

# 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**  
**CAMPAIGN FOR WORKING FAMILIES**

ADDRESS (number and street) **2800 SHIRLINGTON ROAD, SUITE 930**  
Check if different than previously reported. (ACC) **ARLINGTON VA 22206**

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
**C C00325076** 3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

4. TYPE OF REPORT (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report (Q1)  
 July 15 Quarterly Report (Q2)  
 October 15 Quarterly Report (Q3)  
 January 31 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   /   /      through   /   /

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

Signature of Treasurer **Velezis, Dorie, , ,** [Electronically Filed] Date   /   /

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)

Write or Type Committee Name

**CAMPAIGN FOR WORKING FAMILIES**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2018"/>	<input type="text" value=""/>	<input type="text" value="325738.14"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="343022.43"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="46216.00"/>	<input type="text" value="235840.22"/>
(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="389238.43"/>	<input type="text" value="561578.36"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="44959.93"/>	<input type="text" value="217299.86"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="344278.50"/>	<input type="text" value="344278.50"/>
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="5930.66"/>	

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

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
  
Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**CAMPAIGN FOR WORKING FAMILIES**

Report Covering the Period: From:  /  /  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).....	35329.00	166004.32
(ii) Unitemized .....	10886.67	56028.17
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	46215.67	222032.49
(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) .....	46215.67	222032.49
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	1325.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.33	12482.73
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)).....▶	46216.00	235840.22
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	46216.00	235840.22

**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 .....	17959.93	183299.86
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	17959.93	183299.86
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	27000.00	34000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
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)) ..	44959.93	217299.86
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	44959.93	217299.86

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

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) .....	46215.67	222032.49
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	46215.67	222032.49
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	17959.93	183299.86
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	1325.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	17959.93	181974.86

**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 94
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Mailing Address 3455 CHRYSLER DR

City JACKSONVILLE	State FL	Zip Code 32257
----------------------	-------------	-------------------

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

Name of Employer (for Individual) N/A	Occupation (for Individual) HOMEMAKER
--	--

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	26	/	2018

**Transaction ID : SA11AI.25281**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

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

Mailing Address 4911 CASA ORO DR

City YORBA LINDA	State CA	Zip Code 92886
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FEC ID number of contributing federal political committee. **C**

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

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
900.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	12	/	2018

**Transaction ID : SA11AI.25477**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

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

Mailing Address 3630 KACIN CT

City RICHFIELD	State WI	Zip Code 53076
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF EMPLOYED	Occupation (for Individual) COMPUTER MAINTENANCE
--	---

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	14	/	2018

**Transaction ID : SA11AI.25342**

Amount of Each Receipt this Period  
200.00

Memo Item  
CONTRIBUTION

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

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.25281

0003538-000000068

Form/Schedule: SA11AI

Transaction ID: SA11AI.25477

0103804-000000271

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.25342

0103827-000000134

Form/Schedule:

Transaction ID:



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 9 OF 94
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

**A. BAXTER, ELIZABETH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 28302 70TH AVE NW  
 City STANWOOD State WA Zip Code 98292  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 28 / 2018  
**Transaction ID : SA11AI.25510**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

**B. BISHOP, GARY, R, DR,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15144 LARRY STREET  
 City POWAY State CA Zip Code 92064  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RIVERSIDE COUNTY Occupation (for Individual) PHARMACIST  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 05 / 2018  
**Transaction ID : SA11AI.25460**  
 Amount of Each Receipt this Period  
 35.00  
 Memo Item  
 CONTRIBUTION

**C. BRISTOL, TERRY, O, MR,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1304 DUFF DR STE 2 OFC 5  
 City FORT COLLINS State CO Zip Code 80524  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) 344E FOOTHILLS PARKWAY FC COLORADO Occupation (for Individual) ASSET MGR  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 342.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 05 / 2018  
**Transaction ID : SA11AI.25431**  
 Amount of Each Receipt this Period  
 38.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	123.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.25510

0105982-000000304

Form/Schedule: SA11AI

Transaction ID: SA11AI.25460

0009108-000000254

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.25431

0024811-000000220

Form/Schedule:

Transaction ID:

**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 94
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Mailing Address 12789 MUIRFIELD BLVD N

City JACKSONVILLE	State FL	Zip Code 32225
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SMURFIT STORE CONT. CORP	Occupation (for Individual) GEN MGR
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Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
375.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		07		2018

**Transaction ID : SA11AI.25280**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

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

Mailing Address 6198 BEEDE RD

City CHADWICK	State IL	Zip Code 61014
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) ROYAL TRUCK	Occupation (for Individual) TRUCK DRIVER
--	---

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2018

**Transaction ID : SA11AI.25364**

Amount of Each Receipt this Period  
300.00

Memo Item  
CONTRIBUTION

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

Mailing Address 300 N FILLMORE ST

City ARLINGTON	State VA	Zip Code 22201
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
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Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2018

**Transaction ID : SA11AI.25243**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	375.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.25280

0012784-000000067

Form/Schedule: SA11AI

Transaction ID: SA11AI.25364

0108933-000000156

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.25243

0107255-000000030

Form/Schedule:

Transaction ID:

**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 94  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**CAMPAIGN FOR WORKING FAMILIES**

**A. CARLSON, KATHLEEN, M, MRS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 120 K LAZY D RANCH RD

City WHITEFISH	State MT	Zip Code 59937
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF	Occupation (for Individual) RETIRED
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Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
09 / 21 / 2018  
Transaction ID : SA11AI.25357

Amount of Each Receipt this Period  
100.00

Memo Item CONTRIBUTION

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

Mailing Address 528 4TH ST SE

City WASHINGTON	State DC	Zip Code 20003
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
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Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
09 / 25 / 2018  
Transaction ID : SA11AI.25234

Amount of Each Receipt this Period  
100.00

Memo Item CONTRIBUTION

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

Mailing Address 617 KESTREL CT

City WOODSTOCK	State VA	Zip Code 22664
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) N/A	Occupation (for Individual) RETIRED
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Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  
09 / 25 / 2018  
Transaction ID : SA11AI.25245

Amount of Each Receipt this Period  
100.00

Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	300.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.25357

0006362-000000149

Form/Schedule: SA11AI

Transaction ID: SA11AI.25234

0111821-000000023



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

Form/Schedule: SA11AI

Transaction ID : SA11AI.25245

0001316-000000033

Form/Schedule:

Transaction ID:

**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 94
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. ECHELBARGER, KATHLEEN, , MRS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4001 198TH STREET SW

City LYNNWOOD	State WA	Zip Code 98036
------------------	-------------	-------------------

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

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

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		15		2018

**Transaction ID : SA11AI.25505**

Amount of Each Receipt this Period  
250.00

Memo Item  
CONTRIBUTION

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

Mailing Address 32 CITATION ST

City EATONTOWN	State NJ	Zip Code 07724
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FEC ID number of contributing federal political committee. **C**

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

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2018

**Transaction ID : SA11AI.25219**

Amount of Each Receipt this Period  
200.00

Memo Item  
CONTRIBUTION

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

Mailing Address PO BOX 3006

City BOTHELL	State WA	Zip Code 98041
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) CE PUBLICATIONS- INC	Occupation (for Individual) MANAGING EDITOR
---	--

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
800.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2018

**Transaction ID : SA11AI.25506**

Amount of Each Receipt this Period  
300.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	750.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.25505

0112553-000000297

Form/Schedule: SA11AI

Transaction ID: SA11AI.25219

0112531-000000005

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.25506

0010196-000000299

Form/Schedule:

Transaction ID:

**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 21 OF 94
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. EVERLY, WILLIAM, , MR,</b>			Date of Receipt
Mailing Address 1008 CENTENNIAL DR			<input type="text" value="09"/> / <input type="text" value="24"/> / <input type="text" value="2018"/>
City CHATTANOOGA	State TN	Zip Code 37405	<b>Transaction ID : SA11AI.25307</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="250.00"/>
Name of Employer (for Individual) BLUE CROSS & BLUE SHIELD OF TN		Occupation (for Individual) PROFESSIONAL MANAGER	<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="250.00"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. FRIEND, FRANCIS, L, MR,</b>			Date of Receipt
Mailing Address 3895 MERIDIAN CIR			<input type="text" value="09"/> / <input type="text" value="05"/> / <input type="text" value="2018"/>
City VERONA	State WI	Zip Code 53593	<b>Transaction ID : SA11AI.25343</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="60.00"/>
Name of Employer (for Individual) WPS HEALTH SOLUTIONS		Occupation (for Individual) MANAGER	<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="500.00"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. FULLMAN, CRAIG, C, MR,</b>			Date of Receipt
Mailing Address 18 BELLEZZA			<input type="text" value="09"/> / <input type="text" value="07"/> / <input type="text" value="2018"/>
City IRVINE	State CA	Zip Code 92620	<b>Transaction ID : SA11AI.25469</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="16.00"/>
Name of Employer (for Individual) NVIDIA		Occupation (for Individual) COMPUTER SALES	<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="244.00"/>		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<input type="text" value="326.00"/>
<b>TOTAL</b> This Period (last page this line number only).....	<input type="text"/>

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.25307

0103544-000000094

Form/Schedule: SA11AI

Transaction ID: SA11AI.25343

0100234-000000136

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.25469

0009143-000000261

Form/Schedule:

Transaction ID:

**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 24 OF 94
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. GARNER, WAYNE, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 236 CROSS COUNTRY DR

City HEWITT	State TX	Zip Code 76643
----------------	-------------	-------------------

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

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

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2018

**Transaction ID : SA11AI.25410**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

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

Mailing Address 18161 BASTANCHURY RD

City YORBA LINDA	State CA	Zip Code 92886
---------------------	-------------	-------------------

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

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

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2018

**Transaction ID : SA11AI.25478**

Amount of Each Receipt this Period  
200.00

Memo Item  
CONTRIBUTION

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

Mailing Address 11 JADE CV

City CORONA DL MAR	State CA	Zip Code 92625
-----------------------	-------------	-------------------

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

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

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		27		2018

**Transaction ID : SA11AI.25470**

Amount of Each Receipt this Period  
250.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	475.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Form/Schedule: SA11AI

Transaction ID : SA11AI.25410

0100558-000000198

Form/Schedule: SA11AI

Transaction ID: SA11AI.25478

0101686-000000272

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.25470

0009197-000000262

Form/Schedule:

Transaction ID:

**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 27 OF 94
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. GUSTKE, CARL, W, MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 233 STATON ROAD

City CABOT	State AR	Zip Code 72023
---------------	-------------	-------------------

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

Name of Employer (for Individual) FEDERAL EX - (WIFE) REBSAMEN R. H.	Occupation (for Individual) PILOT - WIFE DEBORAH-RN
---	--

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		05		2018

**Transaction ID : SA11AI.25384**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

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

Mailing Address 33120 SW DUTCH CANYON RD

City SCAPPOOSE	State OR	Zip Code 97056
-------------------	-------------	-------------------

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

Name of Employer (for Individual) DAIMLER TRUCKS NORTH AMERICA	Occupation (for Individual) SR. TEST TECHNITION
---	--

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2018

**Transaction ID : SA11AI.25494**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

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

Mailing Address PO BOX 578

City CASCADE	State ID	Zip Code 83611
-----------------	-------------	-------------------

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

Name of Employer (for Individual) CASCADE SCHOOLS	Occupation (for Individual) PUBLIC SCHOOL TEACHER
--	--

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
215.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		07		2018

**Transaction ID : SA11AI.25439**

Amount of Each Receipt this Period  
30.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	130.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.25384

0022519-000000177

Form/Schedule: SA11AI

Transaction ID: SA11AI.25494

0105534-000000288

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.25439

0102348-000000229

Form/Schedule:

Transaction ID:

**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 OF 94
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. HELLMUTH, EVERETT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9511 LYNNHALL PLACE  
 City ALEXANDRIA State VA Zip Code 22309  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF Occupation (for Individual) AUTO SALES  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 09 / 19 / 2018  
**Transaction ID : SA11AI.25519**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item CONTRIBUTION

**B. HELLMUTH, ROBIN, Z, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9511 LYNNHALL PL  
 City ALEXANDRIA State VA Zip Code 22309  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF Occupation (for Individual) FULL TIME HOMEMAKER  
 Receipt For: 2018  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 09 / 19 / 2018  
**Transaction ID : SA11AI.25244**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item CONTRIBUTION

**C. HELMERICH, HANS, , MR,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1437 SOUTH BOULDER  
 City TULSA State OK Zip Code 74116  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For: 2018  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 09 / 05 / 2018  
**Transaction ID : SA11AI.25393**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	15000.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.25244

0108926-000000031

Form/Schedule: SA11AI

Transaction ID: SA11AI.25393

0105770-000000184

**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 32 OF 94
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. HELMERICH, LEA, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1437 S BOULDER AVE

City TULSA	State OK	Zip Code 74119
---------------	-------------	-------------------

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

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

Receipt For: 2018  
 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
09		05		2018

**Transaction ID : SA11AI.25395**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

**B. HENDERSON, BRUCE, T, MR, MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3730 BURNING TREE DR

City BLOOMFIELD	State MI	Zip Code 48302
--------------------	-------------	-------------------

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

Name of Employer (for Individual) SELF	Occupation (for Individual) ORTHOPEDIC SURGEON
---	---

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		24		2018

**Transaction ID : SA11AI.25326**

Amount of Each Receipt this Period  
750.00

Memo Item  
CONTRIBUTION

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

Mailing Address 1721 LINVALE HARBOURTON RD

City LAMBERTVILLE	State NJ	Zip Code 08530
----------------------	-------------	-------------------

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

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

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		25		2018

**Transaction ID : SA11AI.25221**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5800.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Form/Schedule: SA11AI

Transaction ID : SA11AI.25395

0112836-000000186

Form/Schedule: SA11AI

Transaction ID: SA11AI.25326

0005155-000000116

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.25221

0112081-000000008

Form/Schedule:

Transaction ID:

**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 35 OF 94
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. HUSHON, BENJAMIN, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1122 HOLLOW RD

City DELTA	State PA	Zip Code 17314
---------------	-------------	-------------------

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

Name of Employer (for Individual) THE MILL OF BEL AIR	Occupation (for Individual) AGRICULTURE RETAIL
--	---

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2018

**Transaction ID : SA11AI.25227**

Amount of Each Receipt this Period  
250.00

Memo Item  
CONTRIBUTION

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

Mailing Address 5010 LA BARRANCA ST

City SAN ANTONIO	State TX	Zip Code 78233
---------------------	-------------	-------------------

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

Name of Employer (for Individual) SELF	Occupation (for Individual) MORTGAGE LOAN OFFICER
---	--

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		05		2018

**Transaction ID : SA11AI.25424**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

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

Mailing Address 2800 PIN OAK LN

City SANDSTON	State VA	Zip Code 23150
------------------	-------------	-------------------

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

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

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		27		2018

**Transaction ID : SA11AI.25250**

Amount of Each Receipt this Period  
200.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	475.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.25227

0107173-000000014

Form/Schedule: SA11AI

Transaction ID: SA11AI.25424

0104518-000000213

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.25250

0010877-000000037

Form/Schedule:

Transaction ID:

**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 38 OF 94
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. KNOLL, PATRICIA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 17 MONTECILLO DR  
 City ROLLING HILLS ESTATES State CA Zip Code 90274  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF Occupation (for Individual) HOUSEWIFE  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 26 / 2018  
**Transaction ID : SA11AI.25452**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
**CONTRIBUTION**

**B. KRAUSE, ANNE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 189  
 City WILLCOX State AZ Zip Code 85644  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF Occupation (for Individual) TEACHER  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1150.00

Date of Receipt 09 / 25 / 2018  
**Transaction ID : SA11AI.25447**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
**CONTRIBUTION**

**C. KUK, THOMAS, JOSEPH, Mrs.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 32265 WEEPING WILLOW ST  
 City TRABUCO CANYON State CA Zip Code 92679  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) HOMEMAKER Occupation (for Individual) HOMEMAKER  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 540.00

Date of Receipt 09 / 21 / 2018  
**Transaction ID : SA11AI.25475**  
 Amount of Each Receipt this Period 60.00  
 Memo Item  
**CONTRIBUTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	660.00
<b>TOTAL</b> This Period (last page this line number only).....	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.25452

0112706-000000245

Form/Schedule: SA11AI

Transaction ID: SA11AI.25447

0112486-000000237

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.25475

0015893-000000269

Form/Schedule:

Transaction ID:



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

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

FOR LINE NUMBER: PAGE 41 OF 94  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. LA FLEUR, ROBERT, , DR,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2401 OKEMOS DR SE  
 City GRAND RAPIDS State MI Zip Code 49506  
 FEC ID number of contributing federal political committee. C  
 Name of Employer (for Individual) EMERGENCY CARE SPECIALISTS Occupation (for Individual) PHYSICIAN  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 27 / 2018  
**Transaction ID : SA11AI.25334**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 CONTRIBUTION

**B. LEONARD, WILLIAM, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6100 LAKE FORREST DR  
 City ATLANTA State GA Zip Code 30328  
 FEC ID number of contributing federal political committee. C  
 Name of Employer (for Individual) WM. LEONARD & CO. Occupation (for Individual) REAL ESTATE  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 09 / 26 / 2018  
**Transaction ID : SA11AI.25276**  
 Amount of Each Receipt this Period 2000.00  
 Memo Item  
 CONTRIBUTION

**C. MEYER, RICH, , Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4160 PENROSE PL  
 City RAPID CITY State SD Zip Code 57702  
 FEC ID number of contributing federal political committee. C  
 Name of Employer (for Individual) BLACK HILLS ORTHODONTICS Occupation (for Individual) ORTHODONTIST  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 25 / 2018  
**Transaction ID : SA11AI.25355**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 3000.00  
**TOTAL** This Period (last page this line number only).....▶

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.25334

0106854-000000125

Form/Schedule: SA11AI

Transaction ID: SA11AI.25276

0111504-000000062

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.25355

0105191-000000146

Form/Schedule:

Transaction ID:

**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 44 OF 94
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. NICHOLS, JOHN, , MR, JR**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1654 LA JOLLA RANCHO RD  
 City LA JOLLA State CA Zip Code 92037  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ME Occupation (for Individual) RETIRED  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 25 / 2018  
**Transaction ID : SA11AI.25459**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item  
 CONTRIBUTION

**B. PACK, MIKE, , MR,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2741 DE LA BRIANDAIS CT  
 City PINOLE State CA Zip Code 94564  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 26 / 2018  
**Transaction ID : SA11AI.25487**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item  
 CONTRIBUTION

**C. PACKARD, SHELLEY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7416 EAST ROCKWOOD  
 City WICHITA State KS Zip Code 67206  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) YOUNG LIFE INTERNATIONAL Occupation (for Individual) OPERATIONS  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 28 / 2018  
**Transaction ID : SA11AI.25379**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

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

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.25459

0105158-000000252

Form/Schedule: SA11AI

Transaction ID: SA11AI.25487

0012630-000000282

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.25379

0111987-000000172

Form/Schedule:

Transaction ID:

**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 47 OF 94
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. PARK, ALAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15949 KENNICOTT LANE  
 City SAN DIEGO State CA Zip Code 92127  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SENTIENT TECHNOLOGIES Occupation (for Individual) SALES VP  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 550.00

Date of Receipt  
 09 / 29 / 2018  
**Transaction ID : SA11AI.25463**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 CONTRIBUTION

**B. PICARELLI, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11811 DECOUR CT  
 City FAIRFAX State VA Zip Code 22030  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF Occupation (for Individual) BUSINESS DEVELOPMENT  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 09 / 10 / 2018  
**Transaction ID : SA11AI.25241**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION

**C. PRINDLE, ART, , MR,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 733 BELL ST  
 City EAST PALO ALTO State CA Zip Code 94303  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) GC  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 350.00

Date of Receipt  
 09 / 27 / 2018  
**Transaction ID : SA11AI.25485**  
 Amount of Each Receipt this Period  
 150.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	300.00
<b>TOTAL</b> This Period (last page this line number only).....	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.25463

0112071-000000256

Form/Schedule: SA11AI

Transaction ID: SA11AI.25241

0110637-000000028



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

Form/Schedule: SA11AI

Transaction ID : SA11AI.25485

0107332-000000280

Form/Schedule:

Transaction ID:

**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 50 OF 94
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. PUCKETT, MALCOLM, WAYNE, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 632 FOREST LAKE DR N  
 City MACON State GA Zip Code 31210  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF Occupation (for Individual) RETIRED SUPERVISOR OF ENGINEER  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 12 / 2018  
**Transaction ID : SA11AI.25278**  
 Amount of Each Receipt this Period  
 20.00  
 Memo Item  
 CONTRIBUTION

**B. PUCKETT, MALCOLM, W, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 16 RAMBLING WATER RUN  
 City SAINT JOHNS State FL Zip Code 32259  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USAF Occupation (for Individual) RETIRED ENGINEERING AND PROC  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 25 / 2018  
**Transaction ID : SA11AI.25284**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item  
 CONTRIBUTION

**C. REES, THOMAS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 479  
 City HEMPSTEAD State TX Zip Code 77445  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) OCCIDENTAL OIL AND GAS Occupation (for Individual) ENGINEER  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 25 / 2018  
**Transaction ID : SA11AI.25416**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	820.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.25278

0112128-000000065

Form/Schedule: SA11AI

Transaction ID: SA11AI.25284

0112815-000000070

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.25416

0106367-000000203

Form/Schedule:

Transaction ID:

**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 53 OF 94
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. RISINGER, MIKE, D, MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 421 E GREENWOOD ST

City MORTON	State IL	Zip Code 61550
----------------	-------------	-------------------

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

Name of Employer (for Individual) STATE OF IL	Occupation (for Individual) JUDGE
--	--------------------------------------

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		17		2018

**Transaction ID : SA11AI.25365**

Amount of Each Receipt this Period  
1200.00

Memo Item  
CONTRIBUTION

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

Mailing Address 2230 WINDSONG DR

City FINDLAY	State OH	Zip Code 45840
-----------------	-------------	-------------------

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

Name of Employer (for Individual) MARATHON PETROLEUM	Occupation (for Individual) SYSTEMS ADMINISTRATOR
---	--

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		29		2018

**Transaction ID : SA11AI.25320**

Amount of Each Receipt this Period  
250.00

Memo Item  
CONTRIBUTION

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

Mailing Address 22562 MARYLHURST CT

City LAKE FOREST	State CA	Zip Code 92630
---------------------	-------------	-------------------

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

Name of Employer (for Individual) WCM INVESTMENT MGT.	Occupation (for Individual) SYSTEMS MGR.
--	---

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2018

**Transaction ID : SA11AI.25471**

Amount of Each Receipt this Period  
250.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1700.00
<b>TOTAL</b> This Period (last page this line number only).....	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.25365

0103251-000000158

Form/Schedule: SA11AI

Transaction ID: SA11AI.25320

0106780-000000108

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.25471

0104957-000000264

Form/Schedule:

Transaction ID:

**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 56 OF 94
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. SEEGERS, HERBERT, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 20736 COUNTY ROAD 44A

City EUSTIS	State FL	Zip Code 32736
----------------	-------------	-------------------

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

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

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	12	/	2018

**Transaction ID : SA11AI.25286**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

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

Mailing Address 2322 VISTA MADERA

City SANTA BARBARA	State CA	Zip Code 93101
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) SANTA BARBARA HIGH SCHOOL DIST	Occupation (for Individual) PUBLIC SCHOOL TEACHER
---	--

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	05	/	2018

**Transaction ID : SA11AI.25479**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

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

Mailing Address 3360 E TERRELL BRANCH COURT SE

City MARIETTA	State GA	Zip Code 30067
------------------	-------------	-------------------

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

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

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	05	/	2018

**Transaction ID : SA11AI.25270**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	75.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Form/Schedule: SA11AI

Transaction ID : SA11AI.25286

0111951-000000073

Form/Schedule: SA11AI

Transaction ID: SA11AI.25479

0009367-000000274

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.25270

0027760-000000056

Form/Schedule:

Transaction ID:

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

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

FOR LINE NUMBER: PAGE 59 OF 94  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. SMITH, LINDA, C, MRS,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 17618 REXWOOD STREET  
 City LIVONIA State MI Zip Code 48152  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ARBOR HOSPICE Occupation (for Individual) RN  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 05 / 2018  
**Transaction ID : SA11AI.25325**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
**CONTRIBUTION**

**B. SONCHAR, WAYNE, , MR,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 491 CHRISTINE DR  
 City LAS VEGAS State NM Zip Code 87701  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BTU Occupation (for Individual) RETAIL  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 27 / 2018  
**Transaction ID : SA11AI.25450**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
**CONTRIBUTION**

**C. STAFFEL, CHARLES, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 503 AVENUE A APT 1403  
 City SAN ANTONIO State TX Zip Code 78215  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED FINANCIAL OFFICER/CPA  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 26 / 2018  
**Transaction ID : SA11AI.25423**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 775.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.25325

0038656-000000115

Form/Schedule: SA11AI

Transaction ID: SA11AI.25450

0101769-000000242

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.25423

0107913-000000211

Form/Schedule:

Transaction ID:

**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 62 OF 94
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. STEINBERG, TAMMY, E, MRS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 101 WINDINGHAM DR N W

City HUNTSVILLE	State AL	Zip Code 35806
--------------------	-------------	-------------------

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

Name of Employer (for Individual) HARRO APOTHERAPY	Occupation (for Individual) HOMEMAKER
---	--

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
280.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		27		2018

**Transaction ID : SA11AI.25301**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

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

Mailing Address 26501 BROKEN BIT LN

City LAGUNA HILLS	State CA	Zip Code 92653
----------------------	-------------	-------------------

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

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

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2018

**Transaction ID : SA11AI.25473**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

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

Mailing Address 15401 N 45TH PL

City PHOENIX	State AZ	Zip Code 85032
-----------------	-------------	-------------------

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

Name of Employer (for Individual) SELF	Occupation (for Individual) WEALTH BROKER
---	--

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2018

**Transaction ID : SA11AI.25443**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	300.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.25301

0011951-000000087

Form/Schedule: SA11AI

Transaction ID: SA11AI.25473

0016854-000000267

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.25443

0108191-000000233

Form/Schedule:

Transaction ID:



**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 65 OF 94
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. STOTZ, WALTER, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7258 TWIN CANYON DR

City LAMBERTVILLE	State MI	Zip Code 48144
----------------------	-------------	-------------------

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

Name of Employer (for Individual) RATHER NOT SAY	Occupation (for Individual) PHYSICIAN
---	--

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		27		2018

**Transaction ID : SA11AI.25324**

Amount of Each Receipt this Period  
400.00

Memo Item CONTRIBUTION

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

Mailing Address 32797 820TH STREET

City BREWSTER	State MN	Zip Code 56119
------------------	-------------	-------------------

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

Name of Employer (for Individual) SELF EMPLOYED	Occupation (for Individual) FARMER
--	---------------------------------------

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		05		2018

**Transaction ID : SA11AI.25353**

Amount of Each Receipt this Period  
25.00

Memo Item CONTRIBUTION

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

Mailing Address 24902 N POINTE PLACE

City KATY	State TX	Zip Code 77494
--------------	-------------	-------------------

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

Name of Employer (for Individual) AVIARA ENERGY CORPORATION	Occupation (for Individual) ENGINEER
--	---

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		05		2018

**Transaction ID : SA11AI.25418**

Amount of Each Receipt this Period  
50.00

Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	475.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.25324

0108312-000000113

Form/Schedule: SA11AI

Transaction ID: SA11AI.25353

0006116-000000144

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.25418

0048257-000000206

Form/Schedule:

Transaction ID:

**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 68 OF 94
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. TEODORO, DONALD, J, MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3008 E BAY DR NW

City GIG HARBOR	State WA	Zip Code 98335
--------------------	-------------	-------------------

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

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

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2018

**Transaction ID : SA11AI.25514**

Amount of Each Receipt this Period  
250.00

Memo Item  
CONTRIBUTION

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

Mailing Address 454 PINE COURT

City MOBILE	State AL	Zip Code 36608
----------------	-------------	-------------------

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

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

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	27	/	2018

**Transaction ID : SA11AI.25304**

Amount of Each Receipt this Period  
500.00

Memo Item  
CONTRIBUTION

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

Mailing Address 3180 MADRONA ST

City NORTH BEND	State OR	Zip Code 97459
--------------------	-------------	-------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED EDUCATOR/HOMEMAKER
--	---

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2018

**Transaction ID : SA11AI.25502**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

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

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.25514

0101281-000000308

Form/Schedule: SA11AI

Transaction ID: SA11AI.25304

0112831-000000090

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.25502

0020877-000000294

Form/Schedule:

Transaction ID:

**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 71 OF 94
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. TULLY, DARIEN, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 400 GARDEN LN

City ASTON	State PA	Zip Code 19014
---------------	-------------	-------------------

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

Name of Employer (for Individual) ACTS- INC	Occupation (for Individual) REGISTERED NURSE
--	---

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
390.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		29		2018

**Transaction ID : SA11AI.25229**

Amount of Each Receipt this Period  
390.00

Memo Item CONTRIBUTION

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

Mailing Address 12485 EAGLE MEADOW TRAIL

City SALIDA	State CO	Zip Code 81201
----------------	-------------	-------------------

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

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

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		27		2018

**Transaction ID : SA11AI.25437**

Amount of Each Receipt this Period  
250.00

Memo Item CONTRIBUTION

**C. WEISERT, JIM, & BETH, MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6535 E SANTA AURELIA

City TUCSON	State AZ	Zip Code 85715
----------------	-------------	-------------------

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

Name of Employer (for Individual) PROVIDENCE THREE INC	Occupation (for Individual) SELF EMPLOYEED
---	---

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2018

**Transaction ID : SA11AI.25448**

Amount of Each Receipt this Period  
200.00

Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	840.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.25229

0105823-000000017

Form/Schedule: SA11AI

Transaction ID: SA11AI.25437

0112854-000000226



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

Form/Schedule: SA11AI

Transaction ID : SA11AI.25448

0104406-000000239

Form/Schedule:

Transaction ID:

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

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

FOR LINE NUMBER: PAGE 74 OF 94  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Mailing Address 1800 CROSS POINT RD

City MATTHEWS	State NC	Zip Code 28105
------------------	-------------	-------------------

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

Name of Employer (for Individual) ALLEN TATE COMPANY	Occupation (for Individual) BROKER/ REALTOR
---	--

Receipt For: 2018  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	28	/	2018

**Transaction ID : SA11AI.25260**

Amount of Each Receipt this Period  
500.00

Memo Item CONTRIBUTION

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

Mailing Address 962 PLUM COURT

City MOSCOW	State ID	Zip Code 83843
----------------	-------------	-------------------

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

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

Receipt For: 2018  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
285.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	14	/	2018

**Transaction ID : SA11AI.25442**

Amount of Each Receipt this Period  
30.00

Memo Item CONTRIBUTION

**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 M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	530.00
<b>TOTAL</b> This Period (last page this line number only).....	35329.00

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.25260

0112312-000000046

Form/Schedule: SA11AI

Transaction ID: SA11AI.25442

0112569-000000232

**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)  
**CAMPAIGN FOR WORKING FAMILIES**

Full Name (Last, First, Middle Initial)

**A. 1st VIRGINIA COMMUNITY BANK**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		05		2018

Mailing Address 11325 RANDOM HILLS RD

FEC Identification Number

**C** [ ]  
**Transaction ID : SB21B.25525**  
 Amount of Each Disbursement this Period  
 [ ] 35.25

City FAIRFAX State VA Zip Code 22030

Purpose of Disbursement  
BANK FEES

[ ]  
Category/  
Type

Candidate Name

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

Memo Item

Full Name (Last, First, Middle Initial)

**B. AMERICAN VALUES**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		28		2018

Mailing Address 2800 S SHIRLINGTON RD #950

FEC Identification Number

**C** [ ]  
**Transaction ID : SB21B.25542**  
 Amount of Each Disbursement this Period  
 [ ] 549.34

City ARLINGTON State VA Zip Code 22206

Purpose of Disbursement  
PAC RENT

[ ]  
Category/  
Type

Candidate Name

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

Memo Item

Full Name (Last, First, Middle Initial)

**C. AUTHORIZE.NET**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		04		2018

Mailing Address P.O. BOX 8999

FEC Identification Number

**C** [ ]  
**Transaction ID : SB21B.25524**  
 Amount of Each Disbursement this Period  
 [ ] 47.91

City SAN FRANCISCO State CA Zip Code 94128

Purpose of Disbursement  
BANK FEES

[ ]  
Category/  
Type

Candidate Name

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

Memo Item

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

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

[ ] 632.50  
 [ ]

**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)  
**CAMPAIGN FOR WORKING FAMILIES**

**A. BAUER, GARY, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 2800 S SHIRLINGTON RD #930

City ARLINGTON State VA Zip Code 22206

Purpose of Disbursement PAC CONSULTING POLITICAL AND ADMIN

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 28 / 2018

FEC Identification Number: C

Transaction ID : SB21B.25546

Amount of Each Disbursement this Period: 6750.00

Memo Item

**B. BB&T**

Full Name (Last, First, Middle Initial)

Mailing Address 2800 S Quincy St.

City Arlington State VA Zip Code 22206

Purpose of Disbursement BANK FEESW

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 17 / 2018

FEC Identification Number: C

Transaction ID : SB21B.25526

Amount of Each Disbursement this Period: 1226.85

Memo Item

**C. BB&T**

Full Name (Last, First, Middle Initial)

Mailing Address 2800 S Quincy St.

City Arlington State VA Zip Code 22206

Purpose of Disbursement BANK FEES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 21 / 2018

FEC Identification Number: C

Transaction ID : SB21B.25522

Amount of Each Disbursement this Period: 71.50

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 8048.35

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. BB&T**

Mailing Address 2800 S Quincy St.

City Arlington State VA Zip Code 22206

Purpose of Disbursement  
BANK FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 30 / 2018

FEC Identification Number

C  
Transaction ID : SB21B.25523  
Amount of Each Disbursement this Period  
7.50

Memo Item

Full Name (Last, First, Middle Initial)

**B. CASTLE STRATEGIES**

Mailing Address 11105 HARROWFIELD ROAD

City CHARLOTTE State NC Zip Code 28226

Purpose of Disbursement  
PAC SOCIAL MEDIA CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 14 / 2018

FEC Identification Number

C  
Transaction ID : SB21B.25527  
Amount of Each Disbursement this Period  
1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. CITY OF ALEXANDRIA**

Mailing Address P.O. BOX 178

City ALEXANDRIA State VA Zip Code 22313

Purpose of Disbursement  
PAC PROPERTY TAXES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 25 / 2018

FEC Identification Number

C  
Transaction ID : SB21B.25538  
Amount of Each Disbursement this Period  
202.19

Memo Item

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

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

1209.69

**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)  
**CAMPAIGN FOR WORKING FAMILIES**

**A. COMCAST**

Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 3005

City SOUTHEASTERN State PA Zip Code 19398

Purpose of Disbursement PAC COMPUTER SERVICES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 25 / 2018

FEC Identification Number: C

Transaction ID : SB21B.25539

Amount of Each Disbursement this Period: 263.01

Memo Item

**B. DEER PARK**

Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 52271

City PHOENIX State AZ Zip Code 85072

Purpose of Disbursement PAC OFFICE EXPENSE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 14 / 2018

FEC Identification Number: C

Transaction ID : SB21B.25528

Amount of Each Disbursement this Period: 40.22

Memo Item

**C. FEDERAL EXPRESS**

Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 1140

City MEMPHIS State TN Zip Code 28101

Purpose of Disbursement SHIPPING COSTS

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 14 / 2018

FEC Identification Number: C

Transaction ID : SB21B.25525

Amount of Each Disbursement this Period: 28.68

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 331.91

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. FEDERAL EXPRESS</b>		Date of Disbursement MM / DD / YYYY 09 / 25 / 2018
Mailing Address P.O. BOX 1140		FEC Identification Number C [ ] <b>Transaction ID : SB21B.25540</b> Amount of Each Disbursement this Period [ ] 24.74
City MEMPHIS	State TN	Zip Code 28101
Purpose of Disbursement PAC SHIPPING 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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. HELLER INFORMATION SERVICES</b>		Date of Disbursement MM / DD / YYYY 09 / 14 / 2018
Mailing Address 30 W GUDE DR, #220		FEC Identification Number C [ ] <b>Transaction ID : SB21B.25531</b> Amount of Each Disbursement this Period [ ] 423.00
City ROCKVILLE	State MD	Zip Code 20850
Purpose of Disbursement PAC COMPUTER 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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. IRON MOUNTAIN</b>		Date of Disbursement MM / DD / YYYY 09 / 14 / 2018
Mailing Address P.O. BOX 27128		FEC Identification Number C [ ] <b>Transaction ID : SB21B.25533</b> Amount of Each Disbursement this Period [ ] 396.16
City NEW YORK	State NY	Zip Code 10087
Purpose of Disbursement PAC 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:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 843.90
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ]



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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. LPS**

Mailing Address P.O. BOX 2325

City  
FAIRFAX

State  
VA

Zip Code  
22031

Purpose of Disbursement  
PAC DATA PROCESSING SERVICES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

Transaction ID : SB21B.25534

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. LPS**

Mailing Address P.O. BOX 2325

City  
FAIRFAX

State  
VA

Zip Code  
22031

Purpose of Disbursement  
PAC DATA PROCESSING SERVICES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify)

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

Transaction ID : SB21B.25541

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. Mailchimp**

Mailing Address 512 Means Street #404

City  
Atlanta

State  
GA

Zip Code  
30318

Purpose of Disbursement  
PAC COMPUTER SERVICES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

Transaction ID : SB21B.25532

Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 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. MOELLER, BILL, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 2800 S SHIRLINGTON RD #930

City ARLINGTON State VA Zip Code 22206

Purpose of Disbursement PAC CONSULTING WRITER/RESEARCHER

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 28 / 2018

FEC Identification Number: C

Transaction ID : SB21B.25543

Amount of Each Disbursement this Period: 2250.00

Memo Item

**B. Velezis, Dorie, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 2800 S Shirlington Rd #930

City Arlington State VA Zip Code 22206

Purpose of Disbursement PAC COMPLIANCE CONSULTING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 28 / 2018

FEC Identification Number: C

Transaction ID : SB21B.25545

Amount of Each Disbursement this Period: 2250.00

Memo Item

**C. VERIZON**

Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 17577

City BALTIMORE State MD Zip Code 21297

Purpose of Disbursement TELEPHONE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 14 / 2018

FEC Identification Number: C

Transaction ID : SB21B.25535

Amount of Each Disbursement this Period: 576.48

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 5076.48

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. VIRAG, DEAN, , ,</b>		Date of Disbursement MM / DD / YYYY 09 / 28 / 2018	
Mailing Address 14511 RILLHURST DR		FEC Identification Number C [ ] <b>Transaction ID : SB21B.25544</b> Amount of Each Disbursement this Period [ ] 500.00	
City CULPEPER	State VA	Zip Code 22701	Category/ Type [ ]
Purpose of Disbursement PAC CONSULTING WEBSITE		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Candidate Name			Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

Full Name (Last, First, Middle Initial) <b>B. WASHINGTON INTELLIGENCE BUREAU</b>		Date of Disbursement MM / DD / YYYY 09 / 14 / 2018	
Mailing Address 4128 PEPSI PLACE		FEC Identification Number C [ ] <b>Transaction ID : SB21B.25547</b> Amount of Each Disbursement this Period [ ] 502.88	
City CHANTILLY	State VA	Zip Code 20151	Category/ Type [ ]
Purpose of Disbursement PAC CAGING AND DATA ENTRY SERVICES		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Candidate Name			Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement MM / DD / YYYY [ ] / [ ] / [ ]	
Mailing Address		FEC Identification Number C [ ] Amount of Each Disbursement this Period [ ]	
City	State	Zip Code	Category/ Type [ ]
Purpose of Disbursement		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Candidate Name			Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 1002.88
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ] 17934.93

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

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

FOR LINE NUMBER:  
(check only one)

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

Full Name (Last, First, Middle Initial) <b>A. ALEX MOONEY FOR CONGRESS</b>		Date of Disbursement MM / DD / YYYY 09 / 10 / 2018
Mailing Address PO BOX 1863		FEC Identification Number C00629949 <b>Transaction ID : SB23.25198</b>
City MARTINSBURG	State WV	Zip Code 25402
Purpose of Disbursement CONTRIBUTION		Amount of Each Disbursement this Period 1000.00
Candidate Name <b>ALEX MOONEY FOR CONGRESS</b>		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: WV	District: 02	

Full Name (Last, First, Middle Initial) <b>B. ANDY HARRIS FOR CONGRESS</b>		Date of Disbursement MM / DD / YYYY 09 / 10 / 2018
Mailing Address PO BOX 426		FEC Identification Number C00435974 <b>Transaction ID : SB23.25186</b>
City STEVENSVILLE	State MD	Zip Code 21666
Purpose of Disbursement CONTRIBUTION		Amount of Each Disbursement this Period 1000.00
Candidate Name <b>ANDY HARRIS FOR CONGRESS</b>		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: MD	District: 01	

Full Name (Last, First, Middle Initial) <b>C. BIGGS FOR CONGRESS</b>		Date of Disbursement MM / DD / YYYY 09 / 10 / 2018
Mailing Address 228 S WASHINGTON ST SUITE 115		FEC Identification Number C00610451 <b>Transaction ID : SB23.25159</b>
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Disbursement CONTRIBUTION		Amount of Each Disbursement this Period 1000.00
Candidate Name <b>BIGGS FOR CONGRESS</b>		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: AZ	District: 05	

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

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

3000.00

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

Full Name (Last, First, Middle Initial) <b>A. BLUM FOR CONGRESS</b>		Date of Disbursement MM / DD / YYYY 09 / 10 / 2018
Mailing Address 2728 ASBURY ROAD SUITE 400		FEC Identification Number C 000543926 <b>Transaction ID : SB23.25161</b>
City DUBUQUE	State IA	Zip Code 52001
Purpose of Disbursement CONTRIBUTION		Category/Type
Candidate Name <b>BLUM FOR CONGRESS</b>		Amount of Each Disbursement this Period 1000.00
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: IA	District: 01	

Full Name (Last, First, Middle Initial) <b>B. BUCK FOR COLORADO</b>		Date of Disbursement MM / DD / YYYY 09 / 10 / 2018
Mailing Address PO BOX 338018		FEC Identification Number C 000573378 <b>Transaction ID : SB23.25167</b>
City GREELEY	State CO	Zip Code 80633
Purpose of Disbursement CONTRIBUTION		Category/Type
Candidate Name		Amount of Each Disbursement this Period 1000.00
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: CO	District: 04	

Full Name (Last, First, Middle Initial) <b>C. CLOUD FOR CONGRESS</b>		Date of Disbursement MM / DD / YYYY 09 / 10 / 2018
Mailing Address PO BOX 7027		FEC Identification Number C 000655332 <b>Transaction ID : SB23.25171</b>
City VICTORIA	State TX	Zip Code 77903
Purpose of Disbursement CONTRIBUTION		Category/Type
Candidate Name <b>CLOUD FOR CONGRESS</b>		Amount of Each Disbursement this Period 1000.00
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: TX	District: 27	

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

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

3000.00

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

Full Name (Last, First, Middle Initial) <b>A. DAVIDSON FOR CONGRESS</b>		Date of Disbursement MM / DD / YYYY 09 / 10 / 2018
Mailing Address 1385 STONYCREEK RD. BOX 4		FEC Identification Number C00600718 <b>Transaction ID : SB23.25178</b>
City TROY	State OH	Zip Code 45373
Purpose of Disbursement CONTRIBUTION		Amount of Each Disbursement this Period 1000.00
Candidate Name <b>DAVIDSON FOR CONGRESS</b>		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: OH	District: 08	
		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>B. DEBBIE LESKO FOR CONGRESS</b>		Date of Disbursement MM / DD / YYYY 09 / 10 / 2018
Mailing Address PO BOX 45388		FEC Identification Number C00663914 <b>Transaction ID : SB23.25191</b>
City PHOENIX	State AZ	Zip Code 85064
Purpose of Disbursement CONTRIBUTION		Amount of Each Disbursement this Period 1000.00
Candidate Name <b>DEBBIE LESKO FOR CONGRESS</b>		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: AZ	District: 08	
		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>C. FRIENDS OF BILL POSEY</b>		Date of Disbursement MM / DD / YYYY 09 / 10 / 2018
Mailing Address P. O. BOX 411486		FEC Identification Number C00444968 <b>Transaction ID : SB23.25204</b>
City MELBOURNE	State FL	Zip Code 32941
Purpose of Disbursement CONTRIBUTION		Amount of Each Disbursement this Period 1000.00
Candidate Name <b>FRIENDS OF BILL POSEY</b>		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: FL	District: 08	
		<input type="checkbox"/> Memo Item

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

3000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

Full Name (Last, First, Middle Initial) <b>A. FRIENDS OF DAVE BRAT INC.</b>		Date of Disbursement MM / DD / YYYY 09 / 10 / 2018
Mailing Address PO BOX 5094		FEC Identification Number C 000554949 <b>Transaction ID : SB23.25163</b>
City GLEN ALLEN	State VA	Zip Code 23058
Purpose of Disbursement CONTRIBUTION		Amount of Each Disbursement this Period 1000.00
Candidate Name <b>FRIENDS OF DAVE BRAT INC.</b>		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: VA	District: 07	

Full Name (Last, First, Middle Initial) <b>B. FRIENDS OF DAVID SCHWEIKERT</b>		Date of Disbursement MM / DD / YYYY 09 / 10 / 2018
Mailing Address PO BOX 15785		FEC Identification Number C 000540617 <b>Transaction ID : SB23.25208</b>
City PHOENIX	State AZ	Zip Code 85060
Purpose of Disbursement CONTRIBUTION		Amount of Each Disbursement this Period 1000.00
Candidate Name <b>FRIENDS OF DAVID SCHWEIKERT</b>		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: AZ	District: 06	

Full Name (Last, First, Middle Initial) <b>C. FRIENDS OF MATT GAETZ</b>		Date of Disbursement MM / DD / YYYY 09 / 10 / 2018
Mailing Address PO BOX 168		FEC Identification Number C 000612432 <b>Transaction ID : SB23.25181</b>
City MARY ESTER	State FL	Zip Code 32569
Purpose of Disbursement CONTRIBUTION		Amount of Each Disbursement this Period 1000.00
Candidate Name <b>FRIENDS OF MATT GAETZ</b>		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: FL	District: 01	

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

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

3000.00

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

Full Name (Last, First, Middle Initial) <b>A. GARY PALMER FOR CONGRESS</b>		Date of Disbursement MM / DD / YYYY 09 / 10 / 2018
Mailing Address 1919 OXMOOR RD #235		FEC Identification Number C C00551374 <b>Transaction ID : SB23.25201</b>
City HOMEWOOD	State AL	Zip Code 35209
Purpose of Disbursement CONTRIBUTION		Amount of Each Disbursement this Period 1000.00
Candidate Name <b>GARY PALMER FOR CONGRESS</b>		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: AL	District: 06	

Full Name (Last, First, Middle Initial) <b>B. JEFF DUNCAN FOR CONGRESS</b>		Date of Disbursement MM / DD / YYYY 09 / 10 / 2018
Mailing Address PO BOX 845		FEC Identification Number C C00460550 <b>Transaction ID : SB23.25179</b>
City LAURENS	State SC	Zip Code 29360
Purpose of Disbursement CONTRIBUTION		Amount of Each Disbursement this Period 1000.00
Candidate Name <b>JEFF DUNCAN FOR CONGRESS</b>		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: SC	District: 03	

Full Name (Last, First, Middle Initial) <b>C. JIM JORDAN FOR CONGRESS</b>		Date of Disbursement MM / DD / YYYY 09 / 10 / 2018
Mailing Address 1709 STATE ROUTE 560 SOUTH		FEC Identification Number C C00416594 <b>Transaction ID : SB23.25190</b>
City URBANA	State OH	Zip Code 43078
Purpose of Disbursement CONTRIBUTION		Amount of Each Disbursement this Period 1000.00
Candidate Name <b>JIM JORDAN FOR CONGRESS</b>		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: OH	District: 04	

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

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

3000.00



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

Full Name (Last, First, Middle Initial) <b>A. JODY HICE FOR CONGRESS</b>		Date of Disbursement MM / DD / YYYY 09 / 10 / 2018	
Mailing Address PO BOX 586		FEC Identification Number C 000544445 <b>Transaction ID : SB23.25188</b> Amount of Each Disbursement this Period 1000.00	
City MONROE	State GA	Zip Code 30655	Category/ Type
Purpose of Disbursement CONTRIBUTION		Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Candidate Name <b>JODY HICE FOR CONGRESS</b>			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: GA District: 10	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. LEAH FOR SENATE</b>		Date of Disbursement MM / DD / YYYY 09 / 25 / 2018	
Mailing Address PO BOX 488		FEC Identification Number C 000655522 <b>Transaction ID : SB23.25536</b> Amount of Each Disbursement this Period 1000.00	
City BROOKFIELD	State WI	Zip Code 53008	Category/ Type
Purpose of Disbursement CONTRIBUTION		Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Candidate Name <b>LEAH FOR SENATE</b>			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: WI District: 00	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. LOUIE GOHMERT FOR CONGRESS COMMITTEE</b>		Date of Disbursement MM / DD / YYYY 09 / 10 / 2018	
Mailing Address PO BOX 8060		FEC Identification Number C 000386532 <b>Transaction ID : SB23.25183</b> Amount of Each Disbursement this Period 1000.00	
City TYLER	State TX	Zip Code 75711	Category/ Type
Purpose of Disbursement CONTRIBUTION		Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Candidate Name <b>LOUIE GOHMERT FOR CONGRESS COMMITTEE</b>			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: TX District: 01	<input type="checkbox"/> Memo Item	

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

3000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

Full Name (Last, First, Middle Initial) <b>A. MEADOWS FOR CONGRESS</b>		Date of Disbursement MM / DD / YYYY 09 / 10 / 2018
Mailing Address PO BOX 811		FEC Identification Number C00503094 <b>Transaction ID : SB23.25193</b> Amount of Each Disbursement this Period 1000.00
City HENDERSONVILLE	State NC	Zip Code 28793
Purpose of Disbursement CONTRIBUTION		Category/ Type
Candidate Name <b>MEADOWS FOR CONGRESS</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: NC	District: 11	

Full Name (Last, First, Middle Initial) <b>B. MO BROOKS FOR CONGRESS</b>		Date of Disbursement MM / DD / YYYY 09 / 10 / 2018
Mailing Address 7610 FOXFIRE DR.		FEC Identification Number C00464149 <b>Transaction ID : SB23.25165</b> Amount of Each Disbursement this Period 1000.00
City HUNTSVILLE	State AL	Zip Code 35802
Purpose of Disbursement CONTRIBUTIONS		Category/ Type
Candidate Name <b>MO BROOKS FOR CONGRESS</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: AL	District: 05	

Full Name (Last, First, Middle Initial) <b>C. PATRIOTS FOR PERRY</b>		Date of Disbursement MM / DD / YYYY 09 / 10 / 2018
Mailing Address PO BOX 147		FEC Identification Number C00510164 <b>Transaction ID : SB23.25202</b> Amount of Each Disbursement this Period 1000.00
City RED LION	State PA	Zip Code 17356
Purpose of Disbursement CONTRIBUTION		Category/ Type
Candidate Name <b>PATRIOTS FOR PERRY</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: PA	District: 10	

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

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

3000.00

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

**A. PAUL GOSAR FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 2967

M M M	/	D D D	/	Y Y Y Y Y
09		10		2018

City  
PRESCOTT

State  
AZ

Zip Code  
86302

FEC Identification Number

Purpose of Disbursement  
CONTRIBUTION

C	C00461806
---	-----------

Candidate Name

**PAUL GOSAR FOR CONGRESS**

Category/  
Type

**Transaction ID : SB23.25184**

Amount of Each Disbursement this Period

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

1000.00
---------

State: AZ District: 04

Memo Item

**B. RALPH NORMAN FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 36973

M M M	/	D D D	/	Y Y Y Y Y
09		10		2018

City  
ROCK HILL

State  
SC

Zip Code  
29732

FEC Identification Number

Purpose of Disbursement  
CONTRIBUTION

C	C00633610
---	-----------

Candidate Name

**RALPH NORMAN FOR CONGRESS**

Category/  
Type

**Transaction ID : SB23.25199**

Amount of Each Disbursement this Period

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify)

1000.00
---------

State: SC District: 05

Memo Item

**C. ROHRBACHER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 9070 IRVINE CENTER DRIVE #150

M M M	/	D D D	/	Y Y Y Y Y
09		10		2018

City  
IRVINE

State  
CA

Zip Code  
92618

FEC Identification Number

Purpose of Disbursement  
CONTRIBUTION

C	C00224691
---	-----------

Candidate Name

**ROHRBACHER FOR CONGRESS**

Category/  
Type

**Transaction ID : SB23.25206**

Amount of Each Disbursement this Period

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

1000.00
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State: CA District: 48

Memo Item

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

3000.00
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**TOTAL** This Period (last page this line number only).....▶

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**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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) <b>A. TED BUDD FOR CONGRESS</b>		Date of Disbursement MM / DD / YYYY 09 / 10 / 2018
Mailing Address PO BOX 97127		FEC Identification Number C 000614776 <b>Transaction ID : SB23.25169</b>
City RALEIGH	State NC	Zip Code 27624
Purpose of Disbursement CONTRIBUTION		Amount of Each Disbursement this Period 1000.00
Candidate Name <b>TED BUDD FOR CONGRESS</b>		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: NC	District: 13	

Full Name (Last, First, Middle Initial) <b>B. TED YOHO FOR CONGRESS</b>		Date of Disbursement MM / DD / YYYY 09 / 10 / 2018
Mailing Address 5745 SW 75TH STREET, #283		FEC Identification Number C 000494583 <b>Transaction ID : SB23.25212</b>
City GAINESVILLE	State FL	Zip Code 32608
Purpose of Disbursement CONTRIBUTION		Amount of Each Disbursement this Period 1000.00
Candidate Name <b>TED YOHO FOR CONGRESS</b>		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: FL	District: 03	

Full Name (Last, First, Middle Initial) <b>C. WEBER FOR CONGRESS</b>		Date of Disbursement MM / DD / YYYY 09 / 10 / 2018
Mailing Address 1701 BENDING STREAM		FEC Identification Number C 000502229 <b>Transaction ID : SB23.25210</b>
City FRIENDSWOOD	State TX	Zip Code 77546
Purpose of Disbursement CONTRIBUTION		Amount of Each Disbursement this Period 1000.00
Candidate Name <b>WEBER FOR CONGRESS</b>		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: TX	District: 14	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	3000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	27000.00

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 93 OF 94
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>AMERICA DIRECT</b>			Nature of Debt (Purpose): PAC DIRECT MAIL PRODUCTION
Mailing Address 1272 CORPORATE PARK DR			
City FOREST	State VA	Zip Code 24511	

Outstanding Balance Beginning This Period 2955.31	Transaction ID : SD10.4357	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2955.31

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>DIRECTECH</b>			Nature of Debt (Purpose): CAGING AND DATA PROCESSING SERVICES
Mailing Address 8595 GROVEMONT CIRCLE			
City GAITHERSBURG	State MD	Zip Code 20877	

Outstanding Balance Beginning This Period 223.11	Transaction ID : SD10.4359	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 223.11

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>MWM DIRECT MARKETING SERVICES</b>			Nature of Debt (Purpose): PAC DIRECT MAIL
Mailing Address 8048 HILLRISE COURT			
City ELKRIDGE	State MD	Zip Code 21075	

Outstanding Balance Beginning This Period 2320.90	Transaction ID : SD10.4361	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2320.90

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	5499.32
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 94 OF 94
	FOR LINE NUMBER: (check only one)
	<input type="checkbox"/> 9
	<input checked="" type="checkbox"/> 10

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

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

Outstanding Balance Beginning This Period <input type="text" value="0.30"/>	Transaction ID : SD10.16859	
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="0.30"/>

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

Outstanding Balance Beginning This Period <input type="text" value="502.88"/>	Transaction ID : SD10.25157	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="502.88"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>WASHINGTON INTELLIGENCE BUREAU</b>			Nature of Debt (Purpose): PAC CAGING AND DATA PROCESSING 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 : SD10.25548	
Amount Incurred This Period <input type="text" value="431.04"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="431.04"/>

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="431.34"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text" value="5930.66"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text" value="0.00"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="5930.66"/>