

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

4. TYPE OF REPORT (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report (Q1)  
 July 15 Quarterly Report (Q2)  
 October 15 Quarterly Report (Q3)  
 January 31 Year-End Report (YE)  
 July 31 Mid-Year Report (Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day PRE-Election Report for the:  Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on **09 / 01 / 2020** in the State of **MA**  
(d) 30-Day POST-Election Report for the:  General (30G)  Runoff (30R)  Special (30S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period **07 / 01 / 2020** through **08 / 12 / 2020**

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

Type or Print Name of Treasurer \_\_\_\_\_

Signature of Treasurer Jackson, Bud, , , [Electronically Filed] Date **08 / 20 / 2020**

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

**AMERICAN WORKING FAMILIES**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2020"/>	<input type="text" value="1382.47"/>	<input type="text" value="1382.47"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="2152.07"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="430508.00"/>	<input type="text" value="430518.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="432660.07"/>	<input type="text" value="431900.47"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="376103.68"/>	<input type="text" value="375344.08"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="56556.39"/>	<input type="text" value="56556.39"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**AMERICAN WORKING FAMILIES**

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	120500.00	120500.00
(ii) Unitemized .....	8.00	18.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	120508.00	120518.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	310000.00	310000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	430508.00	430518.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	430508.00	430518.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	430508.00	430518.00

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	60653.68	59894.08
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	60653.68	59894.08
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	4000.00	4000.00
24. Independent Expenditures (use Schedule E) .....	311450.00	311450.00
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)) ..	376103.68	375344.08
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	376103.68	375344.08

**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) .....	430508.00	430518.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	430508.00	430518.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	60653.68	59894.08
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	60653.68	59894.08

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 OF 24
	(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

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

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

**A. Caine, Daniel, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 40 Littlefield Rd  
 City Newton State MA Zip Code 02459  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Family Law Software Occupation (for Individual) Software Developer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 07 / 31 / 2020  
**Transaction ID : SA11AI.4816**  
 Amount of Each Receipt this Period 1500.00  
 Memo Item

**B. Cohen, Jacob, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 38480 Flanders Drive  
 City Solon State OH Zip Code 44139  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) TeamHealth Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 08 / 11 / 2020  
**Transaction ID : SA11AI.4824**  
 Amount of Each Receipt this Period 1500.00  
 Memo Item

**C. Goldberg, Charles, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1675 Saratoga Lane  
 City Glenview State IL Zip Code 60026  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Waypoint Occupation (for Individual) Sales  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 08 / 11 / 2020  
**Transaction ID : SA11AI.4826**  
 Amount of Each Receipt this Period 1500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	4500.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 24
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. JVA Campaigns**

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

Mailing Address 230 E Town St  
3rd Floor

City Columbus State OH Zip Code 43215

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 ▼  
5000.00

Date of Receipt  
MM / DD / YYYY  
07 / 13 / 2020

**Transaction ID : SA11AI.4771**

Amount of Each Receipt this Period  
5000.00

Memo Item  
In-kind - Research

**B. Kraft, Josh, , ,**

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

Mailing Address 8 Beresford

City Chestnut State MA Zip Code 02467

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

Name of Employer (for Individual) Occupation (for Individual)  
Boys and Girls Clubs of Boston CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  
MM / DD / YYYY  
08 / 03 / 2020

**Transaction ID : SA11AI.4822**

Amount of Each Receipt this Period  
1500.00

Memo Item

**C. Manning, John P., , ,**

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

Mailing Address 81 Beacon Street

City Boston State MA Zip Code 02108

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

Name of Employer (for Individual) Occupation (for Individual)  
Boston Capital President

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
10000.00

Date of Receipt  
MM / DD / YYYY  
08 / 05 / 2020

**Transaction ID : SA11AI.4790**

Amount of Each Receipt this Period  
10000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	16500.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 8 OF 24  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A. Munoz, Donald, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 51 Fairview Rd  
 City Weston State MA Zip Code 02493  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NuCana Occupation (for Individual) CFO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 07 / 31 / 2020  
**Transaction ID : SA11AI.4814**  
 Amount of Each Receipt this Period 1500.00  
 Memo Item

**B. National Association of Government Employees**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 159 Burgin Parkway  
 City Quincy State MA Zip Code 02169  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 25000.00

Date of Receipt 07 / 24 / 2020  
**Transaction ID : SA11AI.4783**  
 Amount of Each Receipt this Period 25000.00  
 Memo Item

**C. Painters Allied Trades DC #35**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 25 Colgate Road  
 City Roslindale State MA Zip Code 02131  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 08 / 10 / 2020  
**Transaction ID : SA11AI.4794**  
 Amount of Each Receipt this Period 10000.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 36500.00  
**TOTAL** This Period (last page this line number only)..... ▶



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 24
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Retired State, County and Municipal Employees Assoc. of Mass.**

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

Mailing Address 11 Beacon Street

City Boston	State MA	Zip Code 02108
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FEC ID number of contributing federal political committee. **C**

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

Aggregate Year-to-Date ▼  
10000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		15		2020

**Transaction ID : SA11AI.4774**

Amount of Each Receipt this Period  
10000.00

Memo Item

**B. Sagan, Alex, , ,**

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

Mailing Address 14 Hubgard Park Road

City Cambridge	State MA	Zip Code 02138
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self	Occupation (for Individual) Management Consultant
---	--

Receipt For:  
 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
08		01		2020

**Transaction ID : SA11AI.4818**

Amount of Each Receipt this Period  
1500.00

Memo Item

**c. UBC NE Regional Council of Carpenters**

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

Mailing Address 750 Dorchester Ave  
Suite 3100

City Dorchester	State MA	Zip Code 02125
--------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
50000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		16		2020

**Transaction ID : SA11AI.4780**

Amount of Each Receipt this Period  
50000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	61500.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 10 OF 24  
(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)  
**AMERICAN WORKING FAMILIES**

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

Mailing Address 45 Woodland Road

City Chestnut	State MA	Zip Code 02467
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) The Cross Country Group	Occupation (for Individual) Executive
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
08		03		2020

**Transaction ID : SA11AI.4820**

Amount of Each Receipt this Period  
1500.00

Memo Item

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

Mailing Address

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

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

Aggregate Year-to-Date ▼

Date of Receipt  

M M	/	D D	/	Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

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

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  

M M	/	D D	/	Y Y Y Y

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1500.00
<b>TOTAL</b> This Period (last page this line number only).....	120500.00

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

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

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

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

Mailing Address 1061 AMERICAN LANE

City SCHAUMBURG	State IL	Zip Code 60173
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FEC ID number of contributing federal political committee. **C** C00255752

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
75000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		28		2020

**Transaction ID : SA11C.4787**

Amount of Each Receipt this Period  
75000.00

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**D.R.I.V.E. - DEMOCRAT, REPUBLICAN, INDEPENDENT VOTER EDUCATION (THE PAC OF THE INTERNATION**

Mailing Address 25 LOUISIANA AVE., NW

City WASHINGTON	State DC	Zip Code 20001
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FEC ID number of contributing federal political committee. **C** C00032979

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
25000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		10		2020

**Transaction ID : SA11C.4792**

Amount of Each Receipt this Period  
25000.00

Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**ENGINEERS POLITICAL EDUCATION COMMITTEE (EPEC)/INTERNATIONAL UNION OF OPERATING ENGINEERS**

Mailing Address 1125 17TH ST, NW

City WASHINGTON	State DC	Zip Code 20036
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FEC ID number of contributing federal political committee. **C** C00029504

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
50000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		27		2020

**Transaction ID : SA11C.4786**

Amount of Each Receipt this Period  
50000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	150000.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

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

**A. LABORERS' INTERNATIONAL UNION OF NORTH AMERICA (LIUNA) PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
LABORERS' INTERNATIONAL UNION OF NORTH AMERICA (LIUNA) PAC

Mailing Address 905 16TH ST., N.W

City WASHINGTON	State DC	Zip Code 20006
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00007922

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
100000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	16	/	2020

**Transaction ID : SA11C.4778**

Amount of Each Receipt this Period  
100000.00

Memo Item

**B. THE COUNCIL OF INSURANCE AGENTS & BROKERS POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
THE COUNCIL OF INSURANCE AGENTS & BROKERS POLITICAL ACTION COMMITTEE

Mailing Address 701 PENNSYLVANIA AVENUE, NW  
SUITE 750

City WASHINGTON	State DC	Zip Code 20004
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00039578

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	28	/	2020

**Transaction ID : SA11C.4788**

Amount of Each Receipt this Period  
10000.00

Memo Item

**C. WORKING FOR WORKING AMERICANS - FEDERAL**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
WORKING FOR WORKING AMERICANS - FEDERAL

Mailing Address 6801 PLACID STREET

City LAS VEGAS	State NV	Zip Code 89119
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00490847

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
50000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	23	/	2020

**Transaction ID : SA11C.4782**

Amount of Each Receipt this Period  
50000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	160000.00
<b>TOTAL</b> This Period (last page this line number only).....	310000.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. ActBlue Technical Services</b>		Date of Disbursement MM / DD / YYYY 08 / 12 / 2020
Mailing Address 366 Summer Street		FEC Identification Number C <b>Transaction ID : SB21B.4812</b> Amount of Each Disbursement this Period 415.07
City Somerville	State MA	
Zip Code 02144		Memo Item <input type="checkbox"/>
Purpose of Disbursement Credit Card Processing Fees		
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Bank of America</b>		Date of Disbursement MM / DD / YYYY 07 / 01 / 2020
Mailing Address 600 North Washington Street		FEC Identification Number C <b>Transaction ID : SB21B.4767</b> Amount of Each Disbursement this Period 15.00
City Alexandria	State VA	
Zip Code 22314		Memo Item <input type="checkbox"/>
Purpose of Disbursement Bank Charges		
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Bank of America</b>		Date of Disbursement MM / DD / YYYY 07 / 01 / 2020
Mailing Address 600 North Washington Street		FEC Identification Number C <b>Transaction ID : SB21B.4769</b> Amount of Each Disbursement this Period 15.00
City Alexandria	State VA	
Zip Code 22314		Memo Item <input type="checkbox"/>
Purpose of Disbursement Bank Charges		
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	445.07
<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)  
**AMERICAN WORKING FAMILIES**

Full Name (Last, First, Middle Initial) <b>A. Bank of America</b>		Date of Disbursement MM / DD / YYYY 07 / 07 / 2020
Mailing Address 600 North Washington Street		FEC Identification Number C [ ] <b>Transaction ID : SB21B.4770</b> Amount of Each Disbursement this Period [ ] 10.00
City Alexandria	State VA	Zip Code 22314
Purpose of Disbursement Bank Charges		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. Bank of America</b>		Date of Disbursement MM / DD / YYYY 07 / 16 / 2020
Mailing Address 600 North Washington Street		FEC Identification Number C [ ] <b>Transaction ID : SB21B.4796</b> Amount of Each Disbursement this Period [ ] 15.00
City Alexandria	State VA	Zip Code 22314
Purpose of Disbursement Bank Charges		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. Bank of America</b>		Date of Disbursement MM / DD / YYYY 07 / 17 / 2020
Mailing Address 600 North Washington Street		FEC Identification Number C [ ] <b>Transaction ID : SB21B.4797</b> Amount of Each Disbursement this Period [ ] 30.00
City Alexandria	State VA	Zip Code 22314
Purpose of Disbursement Bank Charges		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)..... ▶	[ ] 55.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶	[ ]

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Bank of America</b>		Date of Disbursement MM / DD / YYYY 07 / 17 / 2020	
Mailing Address 600 North Washington Street		FEC Identification Number C [ ] <b>Transaction ID : SB21B.4798</b> Amount of Each Disbursement this Period [ ] 15.00	
City Alexandria	State VA	Zip Code 22314	Category/ Type [ ]
Purpose of Disbursement Bank Charges		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item
State: District:			
Full Name (Last, First, Middle Initial) <b>B. Bank of America</b>		Date of Disbursement MM / DD / YYYY 07 / 17 / 2020	
Mailing Address 600 North Washington Street		FEC Identification Number C [ ] <b>Transaction ID : SB21B.4799</b> Amount of Each Disbursement this Period [ ] 5.00	
City Alexandria	State VA	Zip Code 22314	Category/ Type [ ]
Purpose of Disbursement Bank Charges		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item
State: District:			
Full Name (Last, First, Middle Initial) <b>C. Bank of America</b>		Date of Disbursement MM / DD / YYYY 07 / 17 / 2020	
Mailing Address 600 North Washington Street		FEC Identification Number C [ ] <b>Transaction ID : SB21B.4800</b> Amount of Each Disbursement this Period [ ] 5.00	
City Alexandria	State VA	Zip Code 22314	Category/ Type [ ]
Purpose of Disbursement Bank Charges		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item
State: District:			
<b>SUBTOTAL</b> of Disbursements This Page (optional)..... ▶		[ ] 25.00	
<b>TOTAL</b> This Period (last page this line number only)..... ▶		[ ]	

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Bank of America</b>		Date of Disbursement MM / DD / YYYY 07 / 23 / 2020
Mailing Address 600 North Washington Street		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.4801</b> Amount of Each Disbursement this Period [REDACTED] 118.81
City Alexandria	State VA	Zip Code 22314
Purpose of Disbursement Bank Charges		Category/ Type [REDACTED]
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. Bank of America</b>		Date of Disbursement MM / DD / YYYY 07 / 24 / 2020
Mailing Address 600 North Washington Street		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.4803</b> Amount of Each Disbursement this Period [REDACTED] 30.00
City Alexandria	State VA	Zip Code 22314
Purpose of Disbursement Bank Charges		Category/ Type [REDACTED]
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. Bank of America</b>		Date of Disbursement MM / DD / YYYY 07 / 24 / 2020
Mailing Address 600 North Washington Street		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.4804</b> Amount of Each Disbursement this Period [REDACTED] 15.00
City Alexandria	State VA	Zip Code 22314
Purpose of Disbursement Bank Charges		Category/ Type [REDACTED]
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).....▶	[REDACTED] 163.81
<b>TOTAL</b> This Period (last page this line number only).....▶	[REDACTED]



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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Bank of America</b>		Date of Disbursement MM / DD / YYYY 07 / 28 / 2020
Mailing Address 600 North Washington Street		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.4805</b> Amount of Each Disbursement this Period [REDACTED] 15.00
City Alexandria	State VA	Zip Code 22314
Purpose of Disbursement Bank Charges		Category/ Type [REDACTED]
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. Bank of America</b>		Date of Disbursement MM / DD / YYYY 08 / 03 / 2020
Mailing Address 600 North Washington Street		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.4768</b> Amount of Each Disbursement this Period [REDACTED] 15.00
City Alexandria	State VA	Zip Code 22314
Purpose of Disbursement Bank Charges		Category/ Type [REDACTED]
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. Bank of America</b>		Date of Disbursement MM / DD / YYYY 08 / 07 / 2020
Mailing Address 600 North Washington Street		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.4806</b> Amount of Each Disbursement this Period [REDACTED] 10.00
City Alexandria	State VA	Zip Code 22314
Purpose of Disbursement Bank Charges		Category/ Type [REDACTED]
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).....▶	[REDACTED] 40.00
<b>TOTAL</b> This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Bank of America</b>		Date of Disbursement MM / DD / YYYY 08 / 07 / 2020
Mailing Address 600 North Washington Street		FEC Identification Number C [ ] <b>Transaction ID : SB21B.4807</b> Amount of Each Disbursement this Period 5.00
City Alexandria	State VA	Zip Code 22314
Purpose of Disbursement Bank Charges		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. Bank of America</b>		Date of Disbursement MM / DD / YYYY 08 / 10 / 2020
Mailing Address 600 North Washington Street		FEC Identification Number C [ ] <b>Transaction ID : SB21B.4808</b> Amount of Each Disbursement this Period 30.00
City Alexandria	State VA	Zip Code 22314
Purpose of Disbursement Bank Charges		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. Bank of America</b>		Date of Disbursement MM / DD / YYYY 08 / 11 / 2020
Mailing Address 600 North Washington Street		FEC Identification Number C [ ] <b>Transaction ID : SB21B.4809</b> Amount of Each Disbursement this Period 15.00
City Alexandria	State VA	Zip Code 22314
Purpose of Disbursement Bank Charges		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).....▶	50.00
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ]

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

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

FOR LINE NUMBER:  
(check only one)

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

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

**A. CK Strategies**

Full Name (Last, First, Middle Initial)

Mailing Address 15 Broad St. Suite 610

City Boston State MA Zip Code 02109

Purpose of Disbursement Fundraising Consulting

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 07 / 17 / 2020

FEC Identification Number: C

Transaction ID : SB21B.4802

Amount of Each Disbursement this Period: 10000.00

Memo Item

**B. JVA Campaigns**

Full Name (Last, First, Middle Initial)

Mailing Address 230 E Town St 3rd Floor

City Columbus State OH Zip Code 43215

Purpose of Disbursement In-kind - Research

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 07 / 13 / 2020

FEC Identification Number: C

Transaction ID : SB21B.4773

Amount of Each Disbursement this Period: 5000.00

Memo Item

**C. Lake Research**

Full Name (Last, First, Middle Initial)

Mailing Address 1726 M Street, NW Suite 1100

City Washington State DC Zip Code 20036

Purpose of Disbursement Polling

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 07 / 16 / 2020

FEC Identification Number: C

Transaction ID : SB21B.4810

Amount of Each Disbursement this Period: 30490.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 45490.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Lake Research</b>		Date of Disbursement MM / DD / YYYY 08 / 06 / 2020
Mailing Address 1726 M Street, NW Suite 1100		FEC Identification Number C [ ] <b>Transaction ID : SB21B.4829</b> Amount of Each Disbursement this Period [ ] 1884.80
City Washington	State DC	Zip Code 20036
Purpose of Disbursement Polling	Category/ Type [ ]	
Candidate Name	Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Sandler, Reiff, Lamb, Rosenstein &amp; Birkenstock, PC</b>		Date of Disbursement MM / DD / YYYY 07 / 24 / 2020
Mailing Address 1025 Vermont Ave., NW Suite 300		FEC Identification Number C [ ] <b>Transaction ID : SB21B.4795</b> Amount of Each Disbursement this Period [ ] 10000.00
City Washington	State DC	Zip Code 20005
Purpose of Disbursement Legal Services	Category/ Type [ ]	
Candidate Name	Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Stanford Campaigns</b>		Date of Disbursement MM / DD / YYYY 07 / 16 / 2020
Mailing Address 2520 Longview St/ Suite 410		FEC Identification Number C [ ] <b>Transaction ID : SB21B.4811</b> Amount of Each Disbursement this Period [ ] 2500.00
City Austin	State TX	Zip Code 78705
Purpose of Disbursement Research	Category/ Type [ ]	
Candidate Name	Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	14384.80
<b>TOTAL</b> This Period (last page this line number only).....▶	60653.68

# 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)  
**AMERICAN WORKING FAMILIES**

**A. Jackson Group Media, LLC**

Full Name (Last, First, Middle Initial)

Mailing Address 206 North Washington Street  
Suite 10

City Alexandria State VA Zip Code 22314

Purpose of Disbursement In Kind -Ad Production

Candidate Name DMFI PAC

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
08 / 07 / 2020

FEC Identification Number: C 000710848  
Transaction ID : SB23.4835  
Amount of Each Disbursement this Period: 4000.00

Memo Item

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY

FEC Identification Number: C

Amount of Each Disbursement this Period

Memo Item

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY

FEC Identification Number: C

Amount of Each Disbursement this Period

Memo Item

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

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

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

Full Name of Payee: Jackson Group Media, LLC
Mailing Address: 206 North Washington Street, Suite 10, Alexandria, VA 22314
Purpose of Expenditure: Media Production/Spot Delivery
Transaction ID: SE.4747
Date of Disbursement or Obligation: 07/28/2020
Amount: 21500.00
Name of Federal Candidate: MORSE, ALEX, ,
Office Sought: House, District: 01, State: MA
Disbursement For: Primary

Full Name of Payee: Jackson Group Media, LLC
Mailing Address: 206 North Washington Street, Suite 10, Alexandria, VA 22314
Purpose of Expenditure: Media Production/Spot Delivery
Transaction ID: SE.4761
Date of Disbursement or Obligation: 08/11/2020
Amount: 2450.00
Name of Federal Candidate: MORSE, ALEX, ,
Office Sought: House, District: 01, State: MA
Disbursement For: Primary

(a) SUBTOTAL of Itemized Independent Expenditures: 23950.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Jackson, Bud, ,

[Electronically Filed]

Date 08/20/2020

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

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

Full Name of Payee Targeted Platform Media
Mailing Address PO Box 237
City Crownsville State MD Zip Code 20132
Purpose of Expenditure TV Advertising
Name of Federal Candidate: MORSE, ALEX, ,
Calendar Year-To-Date Per Election for Office Sought 100000.00
Date of Public Distribution/Dissemination 07/28/2020
Amount 100000.00
Transaction ID : SE.4749
Date of Disbursement or Obligation 07/26/2020
Office Sought: House District: 01 State: MA

Full Name of Payee Targeted Platform Media
Mailing Address PO Box 237
City Crownsville State MD Zip Code 20132
Purpose of Expenditure TV Advertising
Name of Federal Candidate: MORSE, ALEX, ,
Calendar Year-To-Date Per Election for Office Sought 171500.00
Date of Public Distribution/Dissemination 08/03/2020
Amount 50000.00
Transaction ID : SE.4754
Date of Disbursement or Obligation 08/03/2020
Office Sought: House District: 01 State: MA

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

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Jackson, Bud, ,

[Electronically Filed]

Date

08/20/2020

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

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

Full Name of Payee Targeted Platform Media
Mailing Address PO Box 237
City Crownsville State MD Zip Code 20132
Purpose of Expenditure TV Advertising
Name of Federal Candidate: MORSE, ALEX, ,
Calendar Year-To-Date Per Election for Office Sought 181500.00
Disbursement For: Primary

Full Name of Payee Targeted Platform Media
Mailing Address PO Box 237
City Crownsville State MD Zip Code 20132
Purpose of Expenditure TV Advertising
Name of Federal Candidate: MORSE, ALEX, ,
Calendar Year-To-Date Per Election for Office Sought 311450.00
Disbursement For: Primary

Table with 2 columns: Description and Amount. (a) SUBTOTAL of Itemized Independent Expenditures 137500.00, (b) SUBTOTAL of Unitemized Independent Expenditures, (c) TOTAL Independent Expenditures 311450.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Jackson, Bud, ,
Signature

[Electronically Filed]

Date 08 / 20 / 2020