

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
CAMPAIGN FOR WORKING FAMILIES

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	4

D	D
3	0

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	1994955.13									
(c) Total Receipts (from Line 19)	58969.91	206600.96								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	2053925.04	2149399.30								
7. Total Disbursements (from Line 31)	46461.59	141935.85								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	2007463.45	2007463.45								
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)	10134.79									

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**

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name
CAMPAIGN FOR WORKING FAMILIES

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	4

D	D
3	0

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)	34150.00	101063.24
(ii) Unitemized	15705.93	68944.13
(iii) TOTAL (add Lines 11(a)(i) and (ii)	49855.93	170007.37
(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)	49855.93	170007.37
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	238.98	1093.59
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	8875.00	35500.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	8875.00	35500.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	58969.91	206600.96
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	50094.91	171100.96

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	35250.00
(ii) Non-Federal Share.....	8875.00	35250.00
(b) Other Federal Operating Expenditures.....	12711.59	55435.85
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	30461.59	125935.85
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	11000.00	11000.00
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	5000.00	5000.00
(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))	5000.00	5000.00
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))..	46461.59	141935.85
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	37586.59	106685.85

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)	49855.93	170007.37
34. Total Contribution Refunds (from Line 28(d))	5000.00	5000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	44855.93	165007.37
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	21586.59	90685.85
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	21586.59	90685.85

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 78
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

A.	Full Name (Last, First, Middle Initial) MR CHRISTOPHER ALLEN	Date of Receipt MM / DD / YYYY 04 / 27 / 2010
	Mailing Address 600 TRAVIS ST STE 4200	Transaction ID: SA11AI.41812
	City State Zip Code HOUSTON TX 77002	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer ANDREWS KURTH LLP Occupation ATTORNEY Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) MR CHRIS AYERS	Date of Receipt MM / DD / YYYY 04 / 07 / 2010
	Mailing Address 828 OLNEY OAK DRIVE	Transaction ID: SA11AI.41816
	City State Zip Code HOUSTON TX 77079	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer CONOCO INDONESIA Occupation MANAGE ECONOMICS & PLANNING 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) MR CHARLES D AYRES	Date of Receipt MM / DD / YYYY 04 / 16 / 2010
	Mailing Address 4911 CASA ORO DR	Transaction ID: SA11AI.41934
	City State Zip Code YORBA LINDA CA 92886	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer RETIRED Occupation RETIRED Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional)	900.00
TOTAL This Period (last page this line number only)	

A. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.41812**

0101360-0000309

B. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.41816**

0101633-0000315

C. Form/Schedule : **SA11AI**

0103804-0000436

Transaction ID : **SA11AI.41934**

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 78
(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)
MR JIM 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
BECK STEEL INC.K BUSINESS OWNER/ HOUSEWIFE

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	7	/	2	0	1	0

Transaction ID: SA11AI.41848

Amount of Each Receipt this Period
1000.00

B. 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 ▼
300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	1	/	2	0	1	0

Transaction ID: SA11AI.41739

Amount of Each Receipt this Period
100.00

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

Mailing Address 300 N FILLMORE ST

City State Zip Code
ARLINGTON VA 22201

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

Name of Employer Occupation
BE SERVICES ACCOUNTANT

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
700.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	5	/	2	0	1	0

Transaction ID: SA11AI.41533

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1600.00**

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

A. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.41848**

0106963-0000347

B. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.41739**

0014063-0000245

C. Form/Schedule : **SA11AI**

0107255-0000047

Transaction ID : **SA11AI.41533**

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 78
(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)
MR WENDELL 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 BE SERVICES Occupation ACCOUNTANT

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 950.00

Date of Receipt: 04 / 26 / 2010
Transaction ID: SA11AI.41534
 Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
MR WENDELL 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 BE SERVICES Occupation ACCOUNTANT

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: 04 / 27 / 2010
Transaction ID: SA11AI.41535
 Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
MR WILLIAM P BUCK, JR

Mailing Address 2084 BROOK HIGHLAND RDG

City BIRMINGHAM State AL Zip Code 35242

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

Name of Employer UNIVERSITY OF ALABAMA Occupation ORAL & MAXILLOFACIAL SURGEON

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 04 / 21 / 2010
Transaction ID: SA11AI.41614
 Amount of Each Receipt this Period: 100.00

SUBTOTAL of Receipts This Page (optional) ► 600.00

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

A. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.41534**

0107255-0000048

B. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.41535**

0107255-0000049

C. Form/Schedule : **SA11AI**

0101854-0000121

Transaction ID : **SA11AI.41614**

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 78
(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 LINDSAY BUCKNER

Mailing Address 520 HENNESSY RD

City State Zip Code
YAKIMA WA 98908

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

Name of Employer Occupation
TREE TOP INC SR. VP

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 0 8 / 2 0 1 0

Transaction ID: SA11AI.41977

Amount of Each Receipt this Period
250.00

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

Mailing Address 210 RIVER DR

City State Zip Code
BETTENDORF IA 52722

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

Name of Employer Occupation
MY LORD JESUS CHRIST KINGDOM HOMEMAKER

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 2 8 / 2 0 1 0

Transaction ID: SA11AI.41699

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
MS CAROL A CHAMBERS

Mailing Address PO BOX 5354
4128 E JEVON LN

City State Zip Code
LAKE CHARLES LA 70606

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 ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 0 7 / 2 0 1 0

Transaction ID: SA11AI.41765

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1050.00**

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

A. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.41977**

0107370-0000482

B. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.41699**

0105816-0000207

C. Form/Schedule : **SA11AI**

0107886-0000267

Transaction ID : **SA11AI.41765**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 18 / 78
	(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 ROBERT CHAPDELAINE		Date of Receipt
	Mailing Address 990 SWEET GRASS CIR		<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 04 / 28 / 2010
	City	State	Zip Code
	AURORA	OH	44202
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.41650
Name of Employer NESTLE USA		Occupation SALES & MARKETING	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"/> 3000.00

B.	Full Name (Last, First, Middle Initial) MR STEVE DICKINSON		Date of Receipt
	Mailing Address 226 E 8TH ST		<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 04 / 16 / 2010
	City	State	Zip Code
	ASHLAND	OH	44805
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.41654
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"/> 1225.00

C.	Full Name (Last, First, Middle Initial) MRS CHERI DILLON		Date of Receipt
	Mailing Address 3816 MAPLEWOOD 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 04 / 28 / 2010
	City	State	Zip Code
	PLACERVILLE	CA	95667
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.41952
Name of Employer RETIRED SMALL BUSINESS OWNER- SOLD		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

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 4475.00
TOTAL This Period (last page this line number only)	<input type="text"/>

A. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.41650**

0107937-0000159

B. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.41654**

0056110-0000163

C. Form/Schedule : **SA11AI**

0060273-0000455

Transaction ID : **SA11AI.41952**

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 78
(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 WILLIAM S EDGERLY

Mailing Address 32 HIGHLAND ST

City State Zip Code
CAMBRIDGE MA 02138

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 2 6 / 2 0 1 0

Transaction ID: SA11AI.41491

Amount of Each Receipt this Period
500.00

B.

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 JAYMES & JAYMES Occupation INSURANCE BROKER

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 1 0

Transaction ID: SA11AI.41949

Amount of Each Receipt this Period
100.00

C.

Full Name (Last, First, Middle Initial)
MR JOSEPH FOUNTAIN

Mailing Address 6003 CHAPEL HILL RD

City State Zip Code
RALEIGH NC 27607

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

Name of Employer SENSORS SAFETY PRODUCTS Occupation SMALL BUSINESS OWNER

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 2 6 / 2 0 1 0

Transaction ID: SA11AI.41547

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1100.00**

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

A. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.41491**

0104008-0000005

B. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.41949**

0101847-0000451

C. Form/Schedule : **SA11AI**

0105927-0000061

Transaction ID : **SA11AI.41547**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 78
	(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) ELIZABETH A FOX		Date of Receipt MM / DD / YYYY 04 / 02 / 2010		
	Mailing Address PO BOX 608		Transaction ID: SA11AI.41727		
	City STEVENSVILLE	State MT	Zip Code 59870	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer SELF	Occupation NONE			
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) ELIZABETH A FOX		Date of Receipt MM / DD / YYYY 04 / 15 / 2010		
	Mailing Address PO BOX 608		Transaction ID: SA11AI.41728		
	City STEVENSVILLE	State MT	Zip Code 59870	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer SELF	Occupation NONE			
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

C.	Full Name (Last, First, Middle Initial) MR FRED B FRANK		Date of Receipt MM / DD / YYYY 04 / 26 / 2010		
	Mailing Address 501 VIA JUAREZ		Transaction ID: SA11AI.41926		
	City SAN CLEMENTE	State CA	Zip Code 92673	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer COMFORT MUSIC	Occupation RECORD PRODUCER			
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 600.00			

SUBTOTAL of Receipts This Page (optional)	1000.00
TOTAL This Period (last page this line number only)	

A. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.41727**

0107210-0000234

B. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.41728**

0107210-0000235

C. Form/Schedule : **SA11AI**

0102190-0000427

Transaction ID : **SA11AI.41926**

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 78
(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 TOM FRANK

Mailing Address 7845 HOLDER ST

City State Zip Code
BUENA PARK CA 90620

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

Name of Employer Occupation
THE BOEING CO. PROGRAMMER

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 2 6 / 2 0 1 0

Transaction ID: SA11AI.41898

Amount of Each Receipt this Period
200.00

B.

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 Occupation
NONE RETIRED BUILDING CONTRACTOR

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 1 0

Transaction ID: SA11AI.41956

Amount of Each Receipt this Period
100.00

C.

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

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2200.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 1 0

Transaction ID: SA11AI.41768

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► **350.00**

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

A. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.41898**

0104849-0000397

B. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.41956**

0103452-0000460

C. Form/Schedule : **SA11AI**

0022519-0000271

Transaction ID : **SA11AI.41768**

**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 / 78
	<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 SYLVIA HOLLINGER		Date of Receipt
	Mailing Address 812 WILLOW VALLEY LAKES 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 04 / 07 / 2010
	City	State	Zip Code
	WILLOW STREET	PA	17584
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.41516
Name of Employer WDAC RADIO COMPANY		Occupation ADMINISTRATIVE ASSISTANT	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"/> 500.00

B.	Full Name (Last, First, Middle Initial) MR MARK A HOLMES		Date of Receipt
	Mailing Address 6035 S VIVIAN ST		<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 04 / 07 / 2010
	City	State	Zip Code
	LITTLETON	CO	80127
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.41855
Name of Employer CARIDIAN BCT INC		Occupation REGULATORY AFFAIRS	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"/> 1500.00

C.	Full Name (Last, First, Middle Initial) MR TRUMAN HOMME		Date of Receipt
	Mailing Address PO BOX 156		<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 04 / 30 / 2010
	City	State	Zip Code
	SPICER	MN	56288
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.41720
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"/> 100.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 2100.00
TOTAL This Period (last page this line number only)	<input type="text"/>

A. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.41516**

0076318-0000029

B. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.41855**

0008108-0000356

C. Form/Schedule : **SA11AI**

0106511-0000228

Transaction ID : **SA11AI.41720**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 (check only one) <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	PAGE 33 / 78
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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

A.	Full Name (Last, First, Middle Initial) MR FRED SCOTT JACKSON	Date of Receipt MM / DD / YYYY 04 / 27 / 2010
	Mailing Address 15 HILLSBOROUGH	Transaction ID: SA11AI.41923
	City State Zip Code NEWPORT BEACH CA 92660	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation JACKSON DEMARCO & PECKENP-AUGH LAWYER Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) MR H KERKSTRA	Date of Receipt MM / DD / YYYY 04 / 16 / 2010
	Mailing Address 1711 TOURS CT	Transaction ID: SA11AI.41941
	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 ▼ 240.00	

C.	Full Name (Last, First, Middle Initial) STEVE H LAZARIAN	Date of Receipt MM / DD / YYYY 04 / 16 / 2010
	Mailing Address 1463 EDGECLIFF LN	Transaction ID: SA11AI.41901
	City State Zip Code PASADENA CA 91107	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation ESSCO ELECTRICAL CONTRACTOR Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	1560.00
TOTAL This Period (last page this line number only)	

A. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.41923**

0034503-0000423

B. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.41941**

0103362-0000443

C. Form/Schedule : **SA11AI**

0105198-0000401

Transaction ID : **SA11AI.41901**

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 36 / 78
(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)
JOCELYN MANULLANG

Mailing Address 8303 121ST AVE SE

City State Zip Code
NEWCASTLE WA 98056

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

Name of Employer N/A Occupation **HOMEMAKER**

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt **04 / 26 / 2010**

Transaction ID: SA11AI.41967

Amount of Each Receipt this Period **200.00**

B. Full Name (Last, First, Middle Initial)
MRS CHARLEEN M MCBRAYER

Mailing Address 5098 POST OAK TRITT RD NE

City State Zip Code
ROSWELL GA 30075

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

Name of Employer CCCI Occupation **BUSINESS OWNER/TECHNOLOGY COMPANY**

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt **04 / 26 / 2010**

Transaction ID: SA11AI.41574

Amount of Each Receipt this Period **1000.00**

C. Full Name (Last, First, Middle Initial)
MRS RUTH MERRITT

Mailing Address 1675 SUGARLOAF CLUB DR

City State Zip Code
DULUTH GA 30097

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

Name of Employer SELF EMPLOYED Occupation **COUNSELOR**

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt **04 / 26 / 2010**

Transaction ID: SA11AI.41575

Amount of Each Receipt this Period **500.00**

SUBTOTAL of Receipts This Page (optional) ► **1700.00**

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

A. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.41967**

0107670-0000471

B. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.41574**

0099800-0000085

C. Form/Schedule : **SA11AI**

0106689-0000087

Transaction ID : **SA11AI.41575**

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 39 / 78
	<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 MORRISON	Date of Receipt MM / DD / YYYY 04 / 05 / 2010
	Mailing Address 1802 CROOM DR	Transaction ID: SA11AI.41618
	City State Zip Code MONTGOMERY AL 36106	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer SELF Occupation PHYSICIAN	
	Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00

B.	Full Name (Last, First, Middle Initial) MR JOHN NICHOLS, JR	Date of Receipt MM / DD / YYYY 04 / 26 / 2010
	Mailing Address 1654 LA JOLLA RANCHO ROAD	Transaction ID: SA11AI.41908
	City State Zip Code LA JOLLA CA 92037	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	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 ▼ 300.00

C.	Full Name (Last, First, Middle Initial) MR JOHN NICHOLS, JR	Date of Receipt MM / DD / YYYY 04 / 27 / 2010
	Mailing Address 1654 LA JOLLA RANCHO ROAD	Transaction ID: SA11AI.41909
	City State Zip Code LA JOLLA CA 92037	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	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 ▼ 400.00

SUBTOTAL of Receipts This Page (optional)	450.00
TOTAL This Period (last page this line number only)	

A. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.41618**

0003940-0000125

B. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.41908**

0105158-0000409

C. Form/Schedule : **SA11AI**

0105158-0000410

Transaction ID : **SA11AI.41909**

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 42 / 78
	<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 PASSWATERS		Date of Receipt
	Mailing Address 160 WILLOW PL S		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 04 / 28 / 2010
	City	State	Zip Code
	BROOMFIELD	CO	80020
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.41854
Name of Employer NONE		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"/> 100.00
		<input type="text"/> 300.00	

B.	Full Name (Last, First, Middle Initial) NANCY PHARRIS		Date of Receipt
	Mailing Address 130 EL DORADO LN		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 04 / 07 / 2010
	City	State	Zip Code
	ANAHEIM	CA	92807
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.41932
Name of Employer LYTLE DEVELOPMENT		Occupation LAND DEVELOPER	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"/> 600.00	

C.	Full Name (Last, First, Middle Initial) MR DONALD B REECE		Date of Receipt
	Mailing Address 22225 WOOD RUN CT		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 04 / 28 / 2010
	City	State	Zip Code
	BONITA SPRINGS	FL	34135
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.41609
Name of Employer NONE		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"/> 500.00
		<input type="text"/> 500.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 700.00
TOTAL This Period (last page this line number only)	<input type="text"/>

A. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.41854**

0107896-0000354

B. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.41932**

0107882-0000434

C. Form/Schedule : **SA11AI**

0029943-0000117

Transaction ID : **SA11AI.41609**

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 45 / 78

(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 JEFFERY ROBILLARD

Mailing Address 5028 LONGVIEW CT

City State Zip Code
WEDDINGTON NC 28104

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

Name of Employer Occupation
ACUMED SALES MANAGER

Receipt For: 2010
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	2		2	0	1	0

Transaction ID: SA11AI.41553

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)
MR JEFFERY ROBILLARD

Mailing Address 5028 LONGVIEW CT

City State Zip Code
WEDDINGTON NC 28104

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

Name of Employer Occupation
ACUMED SALES MANAGER

Receipt For: 2010
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
665.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	6		2	0	1	0

Transaction ID: SA11AI.41554

Amount of Each Receipt this Period

65.00

C.

Full Name (Last, First, Middle Initial)
MS SHAREN RUSSELL

Mailing Address 1651 WILSON AVE

City State Zip Code
CHESTERFIELD MO 63005

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
0	4		1	4		2	0	1	0

Transaction ID: SA11AI.41740

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

415.00

TOTAL This Period (last page this line number only)

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A. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.41553**

0103053-000066

B. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.41554**

0103053-000067

C. Form/Schedule : **SA11AI**

0102751-0000246

Transaction ID : **SA11AI.41740**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	PAGE 48 / 78
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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

A.	Full Name (Last, First, Middle Initial) MR RAYMOND L SALZMAN		Date of Receipt MM / DD / YYYY 04 / 26 / 2010		
	Mailing Address 11151 RAWHIDE RD		Transaction ID: SA11AI.41529		
	City LUSBY	State MD	Zip Code 20657	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer RETIRED	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 THOMAS M SEAVER		Date of Receipt MM / DD / YYYY 04 / 12 / 2010		
	Mailing Address 2886 EASTWOOD DRIVE		Transaction ID: SA11AI.41669		
	City KIMBALL	State MI	Zip Code 48074	Amount of Each Receipt this Period 300.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer THOMAS M SEAVER TRUST	Occupation RETIRED TEACHER			
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) MR PAUL V SERENIUS		Date of Receipt MM / DD / YYYY 04 / 26 / 2010		
	Mailing Address 321 VILLAGE SQUARE DR		Transaction ID: SA11AI.41661		
	City CENTERVILLE	State OH	Zip Code 45458	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer RETIRED	Occupation RETIRED			
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)	500.00
TOTAL This Period (last page this line number only)	

A. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.41529**

0097659-0000043

B. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.41669**

0012537-0000178

C. Form/Schedule : **SA11AI**

0104852-0000170

Transaction ID : **SA11AI.41661**

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

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

FOR LINE NUMBER: PAGE 51 / 78
(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)
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 Occupation
SCOTCH GULF LUMBER LLC CEO

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 2 6 / 2 0 1 0

Transaction ID: SA11AI.41620

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
MR W S STIMPSON

Mailing Address PO BOX 1663

City State Zip Code
MOBILE AL 36633

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

Name of Employer Occupation
GULF LUMBER CO CFO

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 0 7 / 2 0 1 0

Transaction ID: SA11AI.41621

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
MRS VIRGINIA SUITER

Mailing Address 2025 LAMBERT CT

City State Zip Code
PLANO TX 75075

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
0 4 / 1 6 / 2 0 1 0

Transaction ID: SA11AI.41793

Amount of Each Receipt this Period
5000.00

SUBTOTAL of Receipts This Page (optional) ► **6250.00**

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

A. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.41620**

0101392-0000128

B. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.41621**

0103259-0000130

C. Form/Schedule : **SA11AI**

0107893-0000292

Transaction ID : **SA11AI.41793**

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 54 / 78
	<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 RICHARD SUNGAILA		Date of Receipt
	Mailing Address 1827 PORT STANHOPE 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 4 / 2 6 / 2 0 1 0
	City	State	Zip Code
	NEWPORT BEACH	CA	92660
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.41924
Name of Employer SELF EMPLOYED		Occupation REAL ESTATE & PROPERTY MANAGEMENT	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 ▼ 300.00	100.00

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 0 4 / 1 6 / 2 0 1 0
	City	State	Zip Code
	AMARILLO	TX	79109
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.41847
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 ▼ 370.00	100.00

C.	Full Name (Last, First, Middle Initial) MR KEITH THORNTON		Date of Receipt
	Mailing Address 5524 EDLEN 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 4 / 2 9 / 2 0 1 0
	City	State	Zip Code
	DALLAS	TX	75220
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.41795
Name of Employer SELF		Occupation DENTIST	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 ▼ 1000.00	1000.00

SUBTOTAL of Receipts This Page (optional)	▶	1200.00
TOTAL This Period (last page this line number only)	▶	

A. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.41924**

0106678-0000425

B. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.41847**

0106323-0000346

C. Form/Schedule : **SA11AI**

0107939-0000295

Transaction ID : **SA11AI.41795**

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 57 / 78
(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 JOHN W TIMMONS

Mailing Address 1444 BETHEL CHURCH RD

City State Zip Code
ELKTON VA 22827

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

Name of Employer Occupation
PAGE MEMORIAL HOSPITAL PHYSICIAN

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 2 5 / 2 0 1 0

Transaction ID: SA11AI.41539

Amount of Each Receipt this Period
100.00

B.

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

Mailing Address 3325 CAMINO VALLAREAL

City State Zip Code
ESCONDIDO CA 92029

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

Name of Employer Occupation
SELF TRUSTEE

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 2 6 / 2 0 1 0

Transaction ID: SA11AI.41907

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
MRS MARILYN WOY

Mailing Address 27511 HYATT CT

City State Zip Code
LAGUNA NIGUEL CA 92677

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

Name of Employer Occupation
MARINERS CHURCH ADMINISTRATIVE ASSISTANT

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 2 6 / 2 0 1 0

Transaction ID: SA11AI.41927

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► **1200.00**

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

A. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.41539**

0002694-0000054

B. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.41907**

0103506-0000407

C. Form/Schedule : **SA11AI**

0106759-0000429

Transaction ID : **SA11AI.41927**

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

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

FOR LINE NUMBER: PAGE 60 / 78
(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)
MR CHARLES M ZEISER

Mailing Address 510 ROLLING WAY

City State Zip Code
SIGNAL MOUNTAIN TN 37377

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

Name of Employer Occupation
SOUTHERN CHAMPION TRAY LP CHAIRMAN OF THE BOARD

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	5	/	2	0	1	0

Transaction ID: SA11AI.41625

Amount of Each Receipt this Period
2000.00

B. Full Name (Last, First, Middle Initial)
MR JOHN ZEISER

Mailing Address 17 ROCK CREST DR

City State Zip Code
SIGNAL MOUNTAIN TN 37377

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

Name of Employer Occupation
SOUTHERN CHAMPION TRAY LP PRESIDENT/CEO

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	9	/	2	0	1	0

Transaction ID: SA11AI.41626

Amount of Each Receipt this Period
5000.00

SUBTOTAL of Receipts This Page (optional)	▶	7000.00
TOTAL This Period (last page this line number only)	▶	34150.00

A. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.41625**

0097422-0000135

B. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.41626**

0100236-0000137

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 62 / 78
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial) BB&T		Date of Receipt
Mailing Address P.O. Box 580363		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2010"/>
City	State	Zip Code
Charlotte	NC	28258
FEC ID number of contributing federal political committee.		Transaction ID: SA17.41985
<input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer		<input type="text" value="238.98"/>
Occupation		INTEREST
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="685.70"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="238.98"/>
TOTAL This Period (last page this line number only)	<input type="text" value="238.98"/>

**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 63 / 78

<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) American Express	Transaction ID: SB21B.41990 Date of Disbursement																			
	Mailing Address P.O. Box 981540	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>4</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	5		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	5		2	0	1	0												
	City El Paso State TX Zip Code 79998	Amount of Each Disbursement this Period																			
	Purpose of Disbursement BANK FEES	<table border="1"><tr><td>179.83</td></tr></table>	179.83																		
179.83																					
	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) American Express	Transaction ID: SB21B.41992 Date of Disbursement																			
	Mailing Address P.O. Box 981540	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>4</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	9		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		1	9		2	0	1	0												
	City El Paso State TX Zip Code 79998	Amount of Each Disbursement this Period																			
	Purpose of Disbursement BANK FEES	<table border="1"><tr><td>0.96</td></tr></table>	0.96																		
0.96																					
	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) BB&T	Transaction ID: SB21B.41991 Date of Disbursement																			
	Mailing Address P.O. Box 580363	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>4</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	5		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		1	5		2	0	1	0												
	City Charlotte State NC Zip Code 28258	Amount of Each Disbursement this Period																			
	Purpose of Disbursement BANK FEES	<table border="1"><tr><td>1404.03</td></tr></table>	1404.03																		
1404.03																					
	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)	<table border="1"><tr><td>1584.82</td></tr></table>	1584.82
1584.82		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td></td></tr></table>	

**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 65 / 78

<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.41998 Date of Disbursement
	Mailing Address P.O. BOX 1140	<input type="text" value="04"/> / <input type="text" value="09"/> / <input type="text" value="2010"/>
	City MEMPHIS State TN Zip Code 38101	Amount of Each Disbursement this Period
	Purpose of Disbursement SHIPPING FEES	<input type="text" value="15.80"/>
	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) FEDERAL EXPRESS	Transaction ID: SB21B.42005 Date of Disbursement
	Mailing Address P.O. BOX 1140	<input type="text" value="04"/> / <input type="text" value="21"/> / <input type="text" value="2010"/>
	City MEMPHIS State TN Zip Code 38101	Amount of Each Disbursement this Period
	Purpose of Disbursement SHIPPING FEES	<input type="text" value="31.53"/>
	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) HELLER INFORMATION SERVICES	Transaction ID: SB21B.42001 Date of Disbursement
	Mailing Address 12450 Parklawn Drive	<input type="text" value="04"/> / <input type="text" value="09"/> / <input type="text" value="2010"/>
	City Rockville State MD Zip Code 20852	Amount of Each Disbursement this Period
	Purpose of Disbursement COMPUTER SERVICES	<input type="text" value="540.00"/>
	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)	<input type="text" value="587.33"/>
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)

<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) IRON MOUNTAIN	Transaction ID: SB21B.41996 Date of Disbursement 04 / 07 / 2010
	Mailing Address 745 ATLANTIC AVE	Amount of Each Disbursement this Period 238.95
	City BOSTON State MA Zip Code 02111	
	Purpose of Disbursement STORAGE 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:	

B.	Full Name (Last, First, Middle Initial) LEXIS NEXIS	Transaction ID: SB21B.42002 Date of Disbursement 04 / 09 / 2010
	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	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) LPS	Transaction ID: SB21B.42033 Date of Disbursement 04 / 09 / 2010
	Mailing Address P.O. BOX 2325	Amount of Each Disbursement this Period 217.65
	City FAIRFAX State VA Zip Code 22031	
	Purpose of Disbursement PAC DATA PROCESSING 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:	

SUBTOTAL of Disbursements This Page (optional)	806.60
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 67 / 78

<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	Transaction ID: SB21B.42027 Date of Disbursement
	Mailing Address 2600 NW TOPEKA BLVD	<input type="text" value="04"/> / <input type="text" value="21"/> / <input type="text" value="2010"/>
	City TOPEKA State KS Zip Code 66617	Amount of Each Disbursement this Period
	Purpose of Disbursement PAC - DIRECT MAIL PRODUCTION	<input type="text" value="1790.88"/>
	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) THE HARTFORD	Transaction ID: SB21B.42004 Date of Disbursement
	Mailing Address P.O. BOX 659519	<input type="text" value="04"/> / <input type="text" value="09"/> / <input type="text" value="2010"/>
	City SAN ANTONIO State TX Zip Code 78265	Amount of Each Disbursement this Period
	Purpose of Disbursement INSURANCE	<input type="text" value="2444.00"/>
	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) UNITED BANK	Transaction ID: SB21B.41993 Date of Disbursement
	Mailing Address 4501 DALY DRIVE	<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2010"/>
	City CHANTILLY State VA Zip Code 20151	Amount of Each Disbursement this Period
	Purpose of Disbursement BANK FEES	<input type="text" value="52.71"/>
	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)	<input type="text" value="4287.59"/>
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)

<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)
VERIZON

Mailing Address P.O. BOX 17577

City BALTIMORE State MD Zip Code 21297

Purpose of Disbursement
TELEPHONE

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B.42007
Date of Disbursement

04 / 21 / 2010

Amount of Each Disbursement this Period

435.71

B.

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

Mailing Address 14039 WESTWIND LANE

City CULPEPER State VA Zip Code 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.41997
Date of Disbursement

04 / 07 / 2010

Amount of Each Disbursement this Period

700.00

C.

Full Name (Last, First, Middle Initial)
WASHINGTON INTELLIGENCE BUREAU

Mailing Address 4128 PEPSI PLACE

City CHANTILLY State VA Zip Code 20151

Purpose of Disbursement
PAC CAGING AND DATA PROCESSING SERVICE

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B.42034
Date of Disbursement

04 / 21 / 2010

Amount of Each Disbursement this Period

1281.66

SUBTOTAL of Disbursements This Page (optional) ▶

2417.37

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

12579.16

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

<p>A. Full Name (Last, First, Middle Initial) DAN COATS FOR INDIANA</p> <p>Mailing Address PO BOX 301141</p> <p>City INDIANAPOLIS State IN Zip Code 46230</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name DAN COATS FOR INDIANA</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.41999</p> <p>Date of Disbursement 04 / 09 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) DAN COATS FOR INDIANA</p> <p>Mailing Address PO BOX 301141</p> <p>City INDIANAPOLIS State IN Zip Code 46230</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name DAN COATS FOR INDIANA</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.42012</p> <p>Date of Disbursement 04 / 23 / 2010</p> <p>Amount of Each Disbursement this Period 4000.00</p>
<p>C. Full Name (Last, First, Middle Initial) FEDA FOR CONGRESS</p> <p>Mailing Address PO BOX 122</p> <p>City SCOTTSVILLE State VA Zip Code 24590</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name FEDA FOR CONGRESS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 05</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.42009</p> <p>Date of Disbursement 04 / 22 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

6000.00

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)

PAGE 70 / 78

<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)
MIKE PENCE COMMITTEE

Transaction ID: SB23.42008

Date of Disbursement

Mailing Address P. O. Box 408

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	1		2	0	1	0

City State Zip Code
Anderson IN 46015

Amount of Each Disbursement this Period

5000.00

Purpose of Disbursement
CONTRIBUTION

--

Candidate Name
MIKE PENCE COMMITTEE

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: IN District: 06

SUBTOTAL of Disbursements This Page (optional) ►

5000.00

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

11000.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 71 / 78

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" 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) MR CHARLES D ODELL		Transaction ID: SB28A.42035	
	Mailing Address 10803 CRIPPLEGATE RD		Date of Disbursement MM / DD / YYYY 04 / 06 / 2010	
	City POTOMAC	State MD	Zip Code 20854	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement REFUND DUP CONTRIBUTION 3/30/10		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:		

SUBTOTAL of Disbursements This Page (optional)	▶	5000.00
TOTAL This Period (last page this line number only)	▶	5000.00

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

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 <input type="text" value="223.11"/>		Transaction ID: SD10.4694	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="223.11"/>	

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

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>		Transaction ID: SD10.42029	
Amount Incurred This Period <input type="text" value="217.65"/>	Payment This Period <input type="text" value="217.65"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>	

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

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>		Transaction ID: SD10.42030	
Amount Incurred This Period <input type="text" value="618.52"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="618.52"/>	

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="841.63"/>
2) TOTALS This Period (last page this line number only).....	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) 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

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 FAIRFAX	State VA	ZIP Code 22031	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>		Transaction ID: SD10.42031	
Amount Incurred This Period <input type="text" value="362.38"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="362.38"/>	

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 ELKRIDGE	State MD	ZIP Code 21075	

Outstanding Balance Beginning This Period <input type="text" value="2320.90"/>		Transaction ID: SD10.4696	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="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 NEW YORK	State NY	ZIP Code 10019	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>		Transaction ID: SD10.42020	
Amount Incurred This Period <input type="text" value="360.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="360.00"/>	

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="3043.28"/>
2) TOTALS This Period (last page this line number only).....	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) 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

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 <input type="text" value="0.00"/>		Transaction ID: SD10.42021	
Amount Incurred This Period <input type="text" value="585.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="585.00"/>	

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 <input type="text" value="0.00"/>		Transaction ID: SD10.42016	
Amount Incurred This Period <input type="text" value="1790.88"/>	Payment This Period <input type="text" value="1790.88"/>	Outstanding Balance at Close of This Period <input type="text" value="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 <input type="text" value="0.00"/>		Transaction ID: SD10.42018	
Amount Incurred This Period <input type="text" value="4675.51"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="4675.51"/>	

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="5260.51"/>
2) TOTALS This Period (last page this line number only).....	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) 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

A. 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 <input type="text" value="0.00"/>		Transaction ID: SD10.42019	
Amount Incurred This Period <input type="text" value="66.51"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="66.51"/>	

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

Outstanding Balance Beginning This Period <input type="text" value="1281.66"/>		Transaction ID: SD10.41484	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="1281.66"/>	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 ENT- RY 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: SD10.42022	
Amount Incurred This Period <input type="text" value="922.86"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="922.86"/>	

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="989.37"/>
2) TOTALS This Period (last page this line number only).....	<input type="text" value="10134.79"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text" value="0.00"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text" value="10134.79"/>

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)**(Separate 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	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
CAMPAIGN FOR WORKING FAMILIES	M M / D D / Y Y Y Y 0 4 / 2 6 / 2 0 1 0	8875.00

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative	8875.00	Transaction ID: H3.42013
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 65250.00		
City ARLINGTON	State VA	Zip Code 22206	Date <input type="text" value="04"/> / <input type="text" value="26"/> / <input type="text" value="2010"/>		
Purpose of Disbursement: PAC CONSULTING POLITICAL FUNDRAISER ADMIN			Transaction ID: H4.42023		
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 68000.00		
City ARLINGTON	State VA	Zip Code 22206	Date <input type="text" value="04"/> / <input type="text" value="26"/> / <input type="text" value="2010"/>		
Purpose of Disbursement: PAC CONSULTING POLITICAL RESEARCHER WRITER			Transaction ID: H4.42025		
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 70500.00		
City Arlington	State VA	Zip Code 22206	Date <input type="text" value="04"/> / <input type="text" value="26"/> / <input type="text" value="2010"/>		
Purpose of Disbursement: PAC CONSULTING ACCOUNTING SERVICES			Transaction ID: H4.42026		
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