

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 07 01 2006 through 07 31 2006

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

Type or Print Name of Treasurer Amy Myers

Signature of Treasurer Electronically Filed by Amy Myers Date 09 17 2006

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
Campaign for Working Families

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	7

D	D
3	1

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		982491.24
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period .....	1029137.74									
(c) Total Receipts (from Line 19) .....	20522.68	341235.45								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	1049660.42	1323726.69								
7. Total Disbursements (from Line 31) .....	61093.22	335159.49								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	988567.20	988567.20								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	12417.23									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name  
Campaign for Working Families

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	7

D	D
3	1

Y	Y	Y	Y
2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	12495.00	213984.50
(i) Itemized (use Schedule A) .....	7893.43	110709.63
(ii) Unitemized .....	20388.43	324694.13
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	20388.43	324694.13
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	975.80
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	134.25	15565.52
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	20522.68	341235.45
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	20522.68	341235.45

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	20603.22	236169.49
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	20603.22	236169.49
22. Transfers to Affiliated/Other Party Committees.....	0.00	5500.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	14000.00	67000.00
24. Independent Expenditure (use Schedule E) .....	26490.00	26490.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	61093.22	335159.49
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	61093.22	335159.49

**DETAILED SUMMARY PAGE**  
of Disbursements

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

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

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

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NAME OF COMMITTEE (In Full)  
Campaign for Working Families

**A.** Full Name (Last, First, Middle Initial)  
MS LISA C AUBLE

Mailing Address PO BOX 654

City State Zip Code  
GLENNALLEN AK 99588

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

Name of Employer Occupation  
SERVICE OIL & GAS INC CLERICAL

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

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

Transaction ID: SA11A1.66579

Amount of Each Receipt this Period  
1000.00

**B.** 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: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

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

Transaction ID: SA11A1.66519

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
CPT CLIFFORD P BARNES

Mailing Address 2270 DURAND HWY

City State Zip Code  
WARM SPRINGS GA 31830

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

Name of Employer Occupation  
RETIRED MILITARY RETIRED MILITARY

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

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

Transaction ID: SA11A1.66306

Amount of Each Receipt this Period  
100.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1200.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

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NAME OF COMMITTEE (In Full)  
Campaign for Working Families

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

Mailing Address 4605 94TH ST

City State Zip Code  
LUBBOCK TX 79424

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

Name of Employer Occupation  
HOUSEWIFE HOUSEWIFE

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

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

Transaction ID: SA11A1.66465

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 15144 LARRY ST

City State Zip Code  
POWAY CA 92064

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

Name of Employer Occupation  
RIVERSIDE COUNTY PHARMACIST

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
245.00

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

Transaction ID: SA11A1.66504

Amount of Each Receipt this Period  
35.00

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

Mailing Address 10 SHALLOWBROOK DR

City State Zip Code  
O FALLON IL 62269

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

Name of Employer Occupation  
USAF US MILITARY

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

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

Transaction ID: SA11A1.66416

Amount of Each Receipt this Period  
50.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1085.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

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NAME OF COMMITTEE (In Full)  
Campaign for Working Families

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

Mailing Address 20368 N 93RD PL

City State Zip Code  
SCOTTSDALE AZ 85255

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

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

Transaction ID: SA11A1.66481

Amount of Each Receipt this Period  
100.00

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

Mailing Address 9301 PALI AVE

City State Zip Code  
TUJUNGA CA 91042

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

Name of Employer Occupation  
LOS ANGELES UNIFIED SCHOOL DIS TEACHER

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

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

Transaction ID: SA11A1.66494

Amount of Each Receipt this Period  
250.00

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

Mailing Address 9099 CAIRN RIDGE DR

City State Zip Code  
GERMANTOWN TN 38139

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

Name of Employer Occupation  
INFO REQUESTED INFO REQUESTED

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

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

Transaction ID: SA11A1.66336

Amount of Each Receipt this Period  
50.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	400.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



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

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

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NAME OF COMMITTEE (In Full)  
Campaign for Working Families

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

Mailing Address 344 E FOOTHILLS PKWY  
RED ROOM 9-W

City State Zip Code  
FORT COLLINS CO 80525

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

Name of Employer Occupation  
SELF ASSET MGR

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

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

Transaction ID: SA11A1.66473

Amount of Each Receipt this Period  
50.00

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

Mailing Address 12789 MUIRFIELD BLVD N

City State Zip Code  
JACKSONVILLE FL 32225

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

Name of Employer Occupation  
SMURFIT STORE CONT. CORP GEN MGR

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
700.00

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

Transaction ID: SA11A1.66308

Amount of Each Receipt this Period  
100.00

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

Mailing Address PO BOX 5562

City State Zip Code  
MIDLAND TX 79704

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

Name of Employer Occupation  
PETROLEUM STRATEGIES INC BUS. MANAGER

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

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

Transaction ID: SA11A1.66466

Amount of Each Receipt this Period  
1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1150.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

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NAME OF COMMITTEE (In Full)  
Campaign for Working Families

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

Mailing Address 300 N FILLMORE ST

City ARLINGTON State VA Zip Code 22201

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

Name of Employer SELF Occupation ACCOUNTANT

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

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

Transaction ID: SA11A1.66283

Amount of Each Receipt this Period  
 20.00

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

Mailing Address 510 E SUNSHINE DR

City SAN ANTONIO State TX Zip Code 78228

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

Name of Employer INFO REQUESTED Occupation INFO REQUESTED

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

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

Transaction ID: SA11A1.66459

Amount of Each Receipt this Period  
 40.00

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

Mailing Address 1023 NE 98TH ST

City SEATTLE State WA Zip Code 98115

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

Name of Employer NORTHWEST HOSP Occupation C T TECHNOLOGIST

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

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

Transaction ID: SA11A1.66569

Amount of Each Receipt this Period  
 50.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	110.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 38
	<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

Full Name (Last, First, Middle Initial) <b>A. MR &amp; MRS JOHN M DAVIS</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 21 / 2006	
Mailing Address 1204 LAUREL SPRINGS WAY		Transaction ID: SA11A1.66327	
City State Zip Code SIGNAL MTN TN 37377	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer SELF INSURANCE	Occupation INSURANCE BROKERAGE		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>B. MR LEONARD A DEO</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 05 / 2006	
Mailing Address 2 SYLDEO DR		Transaction ID: SA11A1.66262	
City State Zip Code PARSIPPANY NJ 07054	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer FLOWERS & GIFTS INC	Occupation FLORIST		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00		

Full Name (Last, First, Middle Initial) <b>C. MR MICHAEL D ECHELBARGER</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 31 / 2006	
Mailing Address PO BOX 1		Transaction ID: SA11A1.66568	
City State Zip Code LYNNWOOD WA 98046	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer ECHELBARGER INVESTMENTS	Occupation REAL ESTATE DEVELOPEMENT		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1750.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1050.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

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NAME OF COMMITTEE (In Full)  
Campaign for Working Families

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

Mailing Address PO BOX 79  
27001 HWY 128

City YORKVILLE State CA Zip Code 95494

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

Name of Employer JAYMES & JAYMES Occupation INSURANCE BROKER

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1600.00

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

Transaction ID: SA11A1.66543

Amount of Each Receipt this Period  
300.00

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

Mailing Address 1008 CENTENNIAL DR

City CHATTANOOGA State TN Zip Code 37405

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

Name of Employer INFO REQUESTED Occupation INFO REQUESTED

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

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

Transaction ID: SA11A1.66328

Amount of Each Receipt this Period  
100.00

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

Mailing Address 2125 LUANN LN APT 6

City MADISON State WI Zip Code 53713

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

Name of Employer INTERVARSITY Occupation MANAGER

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

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

Transaction ID: SA11A1.66379

Amount of Each Receipt this Period  
50.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	450.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

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NAME OF COMMITTEE (In Full)  
Campaign for Working Families

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

Mailing Address PO BOX 342

City State Zip Code  
HATHAWAY PNES CA 95233

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

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

Transaction ID: SA11A1.66542

Amount of Each Receipt this Period  
25.00

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

Mailing Address 351 E JOSEPH WAY

City State Zip Code  
GILBERT AZ 85296

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

Name of Employer Occupation  
SELF-EMPLOYED SELF EMPLOYED

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

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

Transaction ID: SA11A1.66483

Amount of Each Receipt this Period  
50.00

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

Mailing Address 18161 BASTANCHURY RD

City State Zip Code  
YORBA LINDA CA 92886

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

Name of Employer Occupation  
ROSE DRIVE FRIENDS CHURCH RISK MANAGER

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

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

Transaction ID: SA11A1.66520

Amount of Each Receipt this Period  
100.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	175.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

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NAME OF COMMITTEE (In Full)  
Campaign for Working Families

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

Mailing Address 1212 NW 12TH ST

City State Zip Code  
ANDREWS TX 79714

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

Name of Employer Occupation  
BRIAN E GORDON- MD BOOKKEEPER

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

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

Transaction ID: SA11A1.66467

Amount of Each Receipt this Period  
100.00

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

Mailing Address 233 STATON RD

City State Zip Code  
CABOT AR 72023

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

Name of Employer Occupation  
FED EX PILOT

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1350.00

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

Transaction ID: SA11A1.66438

Amount of Each Receipt this Period  
50.00

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

Mailing Address 525 JACK LEG LN

City State Zip Code  
BOZEMAN MT 59715

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

Name of Employer Occupation  
DICK WALTER AUTO CENTER SECRETARY/BOOKKEEPER

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
650.00

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

Transaction ID: SA11A1.66401

Amount of Each Receipt this Period  
350.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

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NAME OF COMMITTEE (In Full)  
Campaign for Working Families

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

Mailing Address 10715 POT SPRING RD

City State Zip Code  
COCKEYSVILLE MD 21030

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

Name of Employer Occupation  
JOHNS HOPKINS UNIVERSITY SURGEON

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

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

Transaction ID: SA11A1.66279

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 43449 ELK RUN

City State Zip Code  
STEAMBOAT SPR CO 80487

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

Name of Employer Occupation  
SELF PHYSICAL THERAPIST/EDUCATORS

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

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

Transaction ID: SA11A1.66471

Amount of Each Receipt this Period  
500.00

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

Mailing Address 350 E HENSCHEN ST

City State Zip Code  
GARNER IA 50438

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

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

Transaction ID: SA11A1.66367

Amount of Each Receipt this Period  
100.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1600.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

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NAME OF COMMITTEE (In Full)  
Campaign for Working Families

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

Mailing Address 350 E HENSCHEN ST

City State Zip Code  
GARNER IA 50438

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

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

Transaction ID: SA11A1.66368

Amount of Each Receipt this Period  
100.00

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

Mailing Address 6612 SKY VIEW DR

City State Zip Code  
BAKERSFIELD CA 93307

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
420.00

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

Transaction ID: SA11A1.66527

Amount of Each Receipt this Period  
60.00

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

Mailing Address 1300 N 130TH AVE

City State Zip Code  
FALL CREEK WI 54742

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

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

Transaction ID: SA11A1.66384

Amount of Each Receipt this Period  
75.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	235.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



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

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

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NAME OF COMMITTEE (In Full)  
Campaign for Working Families

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

Mailing Address 2721 18TH ST

City BAKERSFIELD State CA Zip Code 93301

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

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

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

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

Transaction ID: SA11A1.66525

Amount of Each Receipt this Period  
 50.00

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

Mailing Address 2721 18TH ST

City BAKERSFIELD State CA Zip Code 93301

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

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

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

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

Transaction ID: SA11A1.66526

Amount of Each Receipt this Period  
 50.00

**C.** Full Name (Last, First, Middle Initial)  
MRS GLENN G LARSON

Mailing Address 8950 235TH ST N

City FOREST LAKE State MN Zip Code 55025

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

Name of Employer WHOLESALE PRODUCE SUPPLY Occupation TRUCKING

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Transaction ID: SA11A1.66385

Amount of Each Receipt this Period  
 300.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	400.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 38
	<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

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

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

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

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	115.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)  
Campaign for Working Families

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

Mailing Address 515 11TH AVE NE

City State Zip Code  
MINOT ND 58703

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
230.00

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

Transaction ID: SA11A1.66398

Amount of Each Receipt this Period  
30.00

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

Mailing Address 1152 CALLE MARIA

City State Zip Code  
SAN MARCOS CA 92069

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

Name of Employer Occupation  
HOMEMAKER HOMEMAKER

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
275.00

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

Transaction ID: SA11A1.66506

Amount of Each Receipt this Period  
50.00

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

Mailing Address 1541 HEMPEL AVE

City State Zip Code  
WINDERMERE FL 34786

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

Name of Employer Occupation  
HOMEMAKER HOMEMAKER

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

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

Transaction ID: SA11A1.66316

Amount of Each Receipt this Period  
1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1080.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 38
	<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

Full Name (Last, First, Middle Initial) <b>A. MR DOUGLAS M SCHROEDER</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 20 / 2006	
Mailing Address 15720 52ND AVE N		Transaction ID: SA11A1.66390	
City State Zip Code MINNEAPOLIS MN 55446	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation NORTHWESTERN CFO	Aggregate Year-to-Date ▼ 350.00		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. RANDALL SKOV</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 05 / 2006	
Mailing Address 115 TALL TIMBER CT		Transaction ID: SA11A1.66300	
City State Zip Code FAYETTEVILLE GA 30215	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation US AIR FORCE WEATHER OFFICER	Aggregate Year-to-Date ▼ 350.00		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. MRS DEBORAH E SMITH</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 05 / 2006	
Mailing Address 3360 E TERRELL BRANCH CT SE		Transaction ID: SA11A1.66297	
City State Zip Code MARIETTA GA 30067	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation HOMEMAKER HOMEMAKER	Aggregate Year-to-Date ▼ 400.00		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	125.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 38
	<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 TRACY SPIVEY

Mailing Address 396 HUNTERS CT

City State Zip Code  
BALL GROUND GA 30107

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

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

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
330.00

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

Transaction ID: SA11A1.66298

Amount of Each Receipt this Period  
330.00

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

Mailing Address 24902 N POINTE PL

City State Zip Code  
KATY TX 77494

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

Name of Employer Occupation  
AVIARA ENERGY ENGINEER

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

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

Transaction ID: SA11A1.66455

Amount of Each Receipt this Period  
50.00

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

Mailing Address 8225 BRUTON RD

City State Zip Code  
DALLAS TX 75217

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

Name of Employer Occupation  
OWNER & LIBERTY HEALTHCARE CHIROPRACTOR

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
700.00

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

Transaction ID: SA11A1.66447

Amount of Each Receipt this Period  
100.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	480.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

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NAME OF COMMITTEE (In Full)  
Campaign for Working Families

Full Name (Last, First, Middle Initial) <b>A. MRS HARRIET THEUNE</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 20 / 2006	
Mailing Address PO BOX 306		Transaction ID: SA11A1.66377	
City OOSTBURG	State WI	Amount of Each Receipt this Period 50.00	
Zip Code 53070			
FEC ID number of contributing federal political committee. C			
Name of Employer INFO REQUESTED- NOT RECD		Occupation INFO REQUESTED- NOT RECD	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. MR JOHN W TIMMONS</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 31 / 2006	
Mailing Address 1444 BETHEL CHURCH RD		Transaction ID: SA11A1.66285	
City ELKTON	State VA	Amount of Each Receipt this Period 330.00	
Zip Code 22827			
FEC ID number of contributing federal political committee. C			
Name of Employer ROCKINGHAM MEMORIAL HOSPITAL		Occupation PHYSICIAN	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 660.00	

Full Name (Last, First, Middle Initial) <b>C. MR PAUL A TONDRE</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 11 / 2006	
Mailing Address 410 RUA DE MATTA ST		Transaction ID: SA11A1.66460	
City SAN ANTONIO	State TX	Amount of Each Receipt this Period 75.00	
Zip Code 78232			
FEC ID number of contributing federal political committee. C			
Name of Employer INFO REQUESTED- NOT RECD		Occupation INFO REQUESTED- NOT RECD	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	455.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

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NAME OF COMMITTEE (In Full)  
Campaign for Working Families

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

Mailing Address 818 ISLAND WAY

City State Zip Code  
CLEARWATER FL 33767

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

Name of Employer SELF Occupation ATTORNEY

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

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

Transaction ID: SA11A1.66314

Amount of Each Receipt this Period  
1500.00

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

Mailing Address 610 HAZEN BAY RD

City State Zip Code  
HAZEN ND 58545

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

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

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

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

Transaction ID: SA11A1.66397

Amount of Each Receipt this Period  
300.00

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

Mailing Address 850 S ATLANTIC BLVD STE 301

City State Zip Code  
MONTEREY PARK CA 91754

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

Name of Employer PAUL T URREA MD MPH INC Occupation PHYSICIAN

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
275.00

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

Transaction ID: SA11A1.66501

Amount of Each Receipt this Period  
25.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1825.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 24 / 38
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Campaign for Working Families

Full Name (Last, First, Middle Initial) <b>A. MRS JUNE L ZEIGLER</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 07 / 2006	
Mailing Address 2261 WARREN DR		<b>Transaction ID: SA11A1.66330</b>	
City MORRISTOWN	State TN	Zip Code 37814	Amount of Each Receipt this Period 30.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 205.00		

Full Name (Last, First, Middle Initial) <b>B. MRS JUNE L ZEIGLER</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 20 / 2006	
Mailing Address 2261 WARREN DR		<b>Transaction ID: SA11A1.66331</b>	
City MORRISTOWN	State TN	Zip Code 37814	Amount of Each Receipt this Period 30.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 235.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	60.00
<b>TOTAL</b> This Period (last page this line number only) .....	12495.00



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 25 / 38	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Campaign for Working Families

**A.** Full Name (Last, First, Middle Initial)  
ALLFIRST BANK

Mailing Address 1800 K Street

City State Zip Code  
Washington DC 20002

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
15565.52

Date of Receipt  

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

Transaction ID: SA17.66616

Amount of Each Receipt this Period  
134.25

Interest Income

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	134.25
<b>TOTAL</b> This Period (last page this line number only) .....	▶	134.25

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 26 / 38

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

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NAME OF COMMITTEE (In Full)  
Campaign for Working Families

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

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

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

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>7853.12</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 27 / 38

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

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NAME OF COMMITTEE (In Full)  
Campaign for Working Families

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

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

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

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>4149.13</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 28 / 38

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

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NAME OF COMMITTEE (In Full)  
Campaign for Working Families

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

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

Full Name (Last, First, Middle Initial) <b>C. MILLERS OFFICE SUPPLY</b>		<b>Transaction ID:</b> SB21B.66600 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 2 6 / 2 0 0 6
Mailing Address P.O. Box 990098		Amount of Each Disbursement this Period 41.35
City Hartford State CT Zip Code 06199		
Purpose of Disbursement OFFICE SUPPLIES	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2669.71
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[Empty Box]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Campaign for Working Families

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

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

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

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2378.08
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Campaign for Working Families

Full Name (Last, First, Middle Initial) <b>A. Suntrust</b>		<b>Transaction ID:</b> SB21B.66582	
Mailing Address P.O. Box 622227		Date of Disbursement MM / DD / YYYY 07 / 31 / 2006	
City Orlando	State FL	Zip Code 32862	Amount of Each Disbursement this Period 10.00
Purpose of Disbursement BANK FEES		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. US POSTMASTER</b>		<b>Transaction ID:</b> SB21B.66594	
Mailing Address Main Post Office		Date of Disbursement MM / DD / YYYY 07 / 21 / 2006	
City Washington	State DC	Zip Code 20000	Amount of Each Disbursement this Period 585.00
Purpose of Disbursement PAC POSTAGE - GENERAL OFFICE		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Dorie Velezis</b>		<b>Transaction ID:</b> SB21B.66598	
Mailing Address 2800 Shirlington Road #930		Date of Disbursement MM / DD / YYYY 07 / 26 / 2006	
City Arlington	State VA	Zip Code 22206	Amount of Each Disbursement this Period 2000.00
Purpose of Disbursement ACCOUNTING SERVICES		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>2595.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Campaign for Working Families

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

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

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

779.44

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

20424.48

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Campaign for Working Families

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

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

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

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	6000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....



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

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

FOR LINE NUMBER:  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
Campaign for Working Families

Full Name (Last, First, Middle Initial) <b>A. KING FOR CONGRESS</b>		Transaction ID: SB23.66605 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 7 / 2 0 0 6
Mailing Address 126 N DES MOINES STREET PO BOX 576		Amount of Each Disbursement this Period 1000.00
City ODEBOLT State IA Zip Code 51458	Purpose of Disbursement CONTRIBUTION Category/Type	
Candidate Name KING FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IA District: 05		

Full Name (Last, First, Middle Initial) <b>B. MUSGRAVE FOR CONGRESS</b>		Transaction ID: SB23.66607 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 8 / 2 0 0 6
Mailing Address 15484 RD 18 1/2		Amount of Each Disbursement this Period 2000.00
City FORT MORGAN State CO Zip Code 80701	Purpose of Disbursement CONTRIBUTION Category/Type	
Candidate Name MUSGRAVE FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CO District: 04		

Full Name (Last, First, Middle Initial) <b>C. TALENT FOR SENATE COMMITTEE</b>		Transaction ID: SB23.66608 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 8 / 2 0 0 6
Mailing Address 1031 EXECUTIVE PARKWAY SUITE 100		Amount of Each Disbursement this Period 5000.00
City ST LOUIS State MO Zip Code 63141	Purpose of Disbursement CONTRIBUTION Category/Type	
Candidate Name TALENT FOR SENATE COMMITTEE		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MO District: 00		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	8000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	14000.00

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

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

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)  
Campaign for Working Families

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

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID:</b> SD10.66612	
Amount Incurred This Period 1500.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1500.00

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

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

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

Outstanding Balance Beginning This Period 1431.23	<b>Transaction ID:</b> SD10.66168	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1431.23

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

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 35 / 38
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
Campaign for Working Families

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

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	<b>Transaction ID:</b> SD10.66611	
Amount Incurred This Period <input type="text" value="1158.62"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1158.62"/>

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor INKWELL, INC	Nature of Debt (Purpose): PAC - Direct Mail Postage
Mailing Address 1973 COUNTY ROAD C2 WEST	
City State ZIP Code ROSEVILLE MN 55113	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	<b>Transaction ID:</b> SD10.66610	
Amount Incurred This Period <input type="text" value="3402.00"/>	Payment This Period <input type="text" value="3402.00"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor INKWELL, INC	Nature of Debt (Purpose): PAC - Direct Mail Production
Mailing Address 1973 COUNTY ROAD C2 WEST	
City State ZIP Code ROSEVILLE MN 55113	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	<b>Transaction ID:</b> SD10.66609	
Amount Incurred This Period <input type="text" value="6233.37"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="6233.37"/>

<b>1) SUBTOTALS</b> This Period This Page (optional).....	<input type="text" value="7391.99"/>
<b>2) TOTALS</b> This Period (last page this line number only).....	<input type="text"/>
<b>3) TOTALS OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text"/>
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

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

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)  
Campaign for Working Families

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

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

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

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

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

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

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

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

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

NAME OF COMMITTEE (In Full)  
 Campaign for Working Families

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

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

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

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

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

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....	26490.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	0.00
(c) <b>TOTAL</b> Independent Expenditures .....	26490.00
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Amy Myers Signature	Date M M / D D / Y Y Y Y 09 / 17 / 2006