**

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 94
	<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 CANYON CA 92679

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

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
M M / D D / Y Y Y Y Y
05 / 10 / 2010

Transaction ID: SA11AI.42677

Amount of Each Receipt this Period
200.00

B. Full Name (Last, First, Middle Initial)
MR RONALD J BOOMSTRA

Mailing Address 585 BIRCHWOOD ST

City State Zip Code
JACKSON MI 49203

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

Name of Employer Occupation
RETIRED RETIRED MILITARY

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
05 / 11 / 2010

Transaction ID: SA11AI.42330

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
MR TERRY O 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
344E FOOTHILLS PARKWAY FC ASSET MGR
COLORADO

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
05 / 05 / 2010

Transaction ID: SA11AI.42593

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► **500.00**

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

A. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.42677**

0104766-0000618

B. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.42330**

0025974-0000273

C. Form/Schedule : **SA11AI**

0024811-0000536

Transaction ID : **SA11AI.42593**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 94
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

A.	Full Name (Last, First, Middle Initial) MR WENDELL BROWN		Date of Receipt
	Mailing Address 300 N FILLMORE STREET		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 05 / 17 / 2010
	City	State	Zip Code
	ARLINGTON	VA	22201
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.42124
Name of Employer BE SERVICES		Occupation ACCOUNTANT	Amount of Each Receipt this Period
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 100.00
		<input type="text"/> 1300.00	

B.	Full Name (Last, First, Middle Initial) MR WILLIAM P BUCK, JR		Date of Receipt
	Mailing Address 2084 BROOK HIGHLAND RDG		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 05 / 24 / 2010
	City	State	Zip Code
	BIRMINGHAM	AL	35242
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.42221
Name of Employer UNIVERSITY OF ALABAMA		Occupation ORAL & MAXILLOFACIAL SURGEON	Amount of Each Receipt this Period
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 100.00
		<input type="text"/> 500.00	

C.	Full Name (Last, First, Middle Initial) MR JEFFREY S CAHILL		Date of Receipt
	Mailing Address 371 THORN APPLE WAY		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 05 / 28 / 2010
	City	State	Zip Code
	CASTLE ROCK	CO	80108
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.42581
Name of Employer INFO REQUESTED- NOT RECD		Occupation INFO REQUESTED- NOT RECD	Amount of Each Receipt this Period
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 2000.00
		<input type="text"/> 2000.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 2200.00
TOTAL This Period (last page this line number only)	<input type="text"/>

A. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.42124**

0107255-000069

B. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.42221**

0101854-0000165

C. Form/Schedule : **SA11AI**

0108001-0000522

Transaction ID : **SA11AI.42581**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 15 / 94
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

A.	Full Name (Last, First, Middle Initial) MR GORDON CHAN		Date of Receipt MM / DD / YYYY 05 / 05 / 2010		
	Mailing Address 1023 NE 98TH ST		Transaction ID: SA11AI.42746		
	City SEATTLE	State WA	Zip Code 98115	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer NORTHWEST HOSP	Occupation C. T. TECHNOLOGIST			
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

B.	Full Name (Last, First, Middle Initial) MS SHARON COMBS		Date of Receipt MM / DD / YYYY 05 / 20 / 2010		
	Mailing Address 208 S OAK AVE		Transaction ID: SA11AI.42513		
	City BROKEN ARROW	State OK	Zip Code 74012	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer SHARON COMBS INTERIORS	Occupation SMALL BUSINESS OWNER			
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00			

C.	Full Name (Last, First, Middle Initial) MS DEBORAH R COWDEN		Date of Receipt MM / DD / YYYY 05 / 28 / 2010		
	Mailing Address 3437 COUNTY ROAD 959		Transaction ID: SA11AI.42279		
	City LOUDONVILLE	State OH	Zip Code 44842	Amount of Each Receipt this Period 150.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer INFO REQUESTED- NOT RECD	Occupation INFO REQUESTED- NOT RECD			
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00			

SUBTOTAL of Receipts This Page (optional)	▶	300.00
TOTAL This Period (last page this line number only)	▶	

A. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.42746**

0032286-0000690

B. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.42513**

0104779-0000454

C. Form/Schedule : **SA11AI**

0107701-0000222

Transaction ID : **SA11AI.42279**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 18 / 94
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

A.	Full Name (Last, First, Middle Initial) MS DEBORAH R COWDEN		Date of Receipt
	Mailing Address 3437 COUNTY ROAD 959		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 5 / 2 8 / 2 0 1 0
	City	State	Zip Code
	LOUDONVILLE	OH	44842
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.42280
Name of Employer INFO REQUESTED- NOT RECD		Occupation INFO REQUESTED- NOT RECD	Amount of Each Receipt this Period
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 150.00
			<input type="text"/> 450.00

B.	Full Name (Last, First, Middle Initial) MR WARREN W DEKREY		Date of Receipt
	Mailing Address 730 ASPEN PL		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 5 / 0 7 / 2 0 1 0
	City	State	Zip Code
	BISMARCK	ND	58503
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.42426
Name of Employer RETIRED		Occupation RETIRED	Amount of Each Receipt this Period
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 300.00
			<input type="text"/> 300.00

C.	Full Name (Last, First, Middle Initial) MR LEONARD A DEO		Date of Receipt
	Mailing Address 2 SYLDEO DR		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 5 / 0 5 / 2 0 1 0
	City	State	Zip Code
	PARSIPPANY	NJ	07054
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.42063
Name of Employer FLOWERS & GIFTS- INC.		Occupation FLORIST	Amount of Each Receipt this Period
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 50.00
			<input type="text"/> 250.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 500.00
TOTAL This Period (last page this line number only)	<input type="text"/>

A. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.42280**

0107701-0000223

B. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.42426**

0006258-0000364

C. Form/Schedule : **SA11AI**

0001536-0000011

Transaction ID : **SA11AI.42063**

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 94
(check only one)

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

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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

A.

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

Mailing Address 27001 HIGHWAY 128

City State Zip Code
YORKVILLE CA 95494

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

Name of Employer Occupation
JAYMES & JAYMES INSURANCE BROKER

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
440.00

Date of Receipt
MM / DD / YYYY
05 / 24 / 2010

Transaction ID: SA11AI.42717

Amount of Each Receipt this Period
100.00

B.

Full Name (Last, First, Middle Initial)
MR JAMES L FULLMER

Mailing Address 2552 WALNUT AVE SUITE 230

City State Zip Code
TUSTIN CA 92780

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

Name of Employer Occupation
FULLMER CONSTRUCTION OWNER

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
MM / DD / YYYY
05 / 17 / 2010

Transaction ID: SA11AI.42680

Amount of Each Receipt this Period
2500.00

C.

Full Name (Last, First, Middle Initial)
MR DENNIS A GOLDENMAN

Mailing Address 2016 18TH AVE

City State Zip Code
MONROE WI 53566

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

Name of Employer Occupation
THE SWISS COLONY INC ACCOUNTANT

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
05 / 24 / 2010

Transaction ID: SA11AI.42380

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional) ► **2900.00**

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

A. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.42717**

0101847-0000661

B. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.42680**

0106483-0000622

C. Form/Schedule : **SA11AI**

0005789-0000318

Transaction ID : **SA11AI.42380**

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 94
(check only one)

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

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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)
MR JERRY GOULDING

Mailing Address PO BOX 8173

City State Zip Code
TRUCKEE CA 96162

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

Name of Employer NONE Occupation RETIRED BUILDING CONTRACTOR

Receipt For: 2010
 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 4 / 2 0 1 0

Transaction ID: SA11AI.42723

Amount of Each Receipt this Period
100.00

B.

Full Name (Last, First, Middle Initial)
MRS CARL W GUSTKE

Mailing Address 233 STATON RD

City State Zip Code
CABOT AR 72023

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

Name of Employer FEDERAL EX - (WIFE) REBSA-MEN R. H. Occupation PILOT - WIFE DEBORAH-RN

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2250.00

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

Transaction ID: SA11AI.42504

Amount of Each Receipt this Period
50.00

C.

Full Name (Last, First, Middle Initial)
MR J CAMPBELL HAIGH, JR

Mailing Address 608 CHESTATEE CREEK DR NW

City State Zip Code
ACWORTH GA 30101

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

Name of Employer SELF Occupation SALES & MARKETING

Receipt For: 2010
 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 8 / 2 0 1 0

Transaction ID: SA11AI.42170

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **400.00**

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

A. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.42723**

0103452-0000667

B. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.42504**

0022519-0000445

C. Form/Schedule : **SA11AI**

0105192-0000115

Transaction ID : **SA11AI.42170**

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 94
(check only one)

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

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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

A. Full Name (Last, First, Middle Initial)
MRS ARLENE M HANSEN

Mailing Address 145 DRIFTWOOD DR

City State Zip Code
AURORA NE 68818

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
MM / DD / YYYY
05 / 10 / 2010

Transaction ID: SA11AI.42495

Amount of Each Receipt this Period
200.00

B. Full Name (Last, First, Middle Initial)
MR THOMAS H HENDERSON

Mailing Address 4042 JOHN S RABOTEAU WYND

City State Zip Code
RALEIGH NC 27612

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

Name of Employer Occupation
SELF ENGINEER

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
05 / 11 / 2010

Transaction ID: SA11AI.42142

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
MR STEPHEN HINDS

Mailing Address 34832 HIDDEN MEADOW DR

City State Zip Code
EVERGREEN CO 80439

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

Name of Employer Occupation
RETIRED HOMEBUILDER

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
05 / 20 / 2010

Transaction ID: SA11AI.42590

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► **1300.00**

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

A. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.42495**

0067626-0000436

B. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.42142**

0106370-0000087

C. Form/Schedule : **SA11AI**

0107142-0000533

Transaction ID : **SA11AI.42590**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 94
	<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 JOHN A HOGEVAR		Date of Receipt	
	Mailing Address 25840 CHARDON RD		M M / D D / Y Y Y Y 05 / 03 / 2010	
	City	State	Zip Code	Transaction ID: SA11AI.42276
	CLEVELAND	OH	44143	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		5000.00	
Name of Employer SELF		Occupation INSURANCE AGENT		
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		5000.00		

B.	Full Name (Last, First, Middle Initial) MRS PEGGY HORNER		Date of Receipt	
	Mailing Address 5500 MAHOGANY RUN CT		M M / D D / Y Y Y Y 05 / 17 / 2010	
	City	State	Zip Code	Transaction ID: SA11AI.42524
	PLANO	TX	75093	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		5000.00	
Name of Employer HOMEMAKER		Occupation HOMEMAKER		
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		5000.00		

C.	Full Name (Last, First, Middle Initial) MR TIM A HORNER		Date of Receipt	
	Mailing Address 5500 MAHOGANY RUN CT		M M / D D / Y Y Y Y 05 / 17 / 2010	
	City	State	Zip Code	Transaction ID: SA11AI.42525
	PLANO	TX	75093	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		5000.00	
Name of Employer PREMIER DESIGN		Occupation PRESIDENT		
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		5000.00		

SUBTOTAL of Receipts This Page (optional)	▶	15000.00
TOTAL This Period (last page this line number only)	▶	

A. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.42276**

0107941-0000218

B. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.42524**

0107695-0000465

C. Form/Schedule : **SA11AI**

0103217-0000467

Transaction ID : **SA11AI.42525**

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 94
	<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) MARILYN R HOWELL		Date of Receipt
	Mailing Address PO BOX 565		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	CIRCLE	MT	59215
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.42435
Name of Employer CIRCLE VETERINARY CLINIC		Occupation VETERINARIAN	Amount of Each Receipt this Period
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/>
		<input type="text"/> 300.00	<input type="text"/> 100.00

B.	Full Name (Last, First, Middle Initial) MR KENNETH R JINKERSON		Date of Receipt
	Mailing Address 315 CORAL SKY LN		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	EL PASO	TX	79912
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.42578
Name of Employer WESTERN		Occupation ENGINEER	Amount of Each Receipt this Period
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/>
		<input type="text"/> 500.00	<input type="text"/> 250.00

C.	Full Name (Last, First, Middle Initial) DR JOHN D KEISLING		Date of Receipt
	Mailing Address 35 ERICA LN		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	BELEN	NM	87002
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.42633
Name of Employer SAIC		Occupation SCIENTIST	Amount of Each Receipt this Period
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/>
		<input type="text"/> 240.00	<input type="text"/> 40.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 390.00
TOTAL This Period (last page this line number only)	<input type="text"/>

A. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.42435**

0104247-0000374

B. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.42578**

0004098-0000519

C. Form/Schedule : **SA11AI**

0100128-0000571

Transaction ID : **SA11AI.42633**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 94
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

A.	Full Name (Last, First, Middle Initial) MR H KERKSTRA	Date of Receipt MM / DD / YYYY 05 / 17 / 2010
	Mailing Address 1711 TOURS CT	Transaction ID: SA11AI.42695
	City State Zip Code BAKERSFIELD CA 93311	Amount of Each Receipt this Period 60.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation RETIRED RETIRED	
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

B.	Full Name (Last, First, Middle Initial) MRS CAROLYN C KINDER	Date of Receipt MM / DD / YYYY 05 / 06 / 2010
	Mailing Address 4212 KEEPSAKE CT	Transaction ID: SA11AI.42713
	City State Zip Code MODESTO CA 95356	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation DIALYSIS CENTER RENAL DICTITIAN	
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) MR KENNETH D KONING	Date of Receipt MM / DD / YYYY 05 / 27 / 2010
	Mailing Address 10950 S BURKETT RD	Transaction ID: SA11AI.42345
	City State Zip Code MC BAIN MI 49657	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation CALUB CHRISTIAN REFORMED PASTOR	
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	▶	460.00
TOTAL This Period (last page this line number only)	▶	

A. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.42695**

0103362-0000637

B. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.42713**

0013787-0000657

C. Form/Schedule : **SA11AI**

0013639-0000289

Transaction ID : **SA11AI.42345**

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 39 / 94
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

A.	Full Name (Last, First, Middle Initial) MRS JOAN K LAUTENSCHLEGE		Date of Receipt
	Mailing Address 24621 CHARLTON DRIVE		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 5 / 2 4 / 2 0 1 0
	City	State	Zip Code
	LAGUNA HILLS	CA	92653
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.42669
Name of Employer SELF		Occupation HOMEMAKER	Amount of Each Receipt this Period
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 200.00
		<input type="text"/> 400.00	

B.	Full Name (Last, First, Middle Initial) BRUCE C LEE		Date of Receipt
	Mailing Address 970 ISOM RD		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 5 / 2 8 / 2 0 1 0
	City	State	Zip Code
	SAN ANTONIO	TX	78216
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.42561
Name of Employer INFO REQUESTED, NOT RECD		Occupation INFO REQUESTED- NOT RECD	Amount of Each Receipt this Period
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 1000.00
		<input type="text"/> 1000.00	

C.	Full Name (Last, First, Middle Initial) MAJ JAMES P LUKE		Date of Receipt
	Mailing Address 4273 BRISTOL DR		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 5 / 2 8 / 2 0 1 0
	City	State	Zip Code
	DAYTON	OH	45440
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.42288
Name of Employer USAF		Occupation INFO REQUESTED- NOT RECD	Amount of Each Receipt this Period
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 50.00
		<input type="text"/> 250.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1250.00
TOTAL This Period (last page this line number only)	<input type="text"/>

A. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.42669**

0107445-0000605

B. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.42561**

0104521-0000503

C. Form/Schedule : **SA11AI**

0101785-0000232

Transaction ID : **SA11AI.42288**

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 42 / 94
(check only one)

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

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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

A. Full Name (Last, First, Middle Initial)
MR JAMES H MATSON

Mailing Address 210 EXMOOR AVE

City State Zip Code
GLEN ELLYN IL 60137

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

Name of Employer Occupation
GRIFFIN KUBIK STEPHENS & THOMPSON SALES MANAGEMENT

Receipt For: 2010
 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 8 / 2 0 1 0

Transaction ID: SA11AI.42443

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
DR JON TOM MCANEAR

Mailing Address 306 ZORNIA DR

City State Zip Code
SAN ANTONIO TX 78213

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.42560

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
DR RICH MEYER

Mailing Address 4160 PENROSE PLACE

City State Zip Code
RAPID CITY SD 57702

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

Name of Employer Occupation
BLACK HILLS ORTHODONTICS ORTHODONTIST

Receipt For: 2010
 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 8 / 2 0 1 0

Transaction ID: SA11AI.42423

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **2000.00**

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

A. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.42443**

0006454-0000384

B. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.42560**

0102083-0000501

C. Form/Schedule : **SA11AI**

0105191-0000360

Transaction ID : **SA11AI.42423**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 / 94
	<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) BOB MORGAN		Date of Receipt MM / DD / YYYY 05 / 20 / 2010
Mailing Address 1716 LINDEN WAY		Transaction ID: SA11AI.42592
City FORT COLLINS	State CO	Zip Code 80524
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer N/A	Occupation RETIRED	
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.

Full Name (Last, First, Middle Initial) MR JOHN NICHOLS, JR		Date of Receipt MM / DD / YYYY 05 / 05 / 2010
Mailing Address 1654 LA JOLLA RANCHO ROAD		Transaction ID: SA11AI.42653
City LA JOLLA	State CA	Zip Code 92037
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer SELF	Occupation RETIRED	
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

C.

Full Name (Last, First, Middle Initial) MR JAY R OWEN		Date of Receipt MM / DD / YYYY 05 / 14 / 2010
Mailing Address 35 CYPRESS MARSH DR		Transaction ID: SA11AI.42165
City HILTON HEAD ISLAND	State SC	Zip Code 29926
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer ENGINEERED SYSTEMS	Occupation ENGINEER	
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	300.00
TOTAL This Period (last page this line number only)	

A. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.42592**

0106693-0000535

B. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.42653**

0105158-0000589

C. Form/Schedule : **SA11AI**

0031336-0000110

Transaction ID : **SA11AI.42165**

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 48 / 94
(check only one)

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

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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

A. Full Name (Last, First, Middle Initial)
MR JAMES H PANKONIEN

Mailing Address 2313 GOLD DR

City FITCHBURG State WI Zip Code 53711

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: MM / DD / YYYY
05 / 12 / 2010

Transaction ID: SA11AI.42381

Amount of Each Receipt this Period 300.00

B. Full Name (Last, First, Middle Initial)
MR GARY L PILGRIM

Mailing Address 121 MINE RD

City MALVERN State PA Zip Code 19355

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

Name of Employer NA Occupation RETIRED

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt: MM / DD / YYYY
05 / 30 / 2010

Transaction ID: SA11AI.42108

Amount of Each Receipt this Period 2500.00

C. Full Name (Last, First, Middle Initial)
MRS ELSA D PRINCE

Mailing Address 1057 S SHORE DR

City HOLLAND State MI Zip Code 49423

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

Name of Employer E D P MGMT Occupation SELF BUSINESS

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt: MM / DD / YYYY
05 / 17 / 2010

Transaction ID: SA11AI.42338

Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) ► 3800.00

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

A. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.42381**

0066949-0000320

B. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.42108**

0002326-0000053

C. Form/Schedule : **SA11AI**

0005433-0000281

Transaction ID : **SA11AI.42338**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 / 94
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)
MR ANDREW F PUZDER

Mailing Address 6307 CARPINTERIA AVE STE A

City State Zip Code
CARPINTERIA CA 93013

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

Name of Employer Occupation
CKE RESTAURANTS CEO

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
05 / 28 / 2010

Transaction ID: SA11AI.42054

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
MRS KATRINA HOFF RAUSCH

Mailing Address 210 DEMERS LN

City State Zip Code
POLSON MT 59860

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

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
05 / 07 / 2010

Transaction ID: SA11AI.42439

Amount of Each Receipt this Period
100.00

C.

Full Name (Last, First, Middle Initial)
THOMAS REES

Mailing Address PO BOX 479

City State Zip Code
HEMPSTEAD TX 77445

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

Name of Employer Occupation
OCCIDENTAL OIL AND GAS ENGINEER

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
05 / 17 / 2010

Transaction ID: SA11AI.42553

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **2100.00**

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

A. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.42054**

0107995-0000001

B. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.42439**

0051716-0000379

C. Form/Schedule : **SA11AI**

0106367-0000493

Transaction ID : **SA11AI.42553**

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 54 / 94
(check only one)

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

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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)
MR MIKE D RISINGER

Mailing Address 421 E GREENWOOD ST

City State Zip Code
MORTON IL 61550

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

Name of Employer Occupation
SELF LAWYER

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1800.00

Date of Receipt
MM / DD / YYYY
05 / 02 / 2010

Transaction ID: SA11AI.42459

Amount of Each Receipt this Period
600.00

B.

Full Name (Last, First, Middle Initial)
RONALD R ROUGH

Mailing Address 1658 W MILLING STREET

City State Zip Code
LANCASTER CA 93534

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

Name of Employer Occupation
LOCKHEED MARTIN INFORMATION SYSTEMS SYSTEMS ADMINISTRATOR

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
05 / 10 / 2010

Transaction ID: SA11AI.42698

Amount of Each Receipt this Period
150.00

C.

Full Name (Last, First, Middle Initial)
MR CHARLES J SCHREIBER, JR

Mailing Address 27091 HIDDEN TRAIL RD

City State Zip Code
LAGUNA HILLS CA 92653

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

Name of Employer Occupation
SELF REAL ESTATE INVESTER

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
05 / 28 / 2010

Transaction ID: SA11AI.42670

Amount of Each Receipt this Period
5000.00

SUBTOTAL of Receipts This Page (optional) ► **5750.00**

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

A. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.42459**

0103251-0000401

B. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.42698**

0106010-0000640

C. Form/Schedule : **SA11AI**

0001011-0000607

Transaction ID : **SA11AI.42670**

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

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

FOR LINE NUMBER: PAGE 57 / 94
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

A. Full Name (Last, First, Middle Initial)
MRS JILL K SCHREIBER

Mailing Address 27091 HIDDEN TRAIL RD

City State Zip Code
LAGUNA HILLS CA 92653

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

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 28 / 2010

Transaction ID: SA11AI.42671

Amount of Each Receipt this Period
5000.00

B. Full Name (Last, First, Middle Initial)
MR PAUL V SERENIUS

Mailing Address 321 VILLAGE SQUARE DR

City State Zip Code
CENTERVILLE OH 45458

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 18 / 2010

Transaction ID: SA11AI.42289

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
MRS JOY O SHELLENBERG

Mailing Address 313 N 20TH AVE

City State Zip Code
BOZEMAN MT 59718

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 20 / 2010

Transaction ID: SA11AI.42437

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **5350.00**

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

A. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.42671**

0092564-0000609

B. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.42289**

0104852-0000233

C. Form/Schedule : **SA11AI**

0036593-0000376

Transaction ID : **SA11AI.42437**

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 60 / 94
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<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 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: 2010
 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 1 0

Transaction ID: SA11AI.42173

Amount of Each Receipt this Period
50.00

B.

Full Name (Last, First, Middle Initial)
MRS JAMES R STADLER

Mailing Address 314 WALNUT DR

City State Zip Code
NASHVILLE TN 37205

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

Name of Employer Occupation
RETIRED HOUSEWIFE

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

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

Transaction ID: SA11AI.42234

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
MRS HELEN A STEFELY

Mailing Address 941 S EUCLID AVE

City State Zip Code
ELMHURST IL 60126

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

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.42442

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **1300.00**

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

A. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.42173**

0014942-0000119

B. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.42234**

0019059-0000178

C. Form/Schedule : **SA11AI**

0006449-0000382

Transaction ID : **SA11AI.42442**

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

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

FOR LINE NUMBER: PAGE 63 / 94

(check only one)

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

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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)
MR FRED T STIMPSON

Mailing Address 15 HILLWOOD RD

City State Zip Code
MOBILE AL 36608

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

Name of Employer
SCOTCH & GULF LUMBER COMP-ANY

Occupation
CEO

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	8		2	0	1	0

Transaction ID: SA11AI.42231

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)
MR WILLIAM STIMPSON

Mailing Address PO BOX 413

City State Zip Code
MOBILE AL 36601

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

Name of Employer
GULF LUMBER COMPANY

Occupation
CFO

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1250.00

Date of Receipt

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

Transaction ID: SA11AI.42228

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)
MR RICHARD SUNGAILA

Mailing Address 1827 PORT STANHOPE PL

City State Zip Code
NEWPORT BEACH CA 92660

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

Name of Employer
SELF EMPLOYED

Occupation
REAL ESTATE & PROPERTY MANAGEMENT

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
325.00

Date of Receipt

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

Transaction ID: SA11AI.42672

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional) ▶

375.00

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

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A. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.42231**

0101392-0000175

B. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.42228**

0100947-0000172

C. Form/Schedule : **SA11AI**

0106678-0000611

Transaction ID : **SA11AI.42672**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 / 94
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

A.	Full Name (Last, First, Middle Initial) MR MARK SWISHER		Date of Receipt
	Mailing Address 24902 N POINT PL		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	KATY	TX	77494
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.42554
Name of Employer AVIARA ENERGY CORPORATION		Occupation ENGINEER	Amount of Each Receipt this Period
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 50.00
			<input type="text"/> 250.00

B.	Full Name (Last, First, Middle Initial) MRS ANNITA TAYLOR		Date of Receipt
	Mailing Address 4306 ARP PL		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	AMARILLO	TX	79109
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.42574
Name of Employer HOMEMAKER		Occupation HOMEMAKER	Amount of Each Receipt this Period
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 25.00
			<input type="text"/> 395.00

C.	Full Name (Last, First, Middle Initial) MR RICHARD V TREAKLE		Date of Receipt
	Mailing Address 510 PINE LN		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	LOS ALTOS	CA	94022
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.42703
Name of Employer RETIRED		Occupation RETIRED	Amount of Each Receipt this Period
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00
			<input type="text"/> 250.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 325.00
TOTAL This Period (last page this line number only)	<input type="text"/>

A. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.42554**

0048257-0000495

B. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.42574**

0106323-0000516

C. Form/Schedule : **SA11AI**

0100441-0000645

Transaction ID : **SA11AI.42703**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 / 94
	<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 LAURA J VAN GRONINGEN	Date of Receipt MM / DD / YYYY 05 / 14 / 2010
	Mailing Address 12531 S MOODY AVENUE	Transaction ID: SA11AI.42449
	City State Zip Code PALOS HEIGHTS IL 60463	Amount of Each Receipt this Period 400.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation ARGONNE NATL LAB COMPUTER PROGRAMER	
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

B.	Full Name (Last, First, Middle Initial) MRS DONALD A WHITE, JR	Date of Receipt MM / DD / YYYY 05 / 05 / 2010
	Mailing Address 9412 ROCKY HILLS DR	Transaction ID: SA11AI.42243
	City State Zip Code CORDOVA TN 38018	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation HOMEMAKER HOMEMAKER	
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) PATRICIA A WILDER	Date of Receipt MM / DD / YYYY 05 / 17 / 2010
	Mailing Address 5912 OAKLAND PARK DR	Transaction ID: SA11AI.42120
	City State Zip Code BURKE VA 22015	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation INFO REQUESTED- NOT RECD INFO REQUESTED- NOT RECD	
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	950.00
TOTAL This Period (last page this line number only)	

A. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.42449**

0033866-0000390

B. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.42243**

0101707-0000190

C. Form/Schedule : **SA11AI**

0107959-0000065

Transaction ID : **SA11AI.42120**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 72 / 94
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17	<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 BRUCE C ZEISER		Date of Receipt
Mailing Address 1410 TAFT HWY		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 05 / 06 / 2010
City	State	Zip Code
SIGNAL MOUNTAIN	TN	37377
FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.42236
<input type="text"/> C <input type="text"/>		Amount of Each Receipt this Period
		<input type="text"/> 5000.00
Name of Employer	Occupation	
SOUTHERN CHAMPION TRAY-LP	EXECUTIVE	
Receipt For: 2010	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text"/> 5000.00	
<input type="checkbox"/> Other (specify) ▼		

B.

Full Name (Last, First, Middle Initial) MR JIM ZINSMASER		Date of Receipt
Mailing Address 9087 WHITE PELICAN WAY		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 05 / 17 / 2010
City	State	Zip Code
LITTLETON	CO	80126
FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.42583
<input type="text"/> C <input type="text"/>		Amount of Each Receipt this Period
		<input type="text"/> 500.00
Name of Employer	Occupation	
RETIRED	RETIRED	
Receipt For: 2010	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text"/> 500.00	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 5500.00
TOTAL This Period (last page this line number only)	<input type="text"/> 53200.00

A. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.42236**

0104879-0000181

B. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.42583**

0022734-0000525

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 74 / 94	
	(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) BB&T		Date of Receipt	
	Mailing Address P.O. Box 580363		M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: SA15.42822
	Charlotte	NC	28258	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		C	35.00
Name of Employer		Occupation		REFUND OF BANK FEE
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		720.70		

SUBTOTAL of Receipts This Page (optional)	▶	35.00
TOTAL This Period (last page this line number only)	▶	35.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 75 / 94	
	(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

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) BB&T		Date of Receipt
	Mailing Address P.O. Box 580363		<input type="text" value="05"/> / <input type="text" value="31"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Charlotte	NC	28258
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer		Occupation	Transaction ID: SA17.42821
Receipt For:		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="945.57"/>	<input type="text" value="224.87"/>
<input type="checkbox"/> Other (specify) ▼			INTEREST INCOME

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="224.87"/>
TOTAL This Period (last page this line number only)	<input type="text" value="224.87"/>

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 76 / 94

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

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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

<p>A.</p> <p>Full Name (Last, First, Middle Initial) American Express</p> <p>Mailing Address P.O. Box 981540</p> <p>City El Paso State TX Zip Code 79998</p> <p>Purpose of Disbursement BANK FEES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.42766</p> <p>Date of Disbursement 05 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 4.95</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) American Express</p> <p>Mailing Address P.O. Box 981540</p> <p>City El Paso State TX Zip Code 79998</p> <p>Purpose of Disbursement BANK FEES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.42768</p> <p>Date of Disbursement 05 / 05 / 2010</p> <p>Amount of Each Disbursement this Period 49.15</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) American Express</p> <p>Mailing Address P.O. Box 981540</p> <p>City El Paso State TX Zip Code 79998</p> <p>Purpose of Disbursement BANK FEES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.42770</p> <p>Date of Disbursement 05 / 18 / 2010</p> <p>Amount of Each Disbursement this Period 2.56</p>

SUBTOTAL of Disbursements This Page (optional)	56.66
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 77 / 94

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

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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

<p>A.</p> <p>Full Name (Last, First, Middle Initial) American Express</p> <p>Mailing Address P.O. Box 981540</p> <p>City El Paso State TX Zip Code 79998</p> <p>Purpose of Disbursement BANK FEES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.42772</p> <p>Date of Disbursement 05 / 31 / 2010</p> <p>Amount of Each Disbursement this Period 47.59</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Authorize.net</p> <p>Mailing Address 808 East Utah Valley Drive</p> <p>City American Fork State UT Zip Code 84003</p> <p>Purpose of Disbursement BANK FEES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.42767</p> <p>Date of Disbursement 05 / 04 / 2010</p> <p>Amount of Each Disbursement this Period 47.05</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) BB& T Bank</p> <p>Mailing Address 2700 S. Quincy Street</p> <p>City Arlington State VA Zip Code 22206</p> <p>Purpose of Disbursement BANK FEES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.42769</p> <p>Date of Disbursement 05 / 17 / 2010</p> <p>Amount of Each Disbursement this Period 927.65</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1022.29

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

A.	Full Name (Last, First, Middle Initial) FEDERAL EXPRESS	Transaction ID: SB21B.42781 Date of Disbursement
	Mailing Address P.O. BOX 1140	<input type="text" value="05"/> <input type="text" value="05"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City MEMPHIS State TN Zip Code 38101	Amount of Each Disbursement this Period
	Purpose of Disbursement SHIPPING FEES	<input type="text" value="18.08"/>
	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
	State: District:	<input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) FEDERAL EXPRESS	Transaction ID: SB21B.42795 Date of Disbursement
	Mailing Address P.O. BOX 1140	<input type="text" value="05"/> <input type="text" value="25"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City MEMPHIS State TN Zip Code 38101	Amount of Each Disbursement this Period
	Purpose of Disbursement SHIPPING FEES	<input type="text" value="47.98"/>
	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
	State: District:	<input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) IRON MOUNTAIN	Transaction ID: SB21B.42784 Date of Disbursement
	Mailing Address 745 ATLANTIC AVE	<input type="text" value="05"/> <input type="text" value="06"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City BOSTON State MA Zip Code 02111	Amount of Each Disbursement this Period
	Purpose of Disbursement STORAGE FEES	<input type="text" value="238.95"/>
	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
	State: District:	<input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="305.01"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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 80 / 94

<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) LEXIS NEXIS	Transaction ID: SB21B.42785 Date of Disbursement 05 / 06 / 2010
	Mailing Address P.O. BOX 7247-7090	
	City PHILADELPHIA State PA Zip Code 19170	Amount of Each Disbursement this Period 350.00
	Purpose of Disbursement DUES AND SUBSCRIPTIONS 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.	Full Name (Last, First, Middle Initial) LPS	Transaction ID: SB21B.42799 Date of Disbursement 05 / 05 / 2010
	Mailing Address P.O. BOX 2325	
	City FAIRFAX State VA Zip Code 22031	Amount of Each Disbursement this Period 618.52
	Purpose of Disbursement PAC DATA PROCESSING 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) ▼

C.	Full Name (Last, First, Middle Initial) LPS	Transaction ID: SB21B.42800 Date of Disbursement 05 / 25 / 2010
	Mailing Address P.O. BOX 2325	
	City FAIRFAX State VA Zip Code 22031	Amount of Each Disbursement this Period 362.38
	Purpose of Disbursement PAC DATA PROCESSING SERVICES Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	1330.90
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

A.	Full Name (Last, First, Middle Initial) PR NEWSWIRE <hr/> Mailing Address 810 7TH AVE 32ND FL <hr/> City NEW YORK State NY Zip Code 10019 <hr/> Purpose of Disbursement PAC PRESS RELEASE Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.42807 Date of Disbursement 05 / 06 / 2010 <hr/> Amount of Each Disbursement this Period 360.00
B.	Full Name (Last, First, Middle Initial) PR NEWSWIRE <hr/> Mailing Address 810 7TH AVE 32ND FL <hr/> City NEW YORK State NY Zip Code 10019 <hr/> Purpose of Disbursement PAC PRESS RELEASE Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.42808 Date of Disbursement 05 / 25 / 2010 <hr/> Amount of Each Disbursement this Period 585.00
C.	Full Name (Last, First, Middle Initial) TOM ROSE <hr/> Mailing Address P.O. BOX 40879 <hr/> City INDIANAPOLIS State IN Zip Code 46260 <hr/> Purpose of Disbursement PAC POLITICAL RESEARCH CONSULTING Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.42790 Date of Disbursement 05 / 12 / 2010 <hr/> Amount of Each Disbursement this Period 3000.00

SUBTOTAL of Disbursements This Page (optional) ▶	3945.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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) SOUTHWEST PUBLISHING <hr/> Mailing Address 2600 NW TOPEKA BLVD <hr/> City TOPEKA State KS Zip Code 66617 <hr/> Purpose of Disbursement PAC DIRECT MAIL PRODUCTION Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.42801 Date of Disbursement 05 / 25 / 2010 <hr/> Amount of Each Disbursement this Period 4675.51
B.	Full Name (Last, First, Middle Initial) SOUTHWEST PUBLISHING <hr/> Mailing Address 2600 NW TOPEKA BLVD <hr/> City TOPEKA State KS Zip Code 66617 <hr/> Purpose of Disbursement PAC DIRECT MAIL PRODUCTION Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.42802 Date of Disbursement 05 / 25 / 2010 <hr/> Amount of Each Disbursement this Period 66.51
C.	Full Name (Last, First, Middle Initial) SOUTHWEST PUBLISHING <hr/> Mailing Address 2600 NW TOPEKA BLVD <hr/> City TOPEKA State KS Zip Code 66617 <hr/> Purpose of Disbursement PAC DIRECT MAIL PRODUCTION Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.42813 Date of Disbursement 05 / 26 / 2010 <hr/> Amount of Each Disbursement this Period 3223.45

SUBTOTAL of Disbursements This Page (optional) ▶	7965.47
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

A.	Full Name (Last, First, Middle Initial) THE LUKENS COMPANY <hr/> Mailing Address 2800 SHIRLINGTON ROAD #900 <hr/> City ARLINGTON State VA Zip Code 22206 <hr/> Purpose of Disbursement PAC DIRECT MAIL CONSULTING Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.42803 Date of Disbursement 05 / 25 / 2010 <hr/> Amount of Each Disbursement this Period 2900.00
B.	Full Name (Last, First, Middle Initial) THE LUKENS COMPANY <hr/> Mailing Address 2800 SHIRLINGTON ROAD #900 <hr/> City ARLINGTON State VA Zip Code 22206 <hr/> Purpose of Disbursement PAC DIRECT MAIL CONSULTING Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.42810 Date of Disbursement 05 / 26 / 2010 <hr/> Amount of Each Disbursement this Period 2600.00
C.	Full Name (Last, First, Middle Initial) U.S. POSTMASTER <hr/> Mailing Address MAIN POST OFFICE <hr/> City WASHINGTON State DC Zip Code 20000 <hr/> Purpose of Disbursement PAC PO BOX FEES Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.42773 Date of Disbursement 05 / 05 / 2010 <hr/> Amount of Each Disbursement this Period 185.00

SUBTOTAL of Disbursements This Page (optional) ▶	5685.00
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

A.	Full Name (Last, First, Middle Initial) U.S. POSTMASTER	Transaction ID: SB21B.42774 Date of Disbursement 05 / 05 / 2010
	Mailing Address MAIN POST OFFICE	Amount of Each Disbursement this Period 585.00
	City WASHINGTON State DC Zip Code 20000	
	Purpose of Disbursement PAC PO BOX 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.	Full Name (Last, First, Middle Initial) U.S. POSTMASTER	Transaction ID: SB21B.42775 Date of Disbursement 05 / 05 / 2010
	Mailing Address MAIN POST OFFICE	Amount of Each Disbursement this Period 250.00
	City WASHINGTON State DC Zip Code 20000	
	Purpose of Disbursement PAC PO BOX 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) ▼

C.	Full Name (Last, First, Middle Initial) U.S. POSTMASTER	Transaction ID: SB21B.42789 Date of Disbursement 05 / 17 / 2010
	Mailing Address MAIN POST OFFICE	Amount of Each Disbursement this Period 276.00
	City WASHINGTON State DC Zip Code 20000	
	Purpose of Disbursement PAC 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) ▼

SUBTOTAL of Disbursements This Page (optional)	1111.00
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

A.	Full Name (Last, First, Middle Initial) UNITED BANK <hr/> Mailing Address 4501 DALY DRIVE <hr/> City CHANTILLY State VA Zip Code 20151 <hr/> Purpose of Disbursement BANK FEES Candidate Name Category/Type <hr/> 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:	Transaction ID: SB21B.42771 Date of Disbursement 05 / 31 / 2010 <hr/> Amount of Each Disbursement this Period 98.16
B.	Full Name (Last, First, Middle Initial) VERIZON <hr/> Mailing Address P.O. BOX 17577 <hr/> City BALTIMORE State MD Zip Code 21297 <hr/> Purpose of Disbursement TELEPHONE Candidate Name Category/Type <hr/> 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:	Transaction ID: SB21B.42798 Date of Disbursement 05 / 25 / 2010 <hr/> Amount of Each Disbursement this Period 435.85
C.	Full Name (Last, First, Middle Initial) VIDEOFILES <hr/> Mailing Address 1011 ARLINGTON BLVD T-4 <hr/> City ARLINGTON State VA Zip Code 22209 <hr/> Purpose of Disbursement CD REPLICATION FEES Candidate Name Category/Type <hr/> 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:	Transaction ID: SB21B.42787 Date of Disbursement 05 / 06 / 2010 <hr/> Amount of Each Disbursement this Period 983.25

SUBTOTAL of Disbursements This Page (optional) ▶

1517.26

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 86 / 94

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

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

NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)
DEAN VIRAG

Mailing Address 14039 WESTWIND LANE

City State Zip Code
CULPEPER VA 22701

Purpose of Disbursement
WEBSITE SUPPORT

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B.42780
Date of Disbursement

05 / 05 / 2010

Amount of Each Disbursement this Period

500.00

B.

Full Name (Last, First, Middle Initial)
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

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B.42804
Date of Disbursement

05 / 25 / 2010

Amount of Each Disbursement this Period

922.86

SUBTOTAL of Disbursements This Page (optional) ▶

1422.86

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

29407.93

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

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

FOR LINE NUMBER:
(check only one)

PAGE 87 / 94

<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

A.	Full Name (Last, First, Middle Initial) FEDA FOR CONGRESS		Transaction ID: SB23.42792	
	Mailing Address PO BOX 122		Date of Disbursement 05 / 10 / 2010	
City SCOTTSVILLE		State VA	Zip Code 24590	Amount of Each Disbursement this Period 4000.00
Purpose of Disbursement CONTRIBUTION		Category/ Type		
Candidate Name FEDA FOR CONGRESS		Disbursement For: 2010		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: VA District: 05				

SUBTOTAL of Disbursements This Page (optional) ►

4000.00

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

4000.00

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor DIRECTECH			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		Transaction ID: SD10.4694	
223.11			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	223.11	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor J&J PRINTING			Nature of Debt (Purpose): PAC GENERAL OFFICE STATIO- NERY
Mailing Address 5540 PORT ROYAL ROAD			
City	State	ZIP Code	
SPRINGFIELD	VA	22151	

Outstanding Balance Beginning This Period		Transaction ID: SD10.42818	
0.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
1185.98	0.00	1185.98	

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

Outstanding Balance Beginning This Period		Transaction ID: SD10.42030	
618.52			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	618.52	0.00	

1) SUBTOTALS This Period This Page (optional).....	▶	1409.09
2) TOTALS This Period (last page this line number only).....	▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
LPS

Nature of Debt (Purpose):
PAC DATA PROCESSING SERVICES

Mailing Address P.O. BOX 2325

City State ZIP Code
FAIRFAX VA 22031

Outstanding Balance Beginning This Period

Transaction ID: SD10.42031

362.38

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

362.38

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
MWM DIRECT MARKETING SERVICES

Nature of Debt (Purpose):
PAC - DIRECT MAIL

Mailing Address 8048 HILLRISE COURT

City State ZIP Code
ELKRIDGE MD 21075

Outstanding Balance Beginning This Period

Transaction ID: SD10.4696

2320.90

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

0.00

2320.90

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
PR NEWSWIRE

Nature of Debt (Purpose):
MEDIA

Mailing Address 810 7TH AVE 32ND FL

City State ZIP Code
NEW YORK NY 10019

Outstanding Balance Beginning This Period

Transaction ID: SD10.42020

360.00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

360.00

0.00

1) **SUBTOTALS** This Period This Page (optional)..... ▶

2320.90

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

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)..... ▶

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor PR NEWSWIRE			Nature of Debt (Purpose): MEDIA
Mailing Address 810 7TH AVE 32ND FL			
City NEW YORK	State NY	ZIP Code 10019	

Outstanding Balance Beginning This Period 585.00		Transaction ID: SD10.42021	
Amount Incurred This Period 0.00	Payment This Period 585.00	Outstanding Balance at Close of This Period 0.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor SOUTHWEST PUBLISHING			Nature of Debt (Purpose): PAC - DIRECT MAIL PRODUCT- ION
Mailing Address 2600 NW TOPEKA BLVD			
City TOPEKA	State KS	ZIP Code 66617	

Outstanding Balance Beginning This Period 4675.51		Transaction ID: SD10.42018	
Amount Incurred This Period 0.00	Payment This Period 4675.51	Outstanding Balance at Close of This Period 0.00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor SOUTHWEST PUBLISHING			Nature of Debt (Purpose): PAC - DIRECT MAIL PRODUCT- ION
Mailing Address 2600 NW TOPEKA BLVD			
City TOPEKA	State KS	ZIP Code 66617	

Outstanding Balance Beginning This Period 66.51		Transaction ID: SD10.42019	
Amount Incurred This Period 0.00	Payment This Period 66.51	Outstanding Balance at Close of This Period 0.00	

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

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor SOUTHWEST PUBLISHING			Nature of Debt (Purpose): PAC DIRECT MAIL PRODUCTION
Mailing Address 2600 NW TOPEKA BLVD			
City TOPEKA	State KS	ZIP Code 66617	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>		Transaction ID: SD10.42812	
Amount Incurred This Period <input type="text" value="3223.45"/>	Payment This Period <input type="text" value="3223.45"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>	

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

Outstanding Balance Beginning This Period <input type="text" value="922.86"/>		Transaction ID: SD10.42022	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="922.86"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>	

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

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>		Transaction ID: SD10.42819	
Amount Incurred This Period <input type="text" value="1249.57"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1249.57"/>	

1) SUBTOTALS This Period This Page (optional).....	1249.57
2) TOTALS This Period (last page this line number only).....	4979.56
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	4979.56

METHOD OF ALLOCATION FOR:

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

NAME OF COMMITTEE (In Full)
 CAMPAIGN FOR WORKING FAMILIES

USE ONLY ONE SECTION, A or B

A. State and Local Party Committees

Fixed Percentage (select one)

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

B. Separate Segregated Funds and Nonconnected Committees

Flat Minimum Federal Percentage

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

or

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

Federal..... %

Nonfederal..... %

This ratio applies to (check all that apply):

Administrative Generic Voter Drive Public Communications Referencing Party Only

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

NAME OF COMMITTEE (In Full)
 CAMPAIGN FOR WORKING FAMILIES

NAME OF ACCOUNT CAMPAIGN FOR WORKING FAMILIES	DATE OF RECEIPT M M / D D / Y Y Y Y 0 5 / 2 5 / 2 0 1 0	TOTAL AMOUNT TRANSFERRED 8875.00
--	---	-------------------------------------

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative	8875.00	Transaction ID: H3.42817
ii) Generic Voter Drive		Transaction ID:
iii) Exempt Activities		Transaction ID:
iv) Direct Fundraising (List Activity or Event Identifier)		
a) _____		Transaction ID:
b) _____		Transaction ID:
c) Total Amount Transferred for Direct Fundraising		
v) Direct Candidate Support (List of Activity or Event Identifier)		
a) _____		Transaction ID:
b) _____		Transaction ID:
c) Total Amount Transferred For Direct Candidate Support		
vi) Public Communications Referring Only to Party (Made by PAC)		Transaction ID:

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

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

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

NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

A. Full Name (Last, First, Middle Initial) GARY BAUER			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 2800 SHIRLINGTON ROAD #930			Allocated Activity or Event Year-To-Date 83000.00		
City ARLINGTON	State VA	Zip Code 22206	Date <input type="text" value="05"/> / <input type="text" value="25"/> / <input type="text" value="2010"/>		
Purpose of Disbursement: PAC - FUNDRAISING AND ADMIN CONSULTING			Transaction ID: H4.42776		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
6250.00		6250.00		12500.00

B. Full Name (Last, First, Middle Initial) BILL MOELLER			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 2800 SHIRLINGTON ROAD #930			Allocated Activity or Event Year-To-Date 85750.00		
City ARLINGTON	State VA	Zip Code 22206	Date <input type="text" value="05"/> / <input type="text" value="25"/> / <input type="text" value="2010"/>		
Purpose of Disbursement: PAC POLITICAL RESEARCH AND WRITING			Transaction ID: H4.42777		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1375.00		1375.00		2750.00

C. Full Name (Last, First, Middle Initial) Dorie Velezis			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 2800 S. Shirlington Road, #930			Allocated Activity or Event Year-To-Date 88250.00		
City Arlington	State VA	Zip Code 22206	Date <input type="text" value="05"/> / <input type="text" value="25"/> / <input type="text" value="2010"/>		
Purpose of Disbursement: PAC ACCOUNTING SERVICES			Transaction ID: H4.42778		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1250.00		1250.00		2500.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
8875.00		8875.00		17750.00

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

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT
8875.00		8875.00		17750.00