

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. **12FE4M5**  
**AMERICAN WORKING FAMILIES**

ADDRESS (number and street) **107 SOUTH WEST STREET #527**  
Check if different than previously reported. (ACC) **ALEXANDRIA VA 22314**

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
**C C00511915** 3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

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

5. Covering Period  08 /  13 /  2020 through  09 /  30 /  2020

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Jackson, Bud, , ,  
Type or Print Name of Treasurer

Signature of Treasurer *Jackson, Bud, , ,* [Electronically Filed] Date  10 /  15 /  2020

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

**AMERICAN WORKING FAMILIES**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2020"/>	<input type="text" value="1382.47"/>	<input type="text" value="1382.47"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="56556.39"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="683031.00"/>	<input type="text" value="1113549.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="739587.39"/>	<input type="text" value="1114931.47"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="725976.93"/>	<input type="text" value="1101321.01"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="13610.46"/>	<input type="text" value="13610.46"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**AMERICAN WORKING FAMILIES**

Report Covering the Period: From:  /  /  To:  /  /

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).....	245000.00	365500.00
(ii) Unitemized .....	531.00	549.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	245531.00	366049.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	437500.00	747500.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	683031.00	1113549.00
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.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	683031.00	1113549.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	683031.00	1113549.00

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	24401.81	84295.89
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	24401.81	84295.89
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	4000.00
24. Independent Expenditures (use Schedule E) .....	701575.12	1013025.12
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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 (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	725976.93	1101321.01
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	725976.93	1101321.01

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	683031.00	1113549.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	683031.00	1113549.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	24401.81	84295.89
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	24401.81	84295.89

**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 OF 29
<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

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)  
**AMERICAN WORKING FAMILIES**

**A. American Federal of Teachers**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 555 New Jersey Ave NW

City Washington	State DC	Zip Code 20001
--------------------	-------------	-------------------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	21	/	2020

**Transaction ID : SA11AI.4921**

Amount of Each Receipt this Period  
10000.00

Memo Item

**B. American Property Casualty**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 444 North Capitol St NW #801

City Washington	State DC	Zip Code 20001
--------------------	-------------	-------------------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
25000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	18	/	2020

**Transaction ID : SA11AI.4900**

Amount of Each Receipt this Period  
25000.00

Memo Item

**C. AMR Holdo, Inc.**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6363 Fiddlers Green Circle

City Greenwood Village	State CO	Zip Code 80111
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
10000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	26	/	2020

**Transaction ID : SA11AI.4947**

Amount of Each Receipt this Period  
10000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	45000.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 7 OF 29
	<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)  
**AMERICAN WORKING FAMILIES**

**A. Beradi, Eugene and Lillian, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 75 Burgevin St.  
 City Kingston State NY Zip Code 12401  
 FEC ID number of contributing federal political committee. C  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 08 / 25 / 2020  
**Transaction ID : SA11AI.4932**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item

**B. Dominion Energy Services**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 400 North Capitol Street, NW  
 City Washington State DC Zip Code 20001  
 FEC ID number of contributing federal political committee. C  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 20000.00

Date of Receipt 08 / 18 / 2020  
**Transaction ID : SA11AI.4902**  
 Amount of Each Receipt this Period 20000.00  
 Memo Item

**C. DTE Energy Company**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address One Energy Plaza  
 City Detroit State MI Zip Code 48226  
 FEC ID number of contributing federal political committee. C  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 15000.00

Date of Receipt 08 / 27 / 2020  
**Transaction ID : SA11AI.4949**  
 Amount of Each Receipt this Period 15000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	37500.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 8 OF 29
	<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)  
**AMERICAN WORKING FAMILIES**

**A. Edison Electric Institute**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 701 Pennsylvania Avenue, N.Wf

City Washington	State DC	Zip Code 20004
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
50000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		14		2020

**Transaction ID : SA11AI.4892**

Amount of Each Receipt this Period  
50000.00

Memo Item

**B. Excel Dryer Inc.**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 357 Chestnut Street

City East Longmeadow	State MA	Zip Code 01028
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		24		2020

**Transaction ID : SA11AI.4927**

Amount of Each Receipt this Period  
10000.00

Memo Item

**C. Fish, John, , ,**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 776 Boylston Street

City Boston	State MA	Zip Code 02199
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Suffolk Construction	Occupation (for Individual) CEO
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Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		26		2020

**Transaction ID : SA11AI.4945**

Amount of Each Receipt this Period  
5000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	65000.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 29
	<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)  
**AMERICAN WORKING FAMILIES**

**A. Getz, Malcolm, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 16 Oldfield Farms  
 City Enfield State CT Zip Code 06082  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 25 / 2020  
**Transaction ID : SA11AI.4940**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. Grinspoon, Harold, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 380 Union Street Suite 300  
 City West Springfield State MA Zip Code 01089  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 08 / 21 / 2020  
**Transaction ID : SA11AI.4925**  
 Amount of Each Receipt this Period 10000.00  
 Memo Item

**C. Haber, Bob, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 36 ridge hill farm rd  
 City Wellesley State MA Zip Code 02482  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Proficio Capital LLC Occupation (for Individual) Money Manager  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 08 / 19 / 2020  
**Transaction ID : SA11AI.4962**  
 Amount of Each Receipt this Period 1500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	12500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 10 OF 29
	<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)  
**AMERICAN WORKING FAMILIES**

**A. Hough, Edward and Joyce, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 19 Apple Hill Rd  
 City Wilbraham State MA Zip Code 01096  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 08 / 2020  
**Transaction ID : SA11AI.4953**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. Kraft, Dan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 66 Montrose Street  
 City Newton State MA Zip Code 02458  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) The Kraft Group Occupation (for Individual) President - International  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 08 / 13 / 2020  
**Transaction ID : SA11AI.4845**  
 Amount of Each Receipt this Period 1500.00  
 Memo Item

**C. Kraft, Jonathan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 Patriot Place  
 City Foxborough State MA Zip Code 02035  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) The Kraft Group Occupation (for Individual) President  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 08 / 13 / 2020  
**Transaction ID : SA11AI.4847**  
 Amount of Each Receipt this Period 1500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	4000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 11 OF 29
	<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	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**AMERICAN WORKING FAMILIES**

**A. Kraft, Robert, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 Patriot Place  
 City Foxborough State MA Zip Code 02035  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) The Kraft Group Occupation (for Individual) Owner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 08 / 17 / 2020  
**Transaction ID : SA11AI.4849**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item

**B. Kurinsky, Debbie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 Bridle Trail Road  
 City Needham State MA Zip Code 02492  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 08 / 13 / 2020  
**Transaction ID : SA11AI.4843**  
 Amount of Each Receipt this Period 1500.00  
 Memo Item

**C. Picknelly, Lauryn, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 330 Park Drive  
 City Springfield State MA Zip Code 01106  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Peter Pan Bus Lines Occupation (for Individual) Assistant Controller  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 25 / 2020  
**Transaction ID : SA11AI.4934**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	7500.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 29
	<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)  
**AMERICAN WORKING FAMILIES**

**A. Picknelly, Mary Jean, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 333 Ardsley Road  
 City Longmeadow State MA Zip Code 01106  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Peter Pan Bus Lines Occupation (for Individual) Executive Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 25 / 2020  
**Transaction ID : SA11AI.4938**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. Picknelly, Peter, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 330 Park Drive  
 City Springfield State MA Zip Code 01106  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Peter Pan Bus Lines Occupation (for Individual) Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 08 / 25 / 2020  
**Transaction ID : SA11AI.4942**  
 Amount of Each Receipt this Period 10000.00  
 Memo Item

**C. Picknelly, Thomas, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 22 Powder Hill Rd  
 City East Longmeadow State MA Zip Code 01028  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Peter Pan Bus Lines Occupation (for Individual) President & CFO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 25 / 2020  
**Transaction ID : SA11AI.4936**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	12000.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 13 OF 29
	<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)  
**AMERICAN WORKING FAMILIES**

**A. Prucker, Michael, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4700 Connecticut Avenue N.W. Apt.  
 City Washington State DC Zip Code 20008  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NCPSSM Occupation (for Individual) COO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 23 / 2020  
**Transaction ID : SA11AI.4964**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. Retired State, County and Municipal Employees Assoc. of Mass.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11 Beacon Street  
 City Boston State MA Zip Code 02108  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 18000.00

Date of Receipt 08 / 19 / 2020  
**Transaction ID : SA11AI.4913**  
 Amount of Each Receipt this Period 8000.00  
 Memo Item

**C. Reynolds, Robert, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 153 Garfield Rd  
 City Concord State MA Zip Code 01742  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Putnam Investments Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 08 / 19 / 2020  
**Transaction ID : SA11AI.4909**  
 Amount of Each Receipt this Period 10000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	19000.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 14 OF 29
	<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)  
**AMERICAN WORKING FAMILIES**

**A. Rice, Carrie, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4401 Fairfax Dr Ste 600

City Arlington	State VA	Zip Code 22203
-------------------	-------------	-------------------

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

Name of Employer (for Individual) American Retirement Associatio	Occupation (for Individual) CFO
---	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
25000.00

Date of Receipt  
MM / DD / YYYY  
08 / 18 / 2020

**Transaction ID : SA11AI.4956**

Amount of Each Receipt this Period  
25000.00

Memo Item

**B. Xcel Energy Services**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 414 Nicollet Mall

City Minneapolis	State MN	Zip Code 55401
---------------------	-------------	-------------------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
15000.00

Date of Receipt  
MM / DD / YYYY  
08 / 19 / 2020

**Transaction ID : SA11AI.4907**

Amount of Each Receipt this Period  
15000.00

Memo Item

**C. Yee, Andrew and Sarah, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 17 S Sycamore Knolls

City South Hadley	State MA	Zip Code 01075
----------------------	-------------	-------------------

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

Name of Employer (for Individual) Bean Group	Occupation (for Individual) Owner
---	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
09 / 08 / 2020

**Transaction ID : SA11AI.4951**

Amount of Each Receipt this Period  
1000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	41000.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 15 OF 29  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**AMERICAN WORKING FAMILIES**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Zachs, Eric, , ,

Mailing Address 53 Norwood Rd

City West Hartford	State CT	Zip Code 06117
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MCM Holdings LLC	Occupation (for Individual) Investments
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
08	/	17	/	2020

**Transaction ID : SA11AI.4851**

Amount of Each Receipt this Period  
1500.00

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  

M M	/	D D	/	Y Y Y Y
	/		/	

Amount of Each Receipt this Period

Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  

M M	/	D D	/	Y Y Y Y
	/		/	

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	245000.00

**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 16 OF 29
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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)  
**AMERICAN WORKING FAMILIES**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Mailing Address 330 WEST 42ND STREET, 7TH FLOOR

City NEW YORK	State NY	Zip Code 10036
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00348540

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
100000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	18	/	2020

**Transaction ID : SA11C.4896**

Amount of Each Receipt this Period  
100000.00

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
AMERICAN BUS ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 111 K STREET NE  
9TH FLOOR

City WASHINGTON	State DC	Zip Code 20002
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00004879

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	25	/	2020

**Transaction ID : SA11C.4930**

Amount of Each Receipt this Period  
2500.00

Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Mailing Address 1061 AMERICAN LANE

City SCHAUMBURG	State IL	Zip Code 60173
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00255752

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
100000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	19	/	2020

**Transaction ID : SA11C.4905**

Amount of Each Receipt this Period  
25000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	127500.00
<b>TOTAL</b> This Period (last page this line number only).....	



**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 17 OF 29
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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)  
**AMERICAN WORKING FAMILIES**

**A. COLLEGE OF AMERICAN PATHOLOGISTS POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1001 G STREET NW  
SUITE 425 WEST

City WASHINGTON	State DC	Zip Code 20001
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00274944

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		20		2020

**Transaction ID : SA11C.4914**

Amount of Each Receipt this Period  
10000.00

Memo Item

**B. MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1295 STATE STREET

City SPRINGFIELD	State MA	Zip Code 01111
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00118943

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		20		2020

**Transaction ID : SA11C.4916**

Amount of Each Receipt this Period  
10000.00

Memo Item

**C. NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1325 MASSACHUSETTS AVE., NW

City WASHINGTON	State DC	Zip Code 20005
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00238725

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
25000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		21		2020

**Transaction ID : SA11C.4919**

Amount of Each Receipt this Period  
25000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	45000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 18 OF 29
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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)  
**AMERICAN WORKING FAMILIES**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
NATIONAL EMERGENCY MEDICINE POLITICAL ACTION COMMITTEE / AMERICAN COLLEGE OF EMERGENCY PHY

Mailing Address 4950 W ROYAL LANE

City IRVING	State TX	Zip Code 75038
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00140061

Name of Employer (for Individual)	Occupation (for Individual)
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
30000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		18		2020

**Transaction ID : SA11C.4898**

Amount of Each Receipt this Period  
30000.00

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
PROGRESS UNITED PAC

Mailing Address 2308 MT VERNON AVENUE SUITE 222

City ALEXANDRIA	State VA	Zip Code 22301
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00616730

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
150000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		14		2020

**Transaction ID : SA11C.4890**

Amount of Each Receipt this Period  
150000.00

Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
PROGRESS UNITED PAC

Mailing Address 2308 MT VERNON AVENUE SUITE 222

City ALEXANDRIA	State VA	Zip Code 22301
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00616730

Name of Employer (for Individual)	Occupation (for Individual)
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Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
175000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		19		2020

**Transaction ID : SA11C.4904**

Amount of Each Receipt this Period  
25000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	205000.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 19 OF 29
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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)  
**AMERICAN WORKING FAMILIES**

**A. PROGRESS UNITED PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 2308 MT VERNON AVENUE SUITE 222

City ALEXANDRIA	State VA	Zip Code 22301
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00616730

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
185000.00

Date of Receipt  
MM / DD / YYYY  
08 / 25 / 2020  
**Transaction ID : SA11C.4944**

Amount of Each Receipt this Period  
10000.00

Memo Item

**B. THE BOEING COMPANY POLITICAL ACTION COMMITTEE**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 929 LONG BRIDGE DRIVE

City ARLINGTON	State VA	Zip Code 22202
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00142711

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
50000.00

Date of Receipt  
MM / DD / YYYY  
08 / 21 / 2020  
**Transaction ID : SA11C.4923**

Amount of Each Receipt this Period  
50000.00

Memo Item

**C.**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address

City	State	Zip Code
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  
MM / DD / YYYY

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	60000.00
<b>TOTAL</b> This Period (last page this line number only).....	437500.00

**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)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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)  
**AMERICAN WORKING FAMILIES**

Full Name (Last, First, Middle Initial)

**A. ActBlue Technical Services**

Mailing Address 366 Summer Street

City Somerville State MA Zip Code 02144

Purpose of Disbursement

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
09 / 30 / 2020

FEC Identification Number

C  
**Transaction ID : SB21B.4967**  
 Amount of Each Disbursement this Period  
 1541.81

Memo Item

Full Name (Last, First, Middle Initial)

**B. Bank of America**

Mailing Address 600 North Washington Street

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
Bank Charges

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
08 / 14 / 2020

FEC Identification Number

C  
**Transaction ID : SB21B.4881**  
 Amount of Each Disbursement this Period  
 30.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Bank of America**

Mailing Address 600 North Washington Street

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
Bank Charges

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
08 / 17 / 2020

FEC Identification Number

C  
**Transaction ID : SB21B.4882**  
 Amount of Each Disbursement this Period  
 15.00

Memo Item

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

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

1586.81



**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"/> 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)  
**AMERICAN WORKING FAMILIES**

Full Name (Last, First, Middle Initial) <b>A. Bank of America</b>		Date of Disbursement MM / DD / YYYY 08 / 24 / 2020	
Mailing Address 600 North Washington Street		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.4886</b> Amount of Each Disbursement this Period [REDACTED] 35.00	
City Alexandria	State VA	Zip Code 22314	Category/ Type [REDACTED]
Purpose of Disbursement Bank Charges		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) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Bank of America</b>		Date of Disbursement MM / DD / YYYY 08 / 25 / 2020	
Mailing Address 600 North Washington Street		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.4887</b> Amount of Each Disbursement this Period [REDACTED] 45.00	
City Alexandria	State VA	Zip Code 22314	Category/ Type [REDACTED]
Purpose of Disbursement Bank Charges		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) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Bank of America</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2020	
Mailing Address 600 North Washington Street		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.4880</b> Amount of Each Disbursement this Period [REDACTED] 15.00	
City Alexandria	State VA	Zip Code 22314	Category/ Type [REDACTED]
Purpose of Disbursement Bank Charges		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) ▼		Memo Item <input type="checkbox"/>
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 95.00
<b>TOTAL</b> This Period (last page this line number only).....▶	[REDACTED]

**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"/> 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)  
**AMERICAN WORKING FAMILIES**

Full Name (Last, First, Middle Initial) <b>A. Bank of America</b>		Date of Disbursement MM / DD / YYYY 09 / 08 / 2020
Mailing Address 600 North Washington Street		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.4888</b>
City Alexandria	State VA	Zip Code 22314
Purpose of Disbursement Bank Charges		Amount of Each Disbursement this Period [REDACTED] 10.00
Candidate Name		Memo Item <input type="checkbox"/>
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:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. CK Strategies</b>		Date of Disbursement MM / DD / YYYY 08 / 17 / 2020
Mailing Address 15 Broad St. Suite 610		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.4918</b>
City Boston	State MA	Zip Code 02109
Purpose of Disbursement Fundraising Consulting		Amount of Each Disbursement this Period [REDACTED] 10000.00
Candidate Name		Memo Item <input type="checkbox"/>
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:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. Lake Research</b>		Date of Disbursement MM / DD / YYYY 08 / 14 / 2020
Mailing Address 1726 M Street, NW Suite 1100		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.4879</b>
City Washington	State DC	Zip Code 20036
Purpose of Disbursement Polling		Amount of Each Disbursement this Period [REDACTED] 12600.00
Candidate Name		Memo Item <input type="checkbox"/>
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:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	22610.00
<b>TOTAL</b> This Period (last page this line number only).....▶	24401.81

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
AMERICAN WORKING FAMILIES
FEC IDENTIFICATION NUMBER
C C00511915

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
A4 Media
Memo Item

Date of Public Distribution/Dissemination
08 / 20 / 2020

Mailing Address
PO Box 392090

Amount
25000.00

City State Zip Code
Pittsburgh PA 15251

Transaction ID : SE.4856

Purpose of Expenditure
Digital Advertising
Category/Type

Date of Disbursement or Obligation
08 / 20 / 2020

Name of Federal Candidate:
MORSE, ALEX, ,
Support Oppose

Office Sought:
House District: 01
President Senate State: MA

Calendar Year-To-Date
Per Election for Office Sought
486450.00

Disbursement For:
Primary General
Other (specify)

Full Name of Payee
A4 Media
Memo Item

Date of Public Distribution/Dissemination
08 / 20 / 2020

Mailing Address
PO Box 392090

Amount
8000.00

City State Zip Code
Pittsburgh PA 15251

Transaction ID : SE.4859

Purpose of Expenditure
Digital Advertising
Category/Type

Date of Disbursement or Obligation
08 / 20 / 2020

Name of Federal Candidate:
NEAL, RICHARD E MR., ,
Support Oppose

Office Sought:
House District: 01
President Senate State: MA

Calendar Year-To-Date
Per Election for Office Sought
494450.00

Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures
33000.00

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures

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.

Jackson, Bud, ,

[Electronically Filed]

Date 10 / 15 / 2020

Signature





SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
AMERICAN WORKING FAMILIES
FEC IDENTIFICATION NUMBER
C C00511915

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee Jackson Group Media, LLC
Mailing Address 206 North Washington Street Suite 10
City Alexandria State VA Zip Code 22314
Purpose of Expenditure Media Production and Delivery
Name of Federal Candidate: MORSE, ALEX, ,
Office Sought: House District: 01 State: MA
Disbursement For: Primary
Amount 9675.12
Transaction ID: SE.4865
Date of Disbursement or Obligation 08/26/2020

Full Name of Payee Jackson Group Media, LLC
Mailing Address 206 North Washington Street Suite 10
City Alexandria State VA Zip Code 22314
Purpose of Expenditure Ad Production
Name of Federal Candidate: MORSE, ALEX, ,
Office Sought: House District: 01 State: MA
Disbursement For: Primary
Amount 1900.00
Transaction ID: SE.4968
Date of Disbursement or Obligation 09/09/2020

(a) SUBTOTAL of Itemized Independent Expenditures 11575.12
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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Jackson, Bud, ,

[Electronically Filed]

Date 10/15/2020

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
AMERICAN WORKING FAMILIES
FEC IDENTIFICATION NUMBER
C C00511915

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee Targeted Platform Media
Mailing Address PO Box 237
City Crownsville State MD Zip Code 20132
Purpose of Expenditure TV Advertising
Name of Federal Candidate: MORSE, ALEX, ,
Calendar Year-To-Date Per Election for Office Sought 411450.00
Disbursement For: Primary

Full Name of Payee Targeted Platform Media
Mailing Address PO Box 237
City Crownsville State MD Zip Code 20132
Purpose of Expenditure TV Advertising
Name of Federal Candidate: MORSE, ALEX, ,
Calendar Year-To-Date Per Election for Office Sought 461450.00
Disbursement For: Primary

(a) SUBTOTAL of Itemized Independent Expenditures 150000.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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Jackson, Bud, ,

[Electronically Filed]

Date 10 / 15 / 2020

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
AMERICAN WORKING FAMILIES
FEC IDENTIFICATION NUMBER
C C00511915

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee Targeted Platform Media
Mailing Address PO Box 237
City Crownsville State MD Zip Code 20132
Purpose of Expenditure TV Advertising
Name of Federal Candidate: MORSE, ALEX, ,
Calendar Year-To-Date Per Election for Office Sought 828450.00
Disbursement For: Primary

Full Name of Payee Targeted Platform Media
Mailing Address PO Box 237
City Crownsville State MD Zip Code 20132
Purpose of Expenditure TV Advertising
Name of Federal Candidate: MORSE, ALEX, ,
Calendar Year-To-Date Per Election for Office Sought 918450.00
Disbursement For: Primary

(a) SUBTOTAL of Itemized Independent Expenditures 424000.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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Jackson, Bud, , [Electronically Filed] Date 10 / 15 / 2020
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
AMERICAN WORKING FAMILIES
FEC IDENTIFICATION NUMBER
C C00511915

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee Targeted Platform Media
Mailing Address PO Box 237
City Crownsville State MD Zip Code 20132
Purpose of Expenditure TV Advertising
Name of Federal Candidate: MORSE, ALEX, ,
Calendar Year-To-Date Per Election for Office Sought 968450.00
Disbursement For: Primary

Full Name of Payee Targeted Platform Media
Mailing Address PO Box 237
City Crownsville State MD Zip Code 20132
Purpose of Expenditure TV Advertising
Name of Federal Candidate: MORSE, ALEX, ,
Calendar Year-To-Date Per Election for Office Sought 1011125.12
Disbursement For: Primary

(a) SUBTOTAL of Itemized Independent Expenditures 65000.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures 701575.12

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.

Jackson, Bud, , [Electronically Filed] Date 10 / 15 / 2020
Signature