

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

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

CAMPAIGN FOR WORKING FAMILIES

ADDRESS (number and street)

2800 Shirlington Road, Suite 930

☐Check if different  
than previously  
reported. (ACC)

Arlington

VA

22206

2. **FEC IDENTIFICATION NUMBER** ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C00325076

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report (Q1)☐July 15  
Quarterly Report (Q2)☐October 15  
Quarterly Report (Q3)☐January 31  
Quarterly Report (YE)☐July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☒

Jan 31 (YE)

(c) 12-Day  
**PRE**-Election  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post**-Election  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

07

01

2009

through

12

31

2009

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

Dorie Velezis

Signature of Treasurer

Electronically Filed by Dorie Velezis

Date

01

29

2010

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

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

2 / 881

Write or Type Committee Name  
CAMPAIGN FOR WORKING FAMILIES

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1	2009	1704135.18
(b) Cash on Hand at Beginning of Reporting Period .....	1859459.54	
(c) Total Receipts (from Line 19) .....	328373.78	700425.92
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	2187833.32	2404561.10
7. Total Disbursements (from Line 31) .....	245034.98	461762.76
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	1942798.34	1942798.34
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	5185.51	

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

### For further information contact:

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

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

# DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

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Write or Type Committee Name

CAMPAIGN FOR WORKING FAMILIES

Report Covering the Period:

From:

M	M	D	D	Y	Y	W	Y
0	7	0	1	2	0	0	9

To:

M	M	D	D	Y	Y	W	Y
1	2	3	1	2	0	0	9

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) .....	176276.67	351806.67
(ii) Unitemized .....	97325.16	235959.83
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	273601.83	587766.50
(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) .....	273601.83	587766.50
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) .....	311.62	668.82
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	2460.33	8240.60
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	52000.00	103750.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	52000.00	103750.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	328373.78	700425.92
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	276373.78	596675.92

## DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	52000.00	103750.00
(ii) Non-Federal Share.....	52000.00	103750.00
(b) Other Federal Operating Expenditures.....	104034.98	207237.76
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	208034.98	414737.76
22. Transfers to Affiliated/Other Party Committees.....	0.00	2500.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	11000.00	13500.00
24. Independent Expenditure (use Schedule E) .....	25000.00	25000.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	25.00
(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	25.00
29. Other Disbursements.....	1000.00	6000.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	245034.98	461762.76
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	193034.98	358012.76

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	273601.83	587766.50
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	25.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	273601.83	587741.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	156034.98	310987.76
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	311.62	668.82
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	155723.36	310318.94

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

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

FOR LINE NUMBER: PAGE 6 / 881

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)

MR CHRISTOPHER ALLEN

Mailing Address 600 TRAVIS ST STE 4200

City

HOUSTON

State

TX

Zip Code

77002

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ANDREWS KURTH LLPOccupation  
ATTORNEY

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: SA11AI.38160

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

MR DAVID W ALLEN

Mailing Address 527 N VINE ST

City

ARTHUR

State

IL

Zip Code

61911

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
EFFINGHAM EQUITYOccupation  
SALES AGRONOMIST

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 2 / 2 6 / 2 0 0 9

Transaction ID: SA11AI.37666

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

MRS LISA B ANDERSON

Mailing Address 3455 CHRYSLER DR

City

JACKSONVILLE

State

FL

Zip Code

32257

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKEROccupation  
HOMEMAKER

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

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

Transaction ID: SA11AI.36273

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional) .....

850.00

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

A.

Form/Schedule : **SA11AI**

Transaction ID : **SA11AI.38160**

0101360-0002612

B.

Form/Schedule : **SA11AI**

Transaction ID : **SA11AI.37666**

0024491-0002157

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.36273**

0003538-0000881



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 881

(check only one)

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

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

MR RICHARD G ANDERSON

Mailing Address 11407 OLD BROLIN PL

City

ANDERSON IS

State

WA

Zip Code

98303

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

CIVIL ENGINEER

Receipt For: 2010

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.39458

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

SCOTT ANDERSON

Mailing Address 290 E STANFORD AVE

City

ENGLEWOOD

State

CO

Zip Code

80113

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

SELF-EMPLOYED

Receipt For: 2010

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

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

Transaction ID: SA11AI.38426

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

MR ELDON E ANDRES

Mailing Address 5165 SAINT LOUIS RD NE

City

GERVAIS

State

OR

Zip Code

97026

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WOODBUM SCHOOL DISTRICT

Occupation

RETIRED

Receipt For: 2010

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	3	/	2	0	9	

Transaction ID: SA11AI.39314

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional) .....

200.00

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

A. Form/Schedule : **SA11AI** 0010320-0003815  
Transaction ID : **SA11AI.39458**

B. Form/Schedule : **SA11AI** 0105851-0002855  
Transaction ID : **SA11AI.38426**

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.39314**

0015222-0003679

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

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

FOR LINE NUMBER: PAGE 12 / 881

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

MR ELDON E ANDRES

Mailing Address 5165 SAINT LOUIS RD NE

City

GERVAIS

State

OR

Zip Code

97026

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WOODBUM SCHOOL DISTRICT

Occupation

RETIRED

Receipt For:

2010

☐ Primary

☒ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 6 / 2 0 0 9

Transaction ID: SA11AI.39315

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

MR MARK ANDREWS, JR

Mailing Address 3869 W GULF DR

City

SANIBEL

State

FL

Zip Code

33957

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

2010

☐ Primary

☒ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.36401

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

MR MARK ANDREWS, JR

Mailing Address 3869 W GULF DR

City

SANIBEL

State

FL

Zip Code

33957

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

2010

☐ Primary

☒ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

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

Transaction ID: SA11AI.36402

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional) .....

1300.00

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

A. Form/Schedule : **SA11AI** 0015222-0003680  
Transaction ID : **SA11AI.39315**

B. Form/Schedule : **SA11AI** 0107243-0000997  
Transaction ID : **SA11AI.36401**

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.36402**

0107243-0000998

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

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 15 / 881

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)  
BRADLEY ARKELL

Mailing Address 572 EARL DR

City State Zip Code  
NORTHFIELD IL 60093

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
CAPITAL PROGRAMS CORP.

Occupation  
FINANCIAL PLANNER

Receipt For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.37576

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)  
WILLIAM ATKINSON

Mailing Address 5022 GORHAM DR

City State Zip Code  
CHARLOTTE NC 28227

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF

Occupation  
ATTORNEY

Receipt For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt

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

Transaction ID: SA11AI.35932

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)  
MR CHRIS AYERS

Mailing Address 828 OLNEY OAK DR

City State Zip Code  
HOUSTON TX 77079

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
CONOCO INDONESIA

Occupation  
MANAGE ECONOMICS & PLANNING

Receipt For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt

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

Transaction ID: SA11AI.38187

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

600.00

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

A. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.37576**

0105454-0002069

B. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.35932**

0105779-0000567



C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.38187**

0101633-0002639

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 881

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

MR CHRIS AYERS

Mailing Address 828 OLNEY OAK DR

City

HOUSTON

State

TX

Zip Code

77079

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CONOCO INDONESIA

Occupation

MANAGE ECONOMICS & PLANNING

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

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

Transaction ID: SA11AI.38188

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

MR CHARLES D AYRES

Mailing Address 4911 CASA ORO DR

City

YORBA LINDA

State

CA

Zip Code

92886

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 7 / 2 0 0 9

Transaction ID: SA11AI.39066

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

MR CHARLES D AYRES

Mailing Address 4911 CASA ORO DR

City

YORBA LINDA

State

CA

Zip Code

92886

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 7 / 2 0 0 9

Transaction ID: SA11AI.39067

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

500.00

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

A. Form/Schedule : **SA11AI** 0101633-0002640  
Transaction ID : **SA11AI.38188**

B. Form/Schedule : **SA11AI** 0103804-0003442  
Transaction ID : **SA11AI.39066**

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.39067**

0103804-0003443

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 881

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

MR CHARLES D AYRES

Mailing Address 4911 CASA ORO DR

City

YORBA LINDA

State

CA

Zip Code

92886

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 0 9 / 2 0 0 9

Transaction ID: SA11AI.39068

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

MR CHARLES D AYRES

Mailing Address 4911 CASA ORO DR

City

YORBA LINDA

State

CA

Zip Code

92886

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 6 / 2 0 0 9

Transaction ID: SA11AI.39069

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

MR CHARLES D AYRES

Mailing Address 4911 CASA ORO DR

City

YORBA LINDA

State

CA

Zip Code

92886

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

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

Transaction ID: SA11AI.39070

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

300.00

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

A. Form/Schedule : **SA11AI** 0103804-0003444  
Transaction ID : **SA11AI.39068**

B. Form/Schedule : **SA11AI** 0103804-0003445  
Transaction ID : **SA11AI.39069**

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.39070**

0103804-0003446

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

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

FOR LINE NUMBER: PAGE 24 / 881

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

MR CHARLES D AYRES

Mailing Address 4911 CASA ORO DR

City

YORBA LINDA

State

CA

Zip Code

92886

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 7 / 2 0 0 9

Transaction ID: SA11AI.39071

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

DAVID BAIN

Mailing Address 1000 PECAN DR

City

MCKINNEY

State

TX

Zip Code

75069

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CORWIN ENGINEERING INCORP-  
ORATED

Occupation  
ENGINEER

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.38046

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

DAVID BAIN

Mailing Address 1000 PECAN DR

City

MCKINNEY

State

TX

Zip Code

75069

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CORWIN ENGINEERING INCORP-  
ORATED

Occupation  
ENGINEER

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 4 / 2 0 0 9

Transaction ID: SA11AI.38047

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

200.00

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



A. Form/Schedule : **SA11AI** 0103804-0003447  
Transaction ID : **SA11AI.39071**

B. Form/Schedule : **SA11AI** 0104630-0002509  
Transaction ID : **SA11AI.38046**

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.38047**

0104630-0002510

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

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

FOR LINE NUMBER: PAGE 27 / 881

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

DAVID BAIN

Mailing Address 1000 PECAN DR

City

MCKINNEY

State

TX

Zip Code

75069

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CORWIN ENGINEERING INCORP-  
ORATED

Occupation  
ENGINEER

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.38048

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MRS SHIRLEY BANTER

Mailing Address 13611 NEILS BRANCH DR

City

HOUSTON

State

TX

Zip Code

77077

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKERS

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: SA11AI.38186

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

MR MATTHEW C BAKER

Mailing Address 3630 KACIN CT

City

RICHFIELD

State

WI

Zip Code

53076

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF EMPLOYED

Occupation  
COMPUTER MAINTENANCE

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

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

Transaction ID: SA11AI.37258

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

175.00

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

A. Form/Schedule : **SA11AI**

Transaction ID : **SA11AI.38048**

0104630-0002511

B. Form/Schedule : **SA11AI**

Transaction ID : **SA11AI.38186**

0106328-0002638

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.37258**

0103827-0001782

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

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

MRS ANNALYNE H BARNETT

Mailing Address 4734 TALLEYBROOK DR NW

City

KENNESAW

State

GA

Zip Code

30152

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

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

Transaction ID: SA11AI.36127

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

MR LEROY L BARTON

Mailing Address 7607 GRAYS DR

City

GROSSE ILE

State

MI

Zip Code

48138

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CHRYSLER CORPORATION

Occupation

PAYROLL SPECIALIST

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 0 7 / 2 0 0 9

Transaction ID: SA11AI.36983

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

MR LEROY L BARTON

Mailing Address 7607 GRAYS DR

City

GROSSE ILE

State

MI

Zip Code

48138

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CHRYSLER CORPORATION

Occupation

PAYROLL SPECIALIST

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 5 / 2 0 0 9

Transaction ID: SA11AI.36984

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

140.00

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

A. Form/Schedule : **SA11AI** 0031090-0000743  
Transaction ID : **SA11AI.36127**

B. Form/Schedule : **SA11AI** 0005097-0001520  
Transaction ID : **SA11AI.36983**

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.36984**

0005097-0001521



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

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

MR LEROY L BARTON

Mailing Address 7607 GRAYS DR

City

GROSSE ILE

State

MI

Zip Code

48138

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CHRYSLER CORPORATION

Occupation

PAYROLL SPECIALIST

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 5 / 2 0 0 9

Transaction ID: SA11AI.36985

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

MR LEROY L BARTON

Mailing Address 7607 GRAYS DR

City

GROSSE ILE

State

MI

Zip Code

48138

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CHRYSLER CORPORATION

Occupation

PAYROLL SPECIALIST

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 7 / 2 0 0 9

Transaction ID: SA11AI.36986

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

MR BURTON BASS

Mailing Address 20 W MORGAN ST E

City

BREVARD

State

NC

Zip Code

28712

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF

Occupation

RETIRED

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.35992

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

140.00

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

A. Form/Schedule : **SA11AI** 0005097-0001522  
Transaction ID : **SA11AI.36985**

B. Form/Schedule : **SA11AI** 0005097-0001523  
Transaction ID : **SA11AI.36986**

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.35992**

0106953-0000617

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

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 36 / 881

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

MRS ORVELLA M BATCHELDER

Mailing Address 2205 HADDINGTON RD

City

ROSEVILLE

State

MN

Zip Code

55113

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation  
RETIRED

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 3 / 2 0 0 9

Transaction ID: SA11AI.37355

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MR DAVID J BATLUCK

Mailing Address 17 MULLIGAN DR

City

READING

State

PA

Zip Code

19606

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ST JOSEPH MEDICAL CENTER

Occupation  
PHYSICIAN

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: SA11AI.35643

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

MR DAVID J BATLUCK

Mailing Address 17 MULLIGAN DR

City

READING

State

PA

Zip Code

19606

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ST JOSEPH MEDICAL CENTER

Occupation  
PHYSICIAN

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 6 / 2 0 0 9

Transaction ID: SA11AI.35644

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

150.00

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

A. Form/Schedule : **SA11AI** 0067804-0001870  
Transaction ID : **SA11AI.37355**

B. Form/Schedule : **SA11AI** 0002355-0000300  
Transaction ID : **SA11AI.35643**

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.35644**

0002355-0000301

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

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 39 / 881

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

MR DAVID J BATLUCK

Mailing Address 17 MULLIGAN DR

City

READING

State

PA

Zip Code

19606

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ST JOSEPH MEDICAL CENTER

Occupation  
PHYSICIAN

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.35645

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

MR DAVID J BATLUCK

Mailing Address 17 MULLIGAN DR

City

READING

State

PA

Zip Code

19606

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ST JOSEPH MEDICAL CENTER

Occupation  
PHYSICIAN

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.35646

Amount of Each Receipt this Period

150.00

**C.**

Full Name (Last, First, Middle Initial)

DAVID M BELL

Mailing Address PO BOX 160

City

MAXWELL

State

CA

Zip Code

95955

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF

Occupation  
FARMER

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 7 / 2 0 0 9

Transaction ID: SA11AI.39290

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

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

A. Form/Schedule : **SA11AI**

Transaction ID : **SA11AI.35645**

0002355-0000302

B. Form/Schedule : **SA11AI**

Transaction ID : **SA11AI.35646**

0002355-0000303



C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.39290**

0107092-0003654

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

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

FOR LINE NUMBER: PAGE 42 / 881

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

MR CLIFF BENSON, JR

Mailing Address PO BOX 97365

12921 DURAN RD

City

RALEIGH

State

NC

Zip Code

27624

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GREY BULL INC

Occupation  
RETIRED

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

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

Transaction ID: SA11AI.35888

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

MR CHRISTOPHER BEQUETTE

Mailing Address 2601 WINDWARD BLVD

City

CHAMPAIGN

State

IL

Zip Code

61821

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AMERICAN COACHES WEALTH  
MANAGEMENT

Occupation  
FINANCIAL ADVISOR

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

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

Transaction ID: SA11AI.37663

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

MR CHRISTOPHER BEQUETTE

Mailing Address 2601 WINDWARD BLVD

City

CHAMPAIGN

State

IL

Zip Code

61821

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AMERICAN COACHES WEALTH  
MANAGEMENT

Occupation  
FINANCIAL ADVISOR

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.37664

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1750.00

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

A. Form/Schedule : **SA11AI** 0107471-0000522  
Transaction ID : **SA11AI.35888**

B. Form/Schedule : **SA11AI** 0100517-0002153  
Transaction ID : **SA11AI.37663**

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.37664**

0100517-0002154

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

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

FOR LINE NUMBER: PAGE 45 / 881

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

DR DUANE C BERKOMPAS

Mailing Address 8935 28TH ST SE

City

ADA

State

MI

Zip Code

49301

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
THORACIC & CARDIOVASCULAR  
INST

Occupation  
PHYSICIAN

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 0 7 / 2 0 0 9

Transaction ID: SA11AI.37081

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

DR DUANE C BERKOMPAS

Mailing Address 8935 28TH ST SE

City

ADA

State

MI

Zip Code

49301

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
THORACIC & CARDIOVASCULAR  
INST

Occupation  
PHYSICIAN

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 7 / 2 0 0 9

Transaction ID: SA11AI.36756

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

DR DUANE C BERKOMPAS

Mailing Address 8935 28TH ST SE

City

ADA

State

MI

Zip Code

49301

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
THORACIC & CARDIOVASCULAR  
INST

Occupation  
PHYSICIAN

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 0 3 / 2 0 0 9

Transaction ID: SA11AI.36757

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

300.00

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

A. Form/Schedule : **SA11AI** 0005275-0001613  
Transaction ID : **SA11AI.37081**

B. Form/Schedule : **SA11AI** 0107035-0001319  
Transaction ID : **SA11AI.36756**

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.36757**

0107035-0001320

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 48 / 881

(check only one)

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

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

DR DUANE C BERKOMPAS

Mailing Address 8935 28TH ST SE

City

ADA

State

MI

Zip Code

49301

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
THORACIC & CARDIOVASCULAR  
INSTOccupation  
PHYSICIAN

Receipt For: 2010

☐ Primary ☒ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	3		2	0	9	

Transaction ID: SA11AI.36758

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

DR DUANE C BERKOMPAS

Mailing Address 8935 28TH ST SE

City

ADA

State

MI

Zip Code

49301

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
THORACIC & CARDIOVASCULAR  
INSTOccupation  
PHYSICIAN

Receipt For: 2010

☐ Primary ☒ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

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

Transaction ID: SA11AI.36759

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

DR DUANE C BERKOMPAS

Mailing Address 8935 28TH ST SE

City

ADA

State

MI

Zip Code

49301

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
THORACIC & CARDIOVASCULAR  
INSTOccupation  
PHYSICIAN

Receipt For: 2010

☐ Primary ☒ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	6		2	0	9	

Transaction ID: SA11AI.36760

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional) .....

300.00

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



A. Form/Schedule : **SA11AI**

Transaction ID : **SA11AI.36758**

0107035-0001321

B. Form/Schedule : **SA11AI**

Transaction ID : **SA11AI.36759**

0107035-0001322

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.36760**

0107035-0001323

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

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

FOR LINE NUMBER: PAGE 51 / 881

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

MR ANTHONY R BIANCHI

Mailing Address 601 HACKBERRY RIDGE DR

City

MCKINNEY

State

TX

Zip Code

75070

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
REMAX

Occupation  
REALTOR

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 0 9 / 2 0 0 9

Transaction ID: SA11AI.38051

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MR ANTHONY R BIANCHI

Mailing Address 601 HACKBERRY RIDGE DR

City

MCKINNEY

State

TX

Zip Code

75070

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
REMAX

Occupation  
REALTOR

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 0 9

Transaction ID: SA11AI.38052

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MR ANTHONY R BIANCHI

Mailing Address 601 HACKBERRY RIDGE DR

City

MCKINNEY

State

TX

Zip Code

75070

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
REMAX

Occupation  
REALTOR

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

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

Transaction ID: SA11AI.38053

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

75.00

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

A. Form/Schedule : **SA11AI** 0103533-0002514  
Transaction ID : **SA11AI.38051**

B. Form/Schedule : **SA11AI** 0103533-0002515  
Transaction ID : **SA11AI.38052**

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.38053**

0103533-0002516

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

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

FOR LINE NUMBER: PAGE 54 / 881

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

MR ANTHONY R BIANCHI

Mailing Address 601 HACKBERRY RIDGE DR

City

MCKINNEY

State

TX

Zip Code

75070

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
REMAX

Occupation  
REALTOR

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.38054

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

DR GARY R BISHOP

Mailing Address 15144 LARRY ST

City

POWAY

State

CA

Zip Code

92064

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RIVERSIDE COUNTY

Occupation  
PHARMACIST

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 0 6 / 2 0 0 9

Transaction ID: SA11AI.38881

Amount of Each Receipt this Period

35.00

**C.**

Full Name (Last, First, Middle Initial)

DR GARY R BISHOP

Mailing Address 15144 LARRY ST

City

POWAY

State

CA

Zip Code

92064

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RIVERSIDE COUNTY

Occupation  
PHARMACIST

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 5 / 2 0 0 9

Transaction ID: SA11AI.38882

Amount of Each Receipt this Period

35.00

**SUBTOTAL** of Receipts This Page (optional) .....

95.00

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

A. Form/Schedule : **SA11AI** 0103533-0002517  
Transaction ID : **SA11AI.38054**

B. Form/Schedule : **SA11AI** 0009108-0003271  
Transaction ID : **SA11AI.38881**

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.38882**

0009108-0003272



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

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

FOR LINE NUMBER: PAGE 57 / 881

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

DR GARY R BISHOP

Mailing Address 15144 LARRY ST

City

POWAY

State

CA

Zip Code

92064

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RIVERSIDE COUNTY

Occupation

PHARMACIST

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 0 7 / 2 0 0 9

Transaction ID: SA11AI.38883

Amount of Each Receipt this Period

35.00

**B.**

Full Name (Last, First, Middle Initial)

DR GARY R BISHOP

Mailing Address 15144 LARRY ST

City

POWAY

State

CA

Zip Code

92064

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RIVERSIDE COUNTY

Occupation

PHARMACIST

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 5 / 2 0 0 9

Transaction ID: SA11AI.38884

Amount of Each Receipt this Period

35.00

**C.**

Full Name (Last, First, Middle Initial)

DR GARY R BISHOP

Mailing Address 15144 LARRY ST

City

POWAY

State

CA

Zip Code

92064

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RIVERSIDE COUNTY

Occupation

PHARMACIST

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 5 / 2 0 0 9

Transaction ID: SA11AI.38885

Amount of Each Receipt this Period

35.00

**SUBTOTAL** of Receipts This Page (optional) .....

105.00

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

A. Form/Schedule : **SA11AI** 0009108-0003273  
Transaction ID : **SA11AI.38883**

B. Form/Schedule : **SA11AI** 0009108-0003274  
Transaction ID : **SA11AI.38884**

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.38885**

0009108-0003275

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

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

FOR LINE NUMBER: PAGE 60 / 881

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

DR GARY R BISHOP

Mailing Address 15144 LARRY ST

City

POWAY

State

CA

Zip Code

92064

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RIVERSIDE COUNTY

Occupation

PHARMACIST

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 7 / 2 0 0 9

Transaction ID: SA11AI.38886

Amount of Each Receipt this Period

35.00

**B.**

Full Name (Last, First, Middle Initial)

MR JODY R BISHOP

Mailing Address 113 CARA LN

City

STATESVILLE

State

NC

Zip Code

28677

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFO REQUESTED- NOT RECD

Occupation

INFO REQUESTED- NOT RECD

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.04

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 7 / 2 0 0 9

Transaction ID: SA11AI.35983

Amount of Each Receipt this Period

16.67

**C.**

Full Name (Last, First, Middle Initial)

MR KENNETH N BLACKBURN

Mailing Address 10 SHALLOWBROOK DR

City

O FALLON

State

IL

Zip Code

62269

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AIRTRAN AIRWAYS

Occupation

PILOT

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 3 / 2 0 0 9

Transaction ID: SA11AI.37670

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

301.67

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

A. Form/Schedule : **SA11AI** 0009108-0003276  
Transaction ID : **SA11AI.38886**

B. Form/Schedule : **SA11AI** 0102021-0000609  
Transaction ID : **SA11AI.35983**

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.37670**

0014063-0002161

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

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

FOR LINE NUMBER: PAGE 63 / 881

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)  
FREDRICK BLACKMAR

Mailing Address PO BOX 278

City State Zip Code  
CATAULA GA 31804

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CATAULA VETERINARY HOSPITAL P.C.

Occupation  
VETERINARIAN

Receipt For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 8 / 2 0 0 9

Transaction ID: SA11AI.36251

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)  
MS ANGELINE BOERSMA

Mailing Address 2634 NE 6TH ST

City State Zip Code  
GRESHAM OR 97030

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt

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

Transaction ID: SA11AI.39316

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)  
MR PHIL BOLLINGER

Mailing Address 1901 CANTERBURY COURT CV

City State Zip Code  
CORDOVA TN 38016

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ST FRANCIS HOSPITAL

Occupation  
IT MANAGER

Receipt For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.36622

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

1325.00

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

A. Form/Schedule : **SA11AI** 0107610-0000858  
Transaction ID : **SA11AI.36251**

B. Form/Schedule : **SA11AI** 0009860-0003681  
Transaction ID : **SA11AI.39316**



C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.36622**

0101327-0001204

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

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

FOR LINE NUMBER: PAGE 66 / 881

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

MR PHIL BOLLINGER

Mailing Address 1901 CANTERBURY COURT CV

City

CORDOVA

State

TN

Zip Code

38016

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ST FRANCIS HOSPITAL

Occupation

IT MANAGER

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.36623

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MR PHIL BOLLINGER

Mailing Address 1901 CANTERBURY COURT CV

City

CORDOVA

State

TN

Zip Code

38016

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ST FRANCIS HOSPITAL

Occupation

IT MANAGER

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

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

Transaction ID: SA11AI.36624

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MR RONALD J BOOMSTRA

Mailing Address 585 BIRCHWOOD ST

City

JACKSON

State

MI

Zip Code

49203

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED MILITARY

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.37070

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional) .....

250.00

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

A.

Form/Schedule : **SA11AI**

0101327-0001205

Transaction ID : **SA11AI.36623**

B.

Form/Schedule : **SA11AI**

0101327-0001206

Transaction ID : **SA11AI.36624**

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.37070**

0025974-0001603

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 69 / 881

(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
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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

NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

MR LAWRENCE D BOONE

Mailing Address PO BOX 1056

City

DENAIR

State

CA

Zip Code

95316

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
STANISLAUS COUNTYOccupation  
NURSE

Receipt For: 2010

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.39229

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

MR WILLIAM P BORDUIN

Mailing Address 200 BLACK SKIMMER CT

City

EDGEWATER

State

MD

Zip Code

21037

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2010

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	7	/	2	0	9	

Transaction ID: SA11AI.35702

Amount of Each Receipt this Period

750.00

**C.**

Full Name (Last, First, Middle Initial)

MR RONALD A BOSS

Mailing Address 977 COACHWAY

City

ANNAPOLIS

State

MD

Zip Code

21401

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2010

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	7	/	2	0	9	

Transaction ID: SA11AI.35717

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional) .....

1000.00

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

A. Form/Schedule : **SA11AI** 0049218-0003595  
Transaction ID : **SA11AI.39229**

B. Form/Schedule : **SA11AI** 0100966-0000352  
Transaction ID : **SA11AI.35702**

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.35717**

0029376-0000366

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

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

FOR LINE NUMBER: PAGE 72 / 881

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

MR RONALD A BOSS

Mailing Address 977 COACHWAY

City

ANNAPOLIS

State

MD

Zip Code

21401

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.35718

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MR RONALD A BOSS

Mailing Address 977 COACHWAY

City

ANNAPOLIS

State

MD

Zip Code

21401

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 3 / 2 0 0 9

Transaction ID: SA11AI.35719

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MR RONALD A BOSS

Mailing Address 977 COACHWAY

City

ANNAPOLIS

State

MD

Zip Code

21401

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.35720

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

125.00

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



A.

Form/Schedule : **SA11AI**

Transaction ID : **SA11AI.35718**

0029376-0000367

B.

Form/Schedule : **SA11AI**

Transaction ID : **SA11AI.35719**

0029376-0000368

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.35720**

0029376-0000369

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

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

FOR LINE NUMBER: PAGE 75 / 881

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

MR STEPHEN BOVY

Mailing Address 9301 PALI AVE

City

TUJUNGA

State

CA

Zip Code

91042

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LOS ANGELES UNIFIED SCHOOL  
DIS

Occupation

TEACHER

Receipt For: 2010

☐ Primary ☒ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 6 / 2 0 0 9

Transaction ID: SA11AI.38815

Amount of Each Receipt this Period

600.00

**B.**

Full Name (Last, First, Middle Initial)

MR EARL M BOWERS

Mailing Address PO BOX 8382  
1742 HARDING RD

City

NORTHFIELD

State

IL

Zip Code

60093

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PRO TECT

Occupation

CONSTRUCTION MATERIALS WHOLESALE-D

Receipt For: 2010

☐ Primary ☒ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

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

Transaction ID: SA11AI.37577

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

MR EARL BRADLEY

Mailing Address PO BOX 856

City

EASTLAND

State

TX

Zip Code

76448

FEC ID number of contributing  
federal political committee.

C

Name of Employer

EBAA IRON- INC.

Occupation

PRESIDENT

Receipt For: 2010

☐ Primary ☒ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.38133

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1350.00

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

A. Form/Schedule : **SA11AI** 0008772-0003205  
Transaction ID : **SA11AI.38815**

B. Form/Schedule : **SA11AI** 0103324-0002071  
Transaction ID : **SA11AI.37577**

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.38133**

0107046-0002588

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

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

MR RANDY BRAMEL

Mailing Address 1955 PORT CLARIDGE PL

City

NEWPORT BEACH

State

CA

Zip Code

92660

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BRIDGEPORT INVESTMENTS

Occupation

REAL ESTATE

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.38988

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

MR TERRY O BRISTOL

Mailing Address 344 E FOOTHILLS PKWY  
RED ROOM 9-W

City

FORT COLLINS

State

CO

Zip Code

80525

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
344E FOOTHILLS PARKWAY FC  
COLORADO

Occupation

ASSET MGR

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 0 6 / 2 0 0 9

Transaction ID: SA11AI.38476

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MR TERRY O BRISTOL

Mailing Address 344 E FOOTHILLS PKWY  
RED ROOM 9-W

City

FORT COLLINS

State

CO

Zip Code

80525

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
344E FOOTHILLS PARKWAY FC  
COLORADO

Occupation

ASSET MGR

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 5 / 2 0 0 9

Transaction ID: SA11AI.38477

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

350.00

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

A. Form/Schedule : **SA11AI** 0035331-0003367  
Transaction ID : **SA11AI.38988**

B. Form/Schedule : **SA11AI** 0024811-0002902  
Transaction ID : **SA11AI.38476**

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.38477**

0024811-0002903



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

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 81 / 881

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

MR TERRY O BRISTOL

Mailing Address 344 E FOOTHILLS PKWY  
RED ROOM 9-W

City State Zip Code  
FORT COLLINS CO 80525

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
344E FOOTHILLS PARKWAY FC  
COLORADO

Occupation  
ASSET MGR

Receipt For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 07 / 2009

Transaction ID: SA11AI.38478

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MR TERRY O BRISTOL

Mailing Address 344 E FOOTHILLS PKWY  
RED ROOM 9-W

City State Zip Code  
FORT COLLINS CO 80525

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
344E FOOTHILLS PARKWAY FC  
COLORADO

Occupation  
ASSET MGR

Receipt For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt

M M / D D / Y Y Y Y  
10 / 05 / 2009

Transaction ID: SA11AI.38479

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MR TERRY O BRISTOL

Mailing Address 344 E FOOTHILLS PKWY  
RED ROOM 9-W

City State Zip Code  
FORT COLLINS CO 80525

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
344E FOOTHILLS PARKWAY FC  
COLORADO

Occupation  
ASSET MGR

Receipt For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
550.00

Date of Receipt

M M / D D / Y Y Y Y  
11 / 05 / 2009

Transaction ID: SA11AI.38480

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

150.00

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

A. Form/Schedule : **SA11AI** 0024811-0002904  
Transaction ID : **SA11AI.38478**

B. Form/Schedule : **SA11AI** 0024811-0002905  
Transaction ID : **SA11AI.38479**

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.38480**

0024811-0002906

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

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 84 / 881

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

MR TERRY O BRISTOL

Mailing Address 344 E FOOTHILLS PKWY  
RED ROOM 9-W

City State Zip Code  
FORT COLLINS CO 80525

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
344E FOOTHILLS PARKWAY FC  
COLORADO

Occupation  
ASSET MGR

Receipt For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 7 / 2 0 0 9

Transaction ID: SA11AI.38481

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MR DEL C BROOKS

Mailing Address 12789 MUIRFIELD BLVD N

City State Zip Code  
JACKSONVILLE FL 32225

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SMURFIT STORE CONT. CORP

Occupation  
GEN MGR

Receipt For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt

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

Transaction ID: SA11AI.36263

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MR DEL C BROOKS

Mailing Address 12789 MUIRFIELD BLVD N

City State Zip Code  
JACKSONVILLE FL 32225

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SMURFIT STORE CONT. CORP

Occupation  
GEN MGR

Receipt For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 5 / 2 0 0 9

Transaction ID: SA11AI.36264

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

150.00

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

A. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.38481**

0024811-0002907

B. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.36263**

0012784-0000870

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.36264**

0012784-0000871

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

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 87 / 881

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

MR DEL C BROOKS

Mailing Address 12789 MUIRFIELD BLVD N

City

JACKSONVILLE

State

FL

Zip Code

32225

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SMURFIT STORE CONT. CORP

Occupation

GEN MGR

Receipt For: 2010

☐ Primary ☒ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

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

Transaction ID: SA11AI.36265

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MR DEL C BROOKS

Mailing Address 12789 MUIRFIELD BLVD N

City

JACKSONVILLE

State

FL

Zip Code

32225

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SMURFIT STORE CONT. CORP

Occupation

GEN MGR

Receipt For: 2010

☐ Primary ☒ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

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

Transaction ID: SA11AI.36266

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MR DEL C BROOKS

Mailing Address 12789 MUIRFIELD BLVD N

City

JACKSONVILLE

State

FL

Zip Code

32225

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SMURFIT STORE CONT. CORP

Occupation

GEN MGR

Receipt For: 2010

☐ Primary ☒ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: SA11AI.36267

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

100.00

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

A. Form/Schedule : **SA11AI** 0012784-0000872  
Transaction ID : **SA11AI.36265**

B. Form/Schedule : **SA11AI** 0012784-0000873  
Transaction ID : **SA11AI.36266**



C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.36267**

0012784-0000874

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

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

MRS KAREN L BROOKS

Mailing Address 12789 MUIRFIELD BLVD N

City

JACKSONVILLE

State

FL

Zip Code

32225

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOUSEWIFE

Occupation

HOUSEWIFE

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.36268

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MR DALE A BROWN

Mailing Address PO BOX 5562

City

MIDLAND

State

TX

Zip Code

79704

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PETROLEUM STRATEGIES INC

Occupation

BUS. MANAGER

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

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

Transaction ID: SA11AI.38399

Amount of Each Receipt this Period

3000.00

**C.**

Full Name (Last, First, Middle Initial)

MR WENDELL E BROWN

Mailing Address 300 N FILLMORE ST

City

ARLINGTON

State

VA

Zip Code

22201

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
B&E SERVICES

Occupation

ACCOUNTANT

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

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

Transaction ID: SA11AI.35757

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

3075.00

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

A. Form/Schedule : **SA11AI** 0101958-0000876  
Transaction ID : **SA11AI.36268**

B. Form/Schedule : **SA11AI** 0107402-0002828  
Transaction ID : **SA11AI.38399**

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.35757**

0107255-0000403

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

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

FOR LINE NUMBER: PAGE 93 / 881

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

MR WENDELL E BROWN

Mailing Address 300 N FILLMORE ST

City

ARLINGTON

State

VA

Zip Code

22201

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
B&E SERVICES

Occupation

ACCOUNTANT

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

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

Transaction ID: SA11AI.35758

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MR WENDELL E BROWN

Mailing Address 300 N FILLMORE ST

City

ARLINGTON

State

VA

Zip Code

22201

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
B&E SERVICES

Occupation

ACCOUNTANT

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 8 / 2 0 0 9

Transaction ID: SA11AI.35759

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MR WENDELL E BROWN

Mailing Address 300 N FILLMORE ST

City

ARLINGTON

State

VA

Zip Code

22201

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
B&E SERVICES

Occupation

ACCOUNTANT

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.35760

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

100.00

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

A. Form/Schedule : **SA11AI** 0107255-0000404  
Transaction ID : **SA11AI.35758**

B. Form/Schedule : **SA11AI** 0107255-0000405  
Transaction ID : **SA11AI.35759**

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.35760**

0107255-0000406

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

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

FOR LINE NUMBER: PAGE 96 / 881

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**CAMPAIGN FOR WORKING FAMILIES**

**A.**

Full Name (Last, First, Middle Initial)  
**MRS KELLY BUCK**

Mailing Address **2084 BROOK HIGHLAND RDG**

City State Zip Code  
**BIRMINGHAM AL 35242**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**MY FAMILY**

Occupation  
**MOM**

Receipt For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
**250.00**

Date of Receipt

**08 / 07 / 2009**

Transaction ID: SA11AI.36463

Amount of Each Receipt this Period

**250.00**

**B.**

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

Mailing Address **2084 BROOK HIGHLAND RDG**

City State Zip Code  
**BIRMINGHAM AL 35242**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF**

Occupation  
**ORAL & MAXILLOFACIAL SURGEON**

Receipt For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
**600.00**

Date of Receipt

**07 / 09 / 2009**

Transaction ID: SA11AI.36464

Amount of Each Receipt this Period

**100.00**

**C.**

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

Mailing Address **2084 BROOK HIGHLAND RDG**

City State Zip Code  
**BIRMINGHAM AL 35242**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF**

Occupation  
**ORAL & MAXILLOFACIAL SURGEON**

Receipt For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
**700.00**

Date of Receipt

**07 / 20 / 2009**

Transaction ID: SA11AI.36465

Amount of Each Receipt this Period

**100.00**

**SUBTOTAL** of Receipts This Page (optional) .....

**450.00**

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



A. Form/Schedule : **SA11AI** 0107104-0001055  
Transaction ID : **SA11AI.36463**

B. Form/Schedule : **SA11AI** 0101854-0001057  
Transaction ID : **SA11AI.36464**

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.36465**

0101854-0001058

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 99 / 881

(check only one)

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

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

MR WILLIAM P BUCK, JR

Mailing Address 2084 BROOK HIGHLAND RDG

City

BIRMINGHAM

State

AL

Zip Code

35242

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF

Occupation

ORAL &amp; MAXILLOFACIAL SURGEON

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	1	9	/	2	0	0	9

Transaction ID: SA11AI.36466

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

MR WILLIAM P BUCK, JR

Mailing Address 2084 BROOK HIGHLAND RDG

City

BIRMINGHAM

State

AL

Zip Code

35242

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF

Occupation

ORAL &amp; MAXILLOFACIAL SURGEON

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

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

Transaction ID: SA11AI.36467

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

MR WILLIAM P BUCK, JR

Mailing Address 2084 BROOK HIGHLAND RDG

City

BIRMINGHAM

State

AL

Zip Code

35242

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF

Occupation

ORAL &amp; MAXILLOFACIAL SURGEON

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.36468

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional) .....

300.00

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

A. Form/Schedule : **SA11AI** 0101854-0001059  
Transaction ID : **SA11AI.36466**

B. Form/Schedule : **SA11AI** 0101854-0001060  
Transaction ID : **SA11AI.36467**

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.36468**

0101854-0001061

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

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

FOR LINE NUMBER: PAGE 102 / 881

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

MR WILLIAM P BUCK, JR

Mailing Address 2084 BROOK HIGHLAND RDG

City

BIRMINGHAM

State

AL

Zip Code

35242

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF

Occupation

ORAL & MAXILLOFACIAL SURGEON

Receipt For:

2010

☐ Primary

☒ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

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

Transaction ID: SA11AI.36469

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

MR WILLIAM P BUCK, JR

Mailing Address 2084 BROOK HIGHLAND RDG

City

BIRMINGHAM

State

AL

Zip Code

35242

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF

Occupation

ORAL & MAXILLOFACIAL SURGEON

Receipt For:

2010

☐ Primary

☒ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 9

Transaction ID: SA11AI.36470

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

MR LINDSAY BUCKNER

Mailing Address 520 HENNESSY RD

City

YAKIMA

State

WA

Zip Code

98908

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TREE TOP INC

Occupation

SR. VP

Receipt For:

2010

☐ Primary

☒ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 6 / 2 0 0 9

Transaction ID: SA11AI.39522

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

450.00

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

A. Form/Schedule : **SA11AI** 0101854-0001062  
Transaction ID : **SA11AI.36469**

B. Form/Schedule : **SA11AI** 0101854-0001063  
Transaction ID : **SA11AI.36470**

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.39522**

0107370-0003872



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

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

FOR LINE NUMBER: PAGE 105 / 881

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

MS CAROLYN J BULSON

Mailing Address 2001 HARRISBURG PIKE APT 409ML

City

LANCASTER

State

PA

Zip Code

17601

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFO REQUESTED- NOT RECD

Occupation

INFO REQUESTED- NOT RECD

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 6 / 2 0 0 9

Transaction ID: SA11AI.35602

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

MR KEVIN M BURKE

Mailing Address 426 BELGO RD

City

CASTLETON

State

VT

Zip Code

05735

FEC ID number of contributing  
federal political committee.

C

Name of Employer

T A RUSSELL CORP

Occupation

CONSTRUCTION SUPERINTENDENT

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11AI.35407

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

MRS THERESA A BURKE

Mailing Address 426 BELGO RD

City

CASTLETON

State

VT

Zip Code

05735

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFO REQUESTED- NOT RECD

Occupation

INFO REQUESTED- NOT RECD

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.35409

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

850.00

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

A. Form/Schedule : **SA11AI** 0101816-0000259  
Transaction ID : **SA11AI.35602**

B. Form/Schedule : **SA11AI** 0060385-0000080  
Transaction ID : **SA11AI.35407**

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.35409**

0107464-0000082

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

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

FOR LINE NUMBER: PAGE 108 / 881

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

MRS G ELLENE BUSBY

Mailing Address 170 E CONNECTICUT AVE

City

SOUTHERN PNES

State

NC

Zip Code

28387

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 0 7 / 2 0 0 9

Transaction ID: SA11AI.35945

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MRS G ELLENE BUSBY

Mailing Address 170 E CONNECTICUT AVE

City

SOUTHERN PNES

State

NC

Zip Code

28387

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 5 / 2 0 0 9

Transaction ID: SA11AI.35946

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MRS G ELLENE BUSBY

Mailing Address 170 E CONNECTICUT AVE

City

SOUTHERN PNES

State

NC

Zip Code

28387

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 5 / 2 0 0 9

Transaction ID: SA11AI.35947

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

150.00

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

A. Form/Schedule : **SA11AI** 0003053-0000578  
Transaction ID : **SA11AI.35945**

B. Form/Schedule : **SA11AI** 0003053-0000579  
Transaction ID : **SA11AI.35946**

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.35947**

0003053-0000580

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

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

FOR LINE NUMBER: PAGE 111 / 881

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

MRS G ELLENE BUSBY

Mailing Address 170 E CONNECTICUT AVE

City

SOUTHERN PNES

State

NC

Zip Code

28387

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 7 / 2 0 0 9

Transaction ID: SA11AI.35948

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

LT COL RAY F BUTTS

Mailing Address 709 RIVERBEND BLVD

City

LONGWOOD

State

FL

Zip Code

32779

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.36303

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

RUSSELL A CARDENAS

Mailing Address 510 E SUNSHINE DR

City

SAN ANTONIO

State

TX

Zip Code

78228

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ALCOA

Occupation  
COST ANALYST

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.38289

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

125.00

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

A. Form/Schedule : **SA11AI** 0003053-0000581  
Transaction ID : **SA11AI.35948**

B. Form/Schedule : **SA11AI** 0104151-0000907  
Transaction ID : **SA11AI.36303**



C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.38289**

0103281-0002723

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

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

FOR LINE NUMBER: PAGE 114 / 881

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

RUSSELL A CARDENAS

Mailing Address 510 E SUNSHINE DR

City

SAN ANTONIO

State

TX

Zip Code

78228

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ALCOA

Occupation

COST ANALYST

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 4 / 2 0 0 9

Transaction ID: SA11AI.38290

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

RUSSELL A CARDENAS

Mailing Address 510 E SUNSHINE DR

City

SAN ANTONIO

State

TX

Zip Code

78228

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ALCOA

Occupation

COST ANALYST

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.38291

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

RUSSELL A CARDENAS

Mailing Address 510 E SUNSHINE DR

City

SAN ANTONIO

State

TX

Zip Code

78228

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ALCOA

Occupation

COST ANALYST

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.38292

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

150.00

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

A. Form/Schedule : **SA11AI** 0103281-0002724  
Transaction ID : **SA11AI.38290**

B. Form/Schedule : **SA11AI** 0103281-0002725  
Transaction ID : **SA11AI.38291**

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.38292**

0103281-0002726

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

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

FOR LINE NUMBER: PAGE 117 / 881

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

RUSSELL A CARDENAS

Mailing Address 510 E SUNSHINE DR

City

SAN ANTONIO

State

TX

Zip Code

78228

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ALCOA

Occupation

COST ANALYST

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.38293

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MRS DOROTHY CARNINE

Mailing Address HC 87 BOX 9

City

ANGORA

State

NE

Zip Code

69331

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation

RETIRED

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.37869

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

MR DAVID S CARROLL, JR

Mailing Address 235 RIVEREDGE CV

City

CORDOVA

State

TN

Zip Code

38018

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
USAGE DEFINED SOFTWARE

Occupation

SOFTWARE DEVELOPER

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

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

Transaction ID: SA11AI.36625

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

175.00

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

A. Form/Schedule : **SA11AI** 0103281-0002727  
Transaction ID : **SA11AI.38293**

B. Form/Schedule : **SA11AI** 0007310-0002346  
Transaction ID : **SA11AI.37869**

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.36625**

0050026-0001207

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

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

FOR LINE NUMBER: PAGE 120 / 881

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

MRS SUSAN S CASADA

Mailing Address 7525 WICKAM RD

City

KNOXVILLE

State

TN

Zip Code

37931

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SOUTHERN SHORES DEVELOPME-  
NT

Occupation

OFFICE MANAGER

Receipt For: 2010

☐ Primary ☒ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

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

Transaction ID: SA11AI.36613

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MR GORDON CHAN

Mailing Address 1023 NE 98TH ST

City

SEATTLE

State

WA

Zip Code

98115

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NORTHWEST HOSP

Occupation

C. T. TECHNOLOGIST

Receipt For: 2010

☐ Primary ☒ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 6 / 2 0 0 9

Transaction ID: SA11AI.39428

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MR GORDON CHAN

Mailing Address 1023 NE 98TH ST

City

SEATTLE

State

WA

Zip Code

98115

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NORTHWEST HOSP

Occupation

C. T. TECHNOLOGIST

Receipt For: 2010

☐ Primary ☒ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 5 / 2 0 0 9

Transaction ID: SA11AI.39429

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

150.00

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



A. Form/Schedule : **SA11AI** 0014134-0001198  
Transaction ID : **SA11AI.36613**

B. Form/Schedule : **SA11AI** 0032286-0003784  
Transaction ID : **SA11AI.39428**

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.39429**

0032286-0003785

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 123 / 881

(check only one)

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

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

MR GORDON CHAN

Mailing Address 1023 NE 98TH ST

City

SEATTLE

State

WA

Zip Code

98115

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NORTHWEST HOSP

Occupation

C. T. TECHNOLOGIST

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	0	7	/	2	0	0	9

Transaction ID: SA11AI.39430

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MR GORDON CHAN

Mailing Address 1023 NE 98TH ST

City

SEATTLE

State

WA

Zip Code

98115

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NORTHWEST HOSP

Occupation

C. T. TECHNOLOGIST

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	5	/	2	0	0	9

Transaction ID: SA11AI.39431

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MR GORDON CHAN

Mailing Address 1023 NE 98TH ST

City

SEATTLE

State

WA

Zip Code

98115

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NORTHWEST HOSP

Occupation

C. T. TECHNOLOGIST

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	5	/	2	0	0	9

Transaction ID: SA11AI.39432

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional) .....

150.00

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

A. Form/Schedule : **SA11AI** 0032286-0003786  
Transaction ID : **SA11AI.39430**

B. Form/Schedule : **SA11AI** 0032286-0003787  
Transaction ID : **SA11AI.39431**

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.39432**

0032286-0003788

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

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

MR GORDON CHAN

Mailing Address 1023 NE 98TH ST

City

SEATTLE

State

WA

Zip Code

98115

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NORTHWEST HOSP

Occupation

C. T. TECHNOLOGIST

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 7 / 2 0 0 9

Transaction ID: SA11AI.39433

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MR C DAN CHENOWETH

Mailing Address 5515 W RICHEY RD

City

HOUSTON

State

TX

Zip Code

77066

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TWSO INCORPORATED

Occupation

CEO CHAIRMAN

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

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

Transaction ID: SA11AI.38175

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

MR C DAN CHENOWETH

Mailing Address 5515 W RICHEY RD

City

HOUSTON

State

TX

Zip Code

77066

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TWSO INCORPORATED

Occupation

CEO CHAIRMAN

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2100.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 8 / 2 0 0 9

Transaction ID: SA11AI.38176

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

650.00

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

A. Form/Schedule : **SA11AI** 0032286-0003789  
Transaction ID : **SA11AI.39433**

B. Form/Schedule : **SA11AI** 0104559-0002626  
Transaction ID : **SA11AI.38175**

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.38176**

0104559-0002627



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

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

MRS FRANCES CLARK

Mailing Address 907 COLONY RIDGE CT

City

IRVING

State

TX

Zip Code

75061

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OWNER

Occupation

PIZZA SALON

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 6 / 2 0 0 9

Transaction ID: SA11AI.38035

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

MRS MURIEL COFFMAN

Mailing Address 11603 N 86TH ST

City

SCOTTSDALE

State

AZ

Zip Code

85260

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOUSEWIFE

Occupation

HOUSEWIFE - HUSBAND RETIRED

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 8 / 2 0 0 9

Transaction ID: SA11AI.38648

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

MS SHARON COMBS

Mailing Address 208 S OAK AVE

City

BROKEN ARROW

State

OK

Zip Code

74012

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SHARON COMBS INTERIORS-  
INC.

Occupation

SMALL BUSINESS OWNER

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.37983

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

500.00

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

A. Form/Schedule : **SA11AI** 0048886-0002499  
Transaction ID : **SA11AI.38035**

B. Form/Schedule : **SA11AI** 0101382-0003054  
Transaction ID : **SA11AI.38648**

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.37983**

0104779-0002448

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

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

MS SHARON COMBS

Mailing Address 208 S OAK AVE

City

BROKEN ARROW

State

OK

Zip Code

74012

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SHARON COMBS INTERIORS-  
INC.

Occupation

SMALL BUSINESS OWNER

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: SA11AI.37984

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

CHARLES H COOK

Mailing Address 625 SINGLEY AVE

City

RUNNEMEDE

State

NJ

Zip Code

08078

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MOHAWK INDUSTRIES- INC.

Occupation

MANAGER

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: SA11AI.35461

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

MR RICHARD E COOLEY

Mailing Address 617 KESTREL CT

City

WOODSTOCK

State

VA

Zip Code

22664

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF

Occupation

SEMI-RETIRED

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

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

Transaction ID: SA11AI.35781

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

225.00

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

A. Form/Schedule : **SA11AI** 0104779-0002449  
Transaction ID : **SA11AI.37984**

B. Form/Schedule : **SA11AI** 0106270-0000133  
Transaction ID : **SA11AI.35461**

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.35781**

0001316-0000422

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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)  
MRS JUDI A COOVER

Mailing Address PO BOX 433  
503 COLLINS AVE

City State Zip Code  
PORTLAND PA 18351

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
J A COOVER & ASSOC

Occupation  
CONSULTANT

Receipt For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 8 / 2 0 0 9

Transaction ID: SA11AI.35613

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)  
MRS MARGARET L COWAN

Mailing Address 85 HELEN ST

City State Zip Code  
FANWOOD NJ 07023

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MERRILYN NY

Occupation  
ADMINISTRATION

Receipt For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt

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

Transaction ID: SA11AI.35427

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)  
MRS MELANIE COX

Mailing Address 31301 TRIGO TRL

City State Zip Code  
COTO DE CAZA CA 92679

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF

Occupation  
RESTAURANT

Receipt For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt

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

Transaction ID: SA11AI.39018

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1100.00

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

A.

Form/Schedule : **SA11AI**

Transaction ID : **SA11AI.35613**

0104197-0000271

B.

Form/Schedule : **SA11AI**

Transaction ID : **SA11AI.35427**

0044157-0000098



C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.39018**

0107196-0003396

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

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

MR EDWARD C CREEK

Mailing Address 16040 RED CEDAR TRL

City

DALLAS

State

TX

Zip Code

75248

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PREMIER DESIGNS- INC.

Occupation

HUMAN RESOURCES

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 7 / 2 0 0 9

Transaction ID: SA11AI.38096

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MR EDWARD C CREEK

Mailing Address 16040 RED CEDAR TRL

City

DALLAS

State

TX

Zip Code

75248

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PREMIER DESIGNS- INC.

Occupation

HUMAN RESOURCES

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

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

Transaction ID: SA11AI.38097

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

JENNIE BELLE CROWE

Mailing Address 20191 GLEEDSVILLE RD

City

LEESBURG

State

VA

Zip Code

20175

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: SA11AI.35684

Amount of Each Receipt this Period

5000.00

**SUBTOTAL** of Receipts This Page (optional) .....

5125.00

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

A. Form/Schedule : **SA11AI** 0102817-0002556  
Transaction ID : **SA11AI.38096**

B. Form/Schedule : **SA11AI** 0102817-0002557  
Transaction ID : **SA11AI.38097**

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.35684**

0105625-0000333

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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

JOHN H CROWE

Mailing Address 20191 GLEEDSVILLE RD

City

LEESBURG

State

VA

Zip Code

20175

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF EMPLOYED

Occupation

DREAMBUILDERS CONSTRUCTION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: SA11AI.39823

Amount of Each Receipt this Period

5000.00

**B.**

Full Name (Last, First, Middle Initial)

MRS SUSAN DAKE

Mailing Address 2073 W ROYAL OAK DR

City

SPRINGFIELD

State

MO

Zip Code

65810

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFO REQUESTED- NOT RECD

Occupation

INFO REQUESTED- NOT RECD

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 6 / 2 0 0 9

Transaction ID: SA11AI.37782

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

MS ANNE DALY

Mailing Address 1908 E 15 RD

City

AURORA

State

NE

Zip Code

68818

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

MASSAGE THERAPIST

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.37861

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

5300.00

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

**B.** Form/Schedule : **SA11AI** 0094123-0002264  
Transaction ID : **SA11AI.37782**

**C.** Form/Schedule : **SA11AI** 0103282-0002336  
Transaction ID : **SA11AI.37861**

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

MR JOHN C DANIEL

Mailing Address 5 BOWDOIN RD

City

WELLESLEY

State

MA

Zip Code

02481

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NORTHWESTERN MUTUAL

Occupation

INSURANCE/SALES

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.35367

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

MR JOHN C DANIEL

Mailing Address 5 BOWDOIN RD

City

WELLESLEY

State

MA

Zip Code

02481

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NORTHWESTERN MUTUAL

Occupation

INSURANCE/SALES

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

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

Transaction ID: SA11AI.35368

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MR ROGER DAVIS, (RET)

Mailing Address 8160 TIARA ST

City

VENTURA

State

CA

Zip Code

93004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

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

Transaction ID: SA11AI.39078

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

150.00

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

A. Form/Schedule : **SA11AI**

Transaction ID : **SA11AI.35367**

0101388-0000043

B. Form/Schedule : **SA11AI**

Transaction ID : **SA11AI.35368**

0101388-0000044



C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.39078**

0023225-0003455

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

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

MRS DOREEN J DEBLIEK

Mailing Address 5523 WOODVIEW PASS

City

MIDLAND

State

MI

Zip Code

48642

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation  
RETIRED

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.37044

Amount of Each Receipt this Period

150.00

**B.**

Full Name (Last, First, Middle Initial)

MRS DOREEN J DEBLIEK

Mailing Address 5523 WOODVIEW PASS

City

MIDLAND

State

MI

Zip Code

48642

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation  
RETIRED

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11AI.37045

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

MR WARREN W DEKREY

Mailing Address 730 ASPEN PL

City

BISMARCK

State

ND

Zip Code

58503

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 0 7 / 2 0 0 9

Transaction ID: SA11AI.37517

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

350.00

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

A. Form/Schedule : **SA11AI** 0072207-0001578  
Transaction ID : **SA11AI.37044**

B. Form/Schedule : **SA11AI** 0072207-0001579  
Transaction ID : **SA11AI.37045**

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.37517**

0006258-0002015

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

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

MRS JOANNE D DENKO

Mailing Address 21160 AVALON DR

City

ROCKY RIVER

State

OH

Zip Code

44116

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFO REQUESTED- NOT RECD

Occupation

INFO REQUESTED- NOT RECD

Receipt For:

2010

☐ Primary

☒ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.36790

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

MR LEONARD A DEO

Mailing Address 2 SYLDEO DR

City

PARSIPPANY

State

NJ

Zip Code

07054

FEC ID number of contributing  
federal political committee.

C

Name of Employer

FLOWERS & GIFTS- INC.

Occupation

FLORIST

Receipt For:

2010

☐ Primary

☒ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 0 6 / 2 0 0 9

Transaction ID: SA11AI.35432

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MR LEONARD A DEO

Mailing Address 2 SYLDEO DR

City

PARSIPPANY

State

NJ

Zip Code

07054

FEC ID number of contributing  
federal political committee.

C

Name of Employer

FLOWERS & GIFTS- INC.

Occupation

FLORIST

Receipt For:

2010

☐ Primary

☒ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 5 / 2 0 0 9

Transaction ID: SA11AI.35433

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

400.00

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

A. Form/Schedule : **SA11AI** 0099913-0001347  
Transaction ID : **SA11AI.36790**

B. Form/Schedule : **SA11AI** 0001536-0000103  
Transaction ID : **SA11AI.35432**

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.35433**

0001536-0000104

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

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

FOR LINE NUMBER: PAGE 152 / 881

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)  
MR LEONARD A DEO

Mailing Address 2 SYLDEO DR

City State Zip Code  
PARSIPPANY NJ 07054

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FLOWERS & GIFTS- INC.

Occupation  
FLORIST

Receipt For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 07 / 2009

Transaction ID: SA11AI.35434

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)  
MR LEONARD A DEO

Mailing Address 2 SYLDEO DR

City State Zip Code  
PARSIPPANY NJ 07054

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FLOWERS & GIFTS- INC.

Occupation  
FLORIST

Receipt For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt

M M / D D / Y Y Y Y  
10 / 05 / 2009

Transaction ID: SA11AI.35435

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)  
MR LEONARD A DEO

Mailing Address 2 SYLDEO DR

City State Zip Code  
PARSIPPANY NJ 07054

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FLOWERS & GIFTS- INC.

Occupation  
FLORIST

Receipt For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
550.00

Date of Receipt

M M / D D / Y Y Y Y  
11 / 05 / 2009

Transaction ID: SA11AI.35436

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

150.00

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



A. Form/Schedule : **SA11AI**

Transaction ID : **SA11AI.35434**

0001536-0000105

B. Form/Schedule : **SA11AI**

Transaction ID : **SA11AI.35435**

0001536-0000106

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.35436**

0001536-0000107

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

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)  
MR LEONARD A DEO

Mailing Address 2 SYLDEO DR

City State Zip Code  
PARSIPPANY NJ 07054

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FLOWERS & GIFTS- INC.

Occupation  
FLORIST

Receipt For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 7 / 2 0 0 9

Transaction ID: SA11AI.35437

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)  
PATRICIA DICKERSON

Mailing Address 2162 COTTONHILL RD

City State Zip Code  
FORT GAINES GA 39851

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
BANKING

Receipt For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 7 / 2 0 0 9

Transaction ID: SA11AI.36681

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)  
PATRICIA DICKERSON

Mailing Address 2162 COTTONHILL RD

City State Zip Code  
FORT GAINES GA 39851

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
BANKING

Receipt For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt

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

Transaction ID: SA11AI.36682

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

250.00

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

A. Form/Schedule : **SA11AI** 0001536-0000108  
Transaction ID : **SA11AI.35437**

B. Form/Schedule : **SA11AI** 0106073-0001252  
Transaction ID : **SA11AI.36681**

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.36682**

0106073-0001253

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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

MRS CHERI DILLON

Mailing Address 3816 MAPLEWOOD LN

City

PLACERVILLE

State

CA

Zip Code

95667

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: SA11AI.39270

Amount of Each Receipt this Period

150.00

**B.**

Full Name (Last, First, Middle Initial)

MRS CHERI DILLON

Mailing Address 3816 MAPLEWOOD LN

City

PLACERVILLE

State

CA

Zip Code

95667

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 6 / 2 0 0 9

Transaction ID: SA11AI.39271

Amount of Each Receipt this Period

225.00

**C.**

Full Name (Last, First, Middle Initial)

MR KIRK L DORN

Mailing Address 9 CHERRYWOOD DR

City

EAST NORTHPORT

State

NY

Zip Code

11731

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: SA11AI.35493

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

475.00

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

A. Form/Schedule : **SA11AI** 0060273-0003638  
Transaction ID : **SA11AI.39270**

B. Form/Schedule : **SA11AI** 0060273-0003639  
Transaction ID : **SA11AI.39271**

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.35493**

0076011-0000164



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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
**CAMPAIGN FOR WORKING FAMILIES**

**A.**

Full Name (Last, First, Middle Initial)  
**MR KIRK L DORN**

Mailing Address **9 CHERRYWOOD DR**

City State Zip Code  
**EAST NORTHPORT NY 11731**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
**500.00**

Date of Receipt

**12 / 22 / 2009**

**Transaction ID: SA11AI.35494**

Amount of Each Receipt this Period

**100.00**

**B.**

Full Name (Last, First, Middle Initial)  
**MR DON DOWNS**

Mailing Address **333 W PASEO DE CRISTOBAL**

City State Zip Code  
**SAN CLEMENTE CA 92672**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**N/A**

Occupation  
**RETIRED**

Receipt For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
**850.00**

Date of Receipt

**10 / 21 / 2009**

**Transaction ID: SA11AI.39001**

Amount of Each Receipt this Period

**100.00**

**C.**

Full Name (Last, First, Middle Initial)  
**KEVIN DUMLER**

Mailing Address **7554 BRUMMOND DR**

City State Zip Code  
**LINCOLN NE 68516**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**CCT**

Occupation  
**ACCOUNTANT**

Receipt For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
**250.00**

Date of Receipt

**12 / 21 / 2009**

**Transaction ID: SA11AI.37852**

Amount of Each Receipt this Period

**250.00**

**SUBTOTAL** of Receipts This Page (optional) .....

**450.00**

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

A. Form/Schedule : **SA11AI** 0076011-0000165  
Transaction ID : **SA11AI.35494**

B. Form/Schedule : **SA11AI** 0009205-0003381  
Transaction ID : **SA11AI.39001**

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.37852**

0107636-0002328

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

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

MRS NANCY E EARDLEY

Mailing Address 1441 SANDY POINT AVE SE

City

GRAND RAPIDS

State

MI

Zip Code

49546

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FIS

Occupation  
SALES

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 5 / 2 0 0 9

Transaction ID: SA11AI.37138

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MRS KATHLEEN A ECHELBARGER

Mailing Address 620 SUNSET AVE N

City

EDMONDS

State

WA

Zip Code

98020

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2100.00

Date of Receipt

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

Transaction ID: SA11AI.39405

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

MRS KATHLEEN A ECHELBARGER

Mailing Address 620 SUNSET AVE N

City

EDMONDS

State

WA

Zip Code

98020

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2150.00

Date of Receipt

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

Transaction ID: SA11AI.39406

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

600.00

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

A. Form/Schedule : **SA11AI** 0104465-0001674  
Transaction ID : **SA11AI.37138**

B. Form/Schedule : **SA11AI** 0103709-0003764  
Transaction ID : **SA11AI.39405**

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.39406**

0103709-0003765

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

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

**A.**

Full Name (Last, First, Middle Initial)  
**MRS KATHLEEN A ECHELBERGER**

Mailing Address **620 SUNSET AVE N**

City State Zip Code  
**EDMONDS WA 98020**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**HOMEMAKER**

Occupation  
**HOMEMAKER**

Receipt For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
**2400.00**

Date of Receipt

**12 / 22 / 2009**

Transaction ID: SA11AI.39407

Amount of Each Receipt this Period

**250.00**

**B.**

Full Name (Last, First, Middle Initial)  
**MR WILLIAM S EDGERLY**

Mailing Address **32 HIGHLAND ST**

City State Zip Code  
**CAMBRIDGE MA 02138**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
**1100.00**

Date of Receipt

**12 / 21 / 2009**

Transaction ID: SA11AI.35361

Amount of Each Receipt this Period

**100.00**

**C.**

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

Mailing Address **27001 HIGHWAY 128**

City State Zip Code  
**YORKVILLE CA 95494**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**JAYMES & JAYMES**

Occupation  
**INSURANCE BROKER**

Receipt For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
**660.00**

Date of Receipt

**07 / 09 / 2009**

Transaction ID: SA11AI.39243

Amount of Each Receipt this Period

**100.00**

**SUBTOTAL** of Receipts This Page (optional) .....

**450.00**

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

A. Form/Schedule : **SA11AI** 0103709-0003766  
Transaction ID : **SA11AI.39407**

B. Form/Schedule : **SA11AI** 0104008-0000038  
Transaction ID : **SA11AI.35361**



C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.39243**

0101847-0003611

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

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 170 / 881

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

**A.**

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

Mailing Address **27001 HIGHWAY 128**

City State Zip Code  
**YORKVILLE CA 95494**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**JAYMES & JAYMES**

Occupation  
**INSURANCE BROKER**

Receipt For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
**760.00**

Date of Receipt

**07 / 22 / 2009**

**Transaction ID: SA11AI.39244**

Amount of Each Receipt this Period

**100.00**

**B.**

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

Mailing Address **27001 HIGHWAY 128**

City State Zip Code  
**YORKVILLE CA 95494**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**JAYMES & JAYMES**

Occupation  
**INSURANCE BROKER**

Receipt For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
**860.00**

Date of Receipt

**08 / 19 / 2009**

**Transaction ID: SA11AI.39245**

Amount of Each Receipt this Period

**100.00**

**C.**

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

Mailing Address **27001 HIGHWAY 128**

City State Zip Code  
**YORKVILLE CA 95494**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**JAYMES & JAYMES**

Occupation  
**INSURANCE BROKER**

Receipt For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
**960.00**

Date of Receipt

**09 / 21 / 2009**

**Transaction ID: SA11AI.39246**

Amount of Each Receipt this Period

**100.00**

**SUBTOTAL** of Receipts This Page (optional) .....

**300.00**

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

A.

Form/Schedule : **SA11AI**

Transaction ID : **SA11AI.39244**

0101847-0003612

B.

Form/Schedule : **SA11AI**

Transaction ID : **SA11AI.39245**

0101847-0003613

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.39246**

0101847-0003614

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

MR CRAIG W EGLOFF

Mailing Address 27001 HIGHWAY 128

City

YORKVILLE

State

CA

Zip Code

95494

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
JAYMES & JAYMES

Occupation

INSURANCE BROKER

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1060.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	5	/	2	0	0	9

Transaction ID: SA11AI.39247

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

MR CRAIG W EGLOFF

Mailing Address 27001 HIGHWAY 128

City

YORKVILLE

State

CA

Zip Code

95494

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
JAYMES & JAYMES

Occupation

INSURANCE BROKER

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1260.00

Date of Receipt

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

Transaction ID: SA11AI.39248

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

MR CRAIG W EGLOFF

Mailing Address 27001 HIGHWAY 128

City

YORKVILLE

State

CA

Zip Code

95494

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
JAYMES & JAYMES

Occupation

INSURANCE BROKER

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1460.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	6	/	2	0	0	9

Transaction ID: SA11AI.39249

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional) .....

500.00

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

A. Form/Schedule : **SA11AI** 0101847-0003615  
Transaction ID : **SA11AI.39247**

B. Form/Schedule : **SA11AI** 0101847-0003616  
Transaction ID : **SA11AI.39248**

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.39249**

0101847-0003617

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

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

FOR LINE NUMBER: PAGE 176 / 881

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

MRS BETTY M EITELMAN

Mailing Address 210 AVENIDA DE LEON

City

ABILENE

State

TX

Zip Code

79602

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF

Occupation

HOMEMAKER

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 7 / 2 0 0 9

Transaction ID: SA11AI.38384

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

MRS BETTY M EITELMAN

Mailing Address 210 AVENIDA DE LEON

City

ABILENE

State

TX

Zip Code

79602

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF

Occupation

HOMEMAKER

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

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

Transaction ID: SA11AI.38385

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MRS BETTY M EITELMAN

Mailing Address 210 AVENIDA DE LEON

City

ABILENE

State

TX

Zip Code

79602

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF

Occupation

HOMEMAKER

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

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

Transaction ID: SA11AI.38386

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

225.00

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



A. Form/Schedule : **SA11AI**

Transaction ID : **SA11AI.38384**

0021501-0002814

B. Form/Schedule : **SA11AI**

Transaction ID : **SA11AI.38385**

0021501-0002815

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.38386**

0021501-0002816

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

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

FOR LINE NUMBER: PAGE 179 / 881

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

MR & MRS JAMES S ENGLUND

Mailing Address 302 CINDI CT

City

LONGVIEW

State

TX

Zip Code

75605

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
ENGINEER

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 09 / 2009

Transaction ID: SA11AI.38104

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

MR & MRS JAMES S ENGLUND

Mailing Address 302 CINDI CT

City

LONGVIEW

State

TX

Zip Code

75605

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
ENGINEER

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1150.00

Date of Receipt

M M / D D / Y Y Y Y  
08 / 07 / 2009

Transaction ID: SA11AI.38105

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MR & MRS JAMES S ENGLUND

Mailing Address 302 CINDI CT

City

LONGVIEW

State

TX

Zip Code

75605

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
ENGINEER

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1650.00

Date of Receipt

M M / D D / Y Y Y Y  
10 / 21 / 2009

Transaction ID: SA11AI.38106

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1550.00

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

A. Form/Schedule : **SA11AI** 0014348-0002562  
Transaction ID : **SA11AI.38104**

B. Form/Schedule : **SA11AI** 0014348-0002563  
Transaction ID : **SA11AI.38105**

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.38106**

0014348-0002564

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

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

MR & MRS JAMES S ENGLUND

Mailing Address 302 CINDI CT

City

LONGVIEW

State

TX

Zip Code

75605

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
ENGINEER

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1675.00

Date of Receipt

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

Transaction ID: SA11AI.38107

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MR & MRS JAMES S ENGLUND

Mailing Address 302 CINDI CT

City

LONGVIEW

State

TX

Zip Code

75605

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
ENGINEER

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2075.00

Date of Receipt

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

Transaction ID: SA11AI.38108

Amount of Each Receipt this Period

400.00

**C.**

Full Name (Last, First, Middle Initial)

MRS LE N ERWIN

Mailing Address 742 BOST RD

City

MORGANTON

State

NC

Zip Code

28655

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED US MARINE

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.35977

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

475.00

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

A. Form/Schedule : **SA11AI**

Transaction ID : **SA11AI.38107**

0014348-0002565

B. Form/Schedule : **SA11AI**

Transaction ID : **SA11AI.38108**

0014348-0002566

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.35977**

0024820-0000603



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

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

MR MAYNARD M EYESTONE

Mailing Address 19334 KINGS GARDEN DR N APT R-112

City

SHORELINE

State

WA

Zip Code

98133

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONE

Occupation  
RETIRED

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

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

Transaction ID: SA11AI.39438

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

MR MAYNARD M EYESTONE

Mailing Address 19334 KINGS GARDEN DR N APT R-112

City

SHORELINE

State

WA

Zip Code

98133

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONE

Occupation  
RETIRED

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

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

Transaction ID: SA11AI.39439

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MS BETTY FITZNER

Mailing Address 486 ROYALTY LN

City

BRANSON

State

MO

Zip Code

65616

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation  
RETIRED

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

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

Transaction ID: SA11AI.37764

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

250.00

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

A. Form/Schedule : **SA11AI**

Transaction ID : **SA11AI.39438**

0010162-0003795

B. Form/Schedule : **SA11AI**

Transaction ID : **SA11AI.39439**

0010162-0003796

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.37764**

0102391-0002249

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

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

MRS CHRIS FLEMING

Mailing Address 1801 FAIRFOREST DR

City

MONTGOMERY

State

AL

Zip Code

36106

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.36505

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

MR JAMES F FLOOD

Mailing Address 33 YARMOUTH DR

City

NEW PROVIDENCE

State

NJ

Zip Code

07974

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.35459

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

KIMBERLY FOLTZ

Mailing Address 6705 N APPLE LN

City

MUNCIE

State

IN

Zip Code

47303

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BALL STATE UNIVERSITY

Occupation

TEACHER

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: SA11AI.36958

Amount of Each Receipt this Period

150.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

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

A. Form/Schedule : **SA11AI** 0105141-0001094  
Transaction ID : **SA11AI.36505**

B. Form/Schedule : **SA11AI** 0102885-0000130  
Transaction ID : **SA11AI.35459**

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.36958**

0105965-0001500

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

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

MR JOSEPH FOUNTAIN

Mailing Address 6003 CHAPEL HILL RD

City

RALEIGH

State

NC

Zip Code

27607

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SENSORS SAFETY

Occupation

SENSORS G M

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 5 / 2 0 0 9

Transaction ID: SA11AI.35884

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

MR BILLY FOWLER

Mailing Address 2113 AUGUSTA

City

MCKINNEY

State

TX

Zip Code

75070

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FOWLER FINANCIAL MANAGEME-  
NT

Occupation

FINANCIAL PLANNER

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.38055

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

MR BILLY FOWLER

Mailing Address 2113 AUGUSTA

City

MCKINNEY

State

TX

Zip Code

75070

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FOWLER FINANCIAL MANAGEME-  
NT

Occupation

FINANCIAL PLANNER

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

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

Transaction ID: SA11AI.38056

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

700.00

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

A. Form/Schedule : **SA11AI** 0105927-0000517  
Transaction ID : **SA11AI.35884**

B. Form/Schedule : **SA11AI** 0106818-0002518  
Transaction ID : **SA11AI.38055**



C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.38056**

0106818-0002519

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

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

FOR LINE NUMBER: PAGE 194 / 881

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

ELIABETH A FOX

Mailing Address PO BOX 608

City

STEVENSVILLE

State

MT

Zip Code

59870

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF

Occupation

SELF EMPLOYED

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: SA11AI.37555

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

MR TOM FRANK

Mailing Address 7845 HOLDER ST

City

BUENA PARK

State

CA

Zip Code

90620

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BOEING COMPANY

Occupation

PROGRAMMER

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.38777

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

MR CARL M FRANZELLA

Mailing Address 2329 SEVERN AVE

City

METAIRIE

State

LA

Zip Code

70001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SUN INTERIORS

Occupation

PRESIDENT

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 3 / 2 0 0 9

Transaction ID: SA11AI.37870

Amount of Each Receipt this Period

75.00

**SUBTOTAL** of Receipts This Page (optional) .....

525.00

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

A. Form/Schedule : **SA11AI** 0107210-0002049  
Transaction ID : **SA11AI.37555**

B. Form/Schedule : **SA11AI** 0104849-0003170  
Transaction ID : **SA11AI.38777**

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.37870**

0104367-0002347

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

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

FOR LINE NUMBER: PAGE 197 / 881

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

**A.**

Full Name (Last, First, Middle Initial)  
**MR CARL M FRANZELLA**

Mailing Address **2329 SEVERN AVE**

City State Zip Code  
**METAIRIE LA 70001**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SUN INTERIORS**

Occupation  
**PRESIDENT**

Receipt For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
**425.00**

Date of Receipt

**12 / 22 / 2009**

Transaction ID: SA11AI.37871

Amount of Each Receipt this Period

**50.00**

**B.**

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

Mailing Address **2125 LUANN LN APT 6**

City State Zip Code  
**MADISON WI 53713**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INTERVARSITY CHRISTIAN FE-  
LLOWSHIP**

Occupation  
**MANAGER**

Receipt For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
**350.00**

Date of Receipt

**07 / 06 / 2009**

Transaction ID: SA11AI.37295

Amount of Each Receipt this Period

**50.00**

**C.**

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

Mailing Address **2125 LUANN LN APT 6**

City State Zip Code  
**MADISON WI 53713**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INTERVARSITY CHRISTIAN FE-  
LLOWSHIP**

Occupation  
**MANAGER**

Receipt For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
**400.00**

Date of Receipt

**08 / 05 / 2009**

Transaction ID: SA11AI.37296

Amount of Each Receipt this Period

**50.00**

**SUBTOTAL** of Receipts This Page (optional) .....

**150.00**

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

A. Form/Schedule : **SA11AI** 0104367-0002348  
Transaction ID : **SA11AI.37871**

B. Form/Schedule : **SA11AI** 0100234-0001813  
Transaction ID : **SA11AI.37295**

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.37296**

0100234-0001814

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 200 / 881

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

MRS TRUDY L FRIESEMA

Mailing Address 111 RED ROCK CT

City

WOODLAND PARK

State

CO

Zip Code

80863

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SUMMIT MINISTRIES

Occupation

ACCOUNTING/CLERICAL

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: SA11AI.38514

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

MR WAYNE GARNER

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  
RETIRED

Occupation

TEACHER

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

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

Transaction ID: SA11AI.38150

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MRS SUSAN M GEOGHAN

Mailing Address 6046 HAMPTON CT

City

EAST PETERSBURG

State

PA

Zip Code

17520

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HUSBAND

Occupation

HOMEMAKER

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 3 / 2 0 0 9

Transaction ID: SA11AI.35590

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

375.00

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



A. Form/Schedule : **SA11AI** 0101793-0002935  
Transaction ID : **SA11AI.38514**

B. Form/Schedule : **SA11AI** 0100558-0002604  
Transaction ID : **SA11AI.38150**

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.35590**

0020884-0000249

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

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

MR ROBERT F GEORGE

Mailing Address PO BOX 217

City

FORTSON

State

GA

Zip Code

31808

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CEO LUMMUS INDUSTRIES INC

Occupation

RETIRED

Receipt For:

2010

☐ Primary

☒ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 6 / 2 0 0 9

Transaction ID: SA11AI.36252

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

MR EARL GJELDE

Mailing Address 790 ROSE ACRES CT

City

LOVELAND

State

CO

Zip Code

80537

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SPGI

Occupation

CEO

Receipt For:

2010

☐ Primary

☒ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 9 / 2 0 0 9

Transaction ID: SA11AI.38484

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

MR EARL GJELDE

Mailing Address 790 ROSE ACRES CT

City

LOVELAND

State

CO

Zip Code

80537

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SPGI

Occupation

CEO

Receipt For:

2010

☐ Primary

☒ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: SA11AI.38485

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

1200.00

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

A. Form/Schedule : **SA11AI** 0102396-0000860  
Transaction ID : **SA11AI.36252**

B. Form/Schedule : **SA11AI** 0106982-0002910  
Transaction ID : **SA11AI.38484**

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.38485**

0106982-0002911

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

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

MR DENNIS A GOLDENMAN

Mailing Address 2016 18TH AVE

City

MONROE

State

WI

Zip Code

53566

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
THE SWISS COLONY INC

Occupation

ACCOUNTANT

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.37292

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

MARCI R GOODWIN

Mailing Address 657 WALNUT ST

City

EDMONDS

State

WA

Zip Code

98020

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GLENN T GOODWIN PHD

Occupation

BOOKKEEPER

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.39409

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MR BEN J GOUGH

Mailing Address 13909 LAVERTON AVE

City

BAKERSFIELD

State

CA

Zip Code

93314

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFO REQUESTED- NOT RECD

Occupation

INFO REQUESTED- NOT RECD

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

Transaction ID: SA11AI.39129

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

170.00

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

A. Form/Schedule : **SA11AI** 0005789-0001810  
Transaction ID : **SA11AI.37292**

B. Form/Schedule : **SA11AI** 0104629-0003769  
Transaction ID : **SA11AI.39409**

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.39129**

0101216-0003507



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

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

MR BEN J GOUGH

Mailing Address 13909 LAVERTON AVE

City

BAKERSFIELD

State

CA

Zip Code

93314

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFO REQUESTED- NOT RECD

Occupation

INFO REQUESTED- NOT RECD

Receipt For:

2010

☐ Primary

☒ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 9

Transaction ID: SA11AI.39130

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

MR JERRY GOULDING

Mailing Address PO BOX 8173

City

TRUCKEE

State

CA

Zip Code

96162

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED BUILDING CONTRACTOR

Receipt For:

2010

☐ Primary

☒ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.39295

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

MR JERRY GOULDING

Mailing Address PO BOX 8173

City

TRUCKEE

State

CA

Zip Code

96162

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED BUILDING CONTRACTOR

Receipt For:

2010

☐ Primary

☒ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 4 / 2 0 0 9

Transaction ID: SA11AI.39296

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

220.00

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

A. Form/Schedule : **SA11AI** 0101216-0003508  
Transaction ID : **SA11AI.39130**

B. Form/Schedule : **SA11AI** 0103452-0003660  
Transaction ID : **SA11AI.39295**

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.39296**

0103452-0003661

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

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

MR JERRY GOULDING

Mailing Address PO BOX 8173

City

TRUCKEE

State

CA

Zip Code

96162

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONE

Occupation

RETIRED BUILDING CONTRACTOR

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.39297

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

MR JERRY GOULDING

Mailing Address PO BOX 8173

City

TRUCKEE

State

CA

Zip Code

96162

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONE

Occupation

RETIRED BUILDING CONTRACTOR

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.39298

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

MR JERRY GOULDING

Mailing Address PO BOX 8173

City

TRUCKEE

State

CA

Zip Code

96162

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONE

Occupation

RETIRED BUILDING CONTRACTOR

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.39299

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

300.00

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

A. Form/Schedule : **SA11AI**

Transaction ID : **SA11AI.39297**

0103452-0003662

B. Form/Schedule : **SA11AI**

Transaction ID : **SA11AI.39298**

0103452-0003663

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.39299**

0103452-0003664

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

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**CAMPAIGN FOR WORKING FAMILIES**

**A.**

Full Name (Last, First, Middle Initial)  
**MR JERRY GOULDING**

Mailing Address **PO BOX 8173**

City State Zip Code  
**TRUCKEE CA 96162**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**NONE**

Occupation  
**RETIRED BUILDING CONTRACTOR**

Receipt For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
**1200.00**

Date of Receipt

**12 / 15 / 2009**

**Transaction ID: SA11AI.39300**

Amount of Each Receipt this Period

**100.00**

**B.**

Full Name (Last, First, Middle Initial)  
**MRS BEVERLEY GRANT**

Mailing Address **10025 ORANGE GROVE DR**

City State Zip Code  
**TAMPA FL 33618**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF**

Occupation  
**HOMEMAKER**

Receipt For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
**300.00**

Date of Receipt

**10 / 21 / 2009**

**Transaction ID: SA11AI.36376**

Amount of Each Receipt this Period

**100.00**

**C.**

Full Name (Last, First, Middle Initial)  
**MRS BEVERLEY GRANT**

Mailing Address **10025 ORANGE GROVE DR**

City State Zip Code  
**TAMPA FL 33618**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF**

Occupation  
**HOMEMAKER**

Receipt For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
**400.00**

Date of Receipt

**12 / 21 / 2009**

**Transaction ID: SA11AI.36377**

Amount of Each Receipt this Period

**100.00**

**SUBTOTAL** of Receipts This Page (optional) .....

**300.00**

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

A. Form/Schedule : **SA11AI** 0103452-0003665  
Transaction ID : **SA11AI.39300**

B. Form/Schedule : **SA11AI** 0106673-0000975  
Transaction ID : **SA11AI.36376**



C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.36377**

0106673-0000976

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**CAMPAIGN FOR WORKING FAMILIES**

**A.**

Full Name (Last, First, Middle Initial)  
**ROBERT GROH**

Mailing Address **PO BOX 357**

City State Zip Code  
**CORNWALL PA 17016**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
**250.00**

Date of Receipt

**08 / 28 / 2009**

Transaction ID: SA11AI.35578

Amount of Each Receipt this Period

**50.00**

**B.**

Full Name (Last, First, Middle Initial)  
**MRS CARL W GUSTKE**

Mailing Address **233 STATON RD**

City State Zip Code  
**CABOT AR 72023**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**FEDERAL EX - (WIFE) REBSA-  
MEN R. H.**

Occupation  
**PILOT - WIFE DEBORAH-RN**

Receipt For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
**600.00**

Date of Receipt

**07 / 06 / 2009**

Transaction ID: SA11AI.37911

Amount of Each Receipt this Period

**50.00**

**C.**

Full Name (Last, First, Middle Initial)  
**MRS CARL W GUSTKE**

Mailing Address **233 STATON RD**

City State Zip Code  
**CABOT AR 72023**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**FEDERAL EX - (WIFE) REBSA-  
MEN R. H.**

Occupation  
**PILOT - WIFE DEBORAH-RN**

Receipt For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
**650.00**

Date of Receipt

**08 / 05 / 2009**

Transaction ID: SA11AI.37912

Amount of Each Receipt this Period

**50.00**

**SUBTOTAL** of Receipts This Page (optional) .....

**150.00**

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

A. Form/Schedule : **SA11AI** 0106733-0000238  
Transaction ID : **SA11AI.35578**

B. Form/Schedule : **SA11AI** 0022519-0002385  
Transaction ID : **SA11AI.37911**

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.37912**

0022519-0002386

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

MRS CARL W GUSTKE

Mailing Address 233 STATON RD

City

CABOT

State

AR

Zip Code

72023

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FEDERAL EX - (WIFE) REBSA-  
MEN R. H.

Occupation

PILOT - WIFE DEBORAH-RN

Receipt For: 2010

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	7		2	0	0	9

Transaction ID: SA11AI.37913

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MRS CARL W GUSTKE

Mailing Address 233 STATON RD

City

CABOT

State

AR

Zip Code

72023

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FEDERAL EX - (WIFE) REBSA-  
MEN R. H.

Occupation

PILOT - WIFE DEBORAH-RN

Receipt For: 2010

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	5		2	0	0	9

Transaction ID: SA11AI.37914

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MRS CARL W GUSTKE

Mailing Address 233 STATON RD

City

CABOT

State

AR

Zip Code

72023

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FEDERAL EX - (WIFE) REBSA-  
MEN R. H.

Occupation

PILOT - WIFE DEBORAH-RN

Receipt For: 2010

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	5		2	0	0	9

Transaction ID: SA11AI.37915

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional) .....

150.00

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

A. Form/Schedule : **SA11AI**

Transaction ID : **SA11AI.37913**

0022519-0002387

B. Form/Schedule : **SA11AI**

Transaction ID : **SA11AI.37914**

0022519-0002388

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.37915**

0022519-0002389

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

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

MRS CARL W GUSTKE

Mailing Address 233 STATON RD

City

CABOT

State

AR

Zip Code

72023

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FEDERAL EX - (WIFE) REBSA-  
MEN R. H.

Occupation

PILOT - WIFE DEBORAH-RN

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 7 / 2 0 0 9

Transaction ID: SA11AI.37916

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MRS DIANNE S HAIGH

Mailing Address 1407 ECHO MILL DR

City

POWDER SPRINGS

State

GA

Zip Code

30127

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HAIGH ENTERPRISES INC.

Occupation

SELF

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11AI.36124

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

MRS KAY A HALLAUER

Mailing Address 14274 254TH RD

City

HOLTON

State

KS

Zip Code

66436

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DENISON STATE BANK

Occupation

REAL ESTATE OFFICER

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: SA11AI.37802

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

650.00

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



A. Form/Schedule : **SA11AI** 0022519-0002390  
Transaction ID : **SA11AI.37916**

B. Form/Schedule : **SA11AI** 0107692-0000739  
Transaction ID : **SA11AI.36124**

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.37802**

0007065-0002285

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

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

FOR LINE NUMBER: PAGE 227 / 881

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

MRS KAY A HALLAUER

Mailing Address 14274 254TH RD

City

HOLTON

State

KS

Zip Code

66436

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DENISON STATE BANK

Occupation

REAL ESTATE OFFICER

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

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

Transaction ID: SA11AI.37803

Amount of Each Receipt this Period

150.00

**B.**

Full Name (Last, First, Middle Initial)

SAM HAMILTON

Mailing Address 2201 N SANGRE RD

City

STILLWATER

State

OK

Zip Code

74075

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 6 / 2 0 0 9

Transaction ID: SA11AI.37993

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

MR W K HAMMOND

Mailing Address 3126 MAYFAIR DR

City

SAN ANTONIO

State

TX

Zip Code

78217

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SILBER & ASSOC

Occupation

MECHANICAL ENGINEER

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 6 / 2 0 0 9

Transaction ID: SA11AI.38282

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

700.00

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

A. Form/Schedule : **SA11AI** 0007065-0002286  
Transaction ID : **SA11AI.37803**

B. Form/Schedule : **SA11AI** 0106295-0002458  
Transaction ID : **SA11AI.37993**

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.38282**

0036145-0002716

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

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

FOR LINE NUMBER: PAGE 230 / 881

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

MRS ARLENE M HANSEN

Mailing Address 145 DRIFTWOOD DR

City

AURORA

State

NE

Zip Code

68818

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

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

Transaction ID: SA11AI.37862

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

MR GARY HANSEN

Mailing Address 1604 N HIGHWAY 14

City

AURORA

State

NE

Zip Code

68818

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF

Occupation  
INTERNET RETAIL

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.37864

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

MRS SYLVIA K HARRISON

Mailing Address 1765 BALANCED ROCK LN

City

EL CAJON

State

CA

Zip Code

92019

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HAMANN COMPANIES

Occupation  
ADMINISTRATIVE

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

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

Transaction ID: SA11AI.38864

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

725.00

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

A. Form/Schedule : **SA11AI** 0067626-0002337  
Transaction ID : **SA11AI.37862**

B. Form/Schedule : **SA11AI** 0101730-0002340  
Transaction ID : **SA11AI.37864**

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.38864**

0105599-0003253



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

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

MRS SYLVIA K HARRISON

Mailing Address 1765 BALANCED ROCK LN

City

EL CAJON

State

CA

Zip Code

92019

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HAMANN COMPANIES

Occupation

ADMINISTRATIVE

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

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

Transaction ID: SA11AI.38865

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MRS SHARON A HARSHMAN

Mailing Address 1628 F RD

City

CEDAR POINT

State

KS

Zip Code

66843

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HARSHMAN CONSTRUCTION INC.

Occupation

CONSTRUCTION

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11AI.37812

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

MRS SHARON M HAST

Mailing Address 203 EMMONS ST SE

City

CALEDONIA

State

MI

Zip Code

49316

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CALEDONIA SCHOOLS

Occupation

BUS DRIVER

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 3 / 2 0 0 9

Transaction ID: SA11AI.37089

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

575.00

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

A. Form/Schedule : **SA11AI** 0105599-0003254  
Transaction ID : **SA11AI.38865**

B. Form/Schedule : **SA11AI** 0100435-0002295  
Transaction ID : **SA11AI.37812**

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.37089**

0104007-0001621

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

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 236 / 881

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

MS M SANDRA HEA

Mailing Address 5924 CHILDRESS AVE

City

SAINT LOUIS

State

MO

Zip Code

63109

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF EMPLOYED

Occupation  
REALTOR

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 9 / 2 0 0 9

Transaction ID: SA11AI.37705

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

MS M SANDRA HEA

Mailing Address 5924 CHILDRESS AVE

City

SAINT LOUIS

State

MO

Zip Code

63109

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF EMPLOYED

Occupation  
REALTOR

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 5 / 2 0 0 9

Transaction ID: SA11AI.37706

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MS M SANDRA HEA

Mailing Address 5924 CHILDRESS AVE

City

SAINT LOUIS

State

MO

Zip Code

63109

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF EMPLOYED

Occupation  
REALTOR

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 0 7 / 2 0 0 9

Transaction ID: SA11AI.37707

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

150.00

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

A. Form/Schedule : **SA11AI** 0106366-0002194  
Transaction ID : **SA11AI.37705**

B. Form/Schedule : **SA11AI** 0106366-0002195  
Transaction ID : **SA11AI.37706**

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.37707**

0106366-0002196

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

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

FOR LINE NUMBER: PAGE 239 / 881

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

MS M SANDRA HEA

Mailing Address 5924 CHILDRESS AVE

City

SAINT LOUIS

State

MO

Zip Code

63109

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF EMPLOYED

Occupation  
REALTOR

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 5 / 2 0 0 9

Transaction ID: SA11AI.37708

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MS M SANDRA HEA

Mailing Address 5924 CHILDRESS AVE

City

SAINT LOUIS

State

MO

Zip Code

63109

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF EMPLOYED

Occupation  
REALTOR

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 5 / 2 0 0 9

Transaction ID: SA11AI.37709

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MS M SANDRA HEA

Mailing Address 5924 CHILDRESS AVE

City

SAINT LOUIS

State

MO

Zip Code

63109

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF EMPLOYED

Occupation  
REALTOR

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 7 / 2 0 0 9

Transaction ID: SA11AI.37710

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

75.00

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

A. Form/Schedule : **SA11AI** 0106366-0002197  
Transaction ID : **SA11AI.37708**

B. Form/Schedule : **SA11AI** 0106366-0002198  
Transaction ID : **SA11AI.37709**



C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.37710**

0106366-0002199

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 242 / 881

(check only one)

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

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

RICK &amp; JILL HEADLEE

Mailing Address 9620 PLAIN CITY GEORGESVILLE RD NE

City

PLAIN CITY

State

OH

Zip Code

43064

FEC ID number of contributing  
federal political committee.

C

Name of Employer

POWER SOURCE ELECTRIC- INC  
(SELF-EM

Occupation

ELECTRICAL CONTRACTOR/HOMEMAKER

Receipt For:

2010

☐ Primary☒ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.36739

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

MR JAMES W HEATH

Mailing Address PO BOX 578

City

CASCADE

State

ID

Zip Code

83611

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CASCADE SCHOOL DISTRICT  
#422

Occupation

EDUCATOR

Receipt For:

2010

☐ Primary☒ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

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

Transaction ID: SA11AI.38578

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MR JAMES W HEATH

Mailing Address PO BOX 578

City

CASCADE

State

ID

Zip Code

83611

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CASCADE SCHOOL DISTRICT  
#422

Occupation

EDUCATOR

Receipt For:

2010

☐ Primary☒ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	8	/	2	0	0	9

Transaction ID: SA11AI.38579

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional) .....

250.00

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

A. Form/Schedule : **SA11AI** 0107122-0001305  
Transaction ID : **SA11AI.36739**

B. Form/Schedule : **SA11AI** 0102348-0002993  
Transaction ID : **SA11AI.38578**

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.38579**

0102348-0002994

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

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

FOR LINE NUMBER: PAGE 245 / 881

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

MR JAMES W HEATH

Mailing Address PO BOX 578

City

CASCADE

State

ID

Zip Code

83611

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CASCADE SCHOOL DISTRICT  
#422

Occupation  
EDUCATOR

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

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

Transaction ID: SA11AI.38580

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MR JAMES W HEATH

Mailing Address PO BOX 578

City

CASCADE

State

ID

Zip Code

83611

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CASCADE SCHOOL DISTRICT  
#422

Occupation  
EDUCATOR

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

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

Transaction ID: SA11AI.38581

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MR JAMES W HEATH

Mailing Address PO BOX 578

City

CASCADE

State

ID

Zip Code

83611

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CASCADE SCHOOL DISTRICT  
#422

Occupation  
EDUCATOR

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 6 / 2 0 0 9

Transaction ID: SA11AI.38582

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

75.00

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

A. Form/Schedule : **SA11AI**

Transaction ID : **SA11AI.38580**

0102348-0002995

B. Form/Schedule : **SA11AI**

Transaction ID : **SA11AI.38581**

0102348-0002996

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.38582**

0102348-0002997

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

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

FOR LINE NUMBER: PAGE 248 / 881

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

MR DALE HEDRICK

Mailing Address 2200 CENTRE PARK WEST DR STE 100

City

WEST PALM BEACH

State

FL

Zip Code

33409

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HEDRICK BROTHERS

Occupation

GENERAL CONTRACTOR

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 3 / 2 0 0 9

Transaction ID: SA11AI.36338

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

MR DALE HEDRICK

Mailing Address 2200 CENTRE PARK WEST DR STE 100

City

WEST PALM BEACH

State

FL

Zip Code

33409

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HEDRICK BROTHERS

Occupation

GENERAL CONTRACTOR

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 0 / 2 0 0 9

Transaction ID: SA11AI.36339

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

MR DALE HEDRICK

Mailing Address 2200 CENTRE PARK WEST DR STE 100

City

WEST PALM BEACH

State

FL

Zip Code

33409

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HEDRICK BROTHERS

Occupation

GENERAL CONTRACTOR

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

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

Transaction ID: SA11AI.36340

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

2000.00

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



A. Form/Schedule : **SA11AI** 0047814-0000935  
Transaction ID : **SA11AI.36338**

B. Form/Schedule : **SA11AI** 0047814-0000936  
Transaction ID : **SA11AI.36339**

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.36340**

0047814-0000937

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

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

MR DALE HEDRICK

Mailing Address 2200 CENTRE PARK WEST DR STE 100

City

WEST PALM BEACH

State

FL

Zip Code

33409

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HEDRICK BROTHERS

Occupation

GENERAL CONTRACTOR

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

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

Transaction ID: SA11AI.36341

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

MR RICHARD L HELD

Mailing Address 3512 W 101ST TER

City

LEAWOOD

State

KS

Zip Code

66206

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HELD & ASSOCIATES- INC.

Occupation

FREIGHT FORWARDER

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.37794

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

MR RICHARD L HELD

Mailing Address 3512 W 101ST TER

City

LEAWOOD

State

KS

Zip Code

66206

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HELD & ASSOCIATES- INC.

Occupation

FREIGHT FORWARDER

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

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

Transaction ID: SA11AI.37795

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1450.00

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

A. Form/Schedule : **SA11AI** 0047814-0000938  
Transaction ID : **SA11AI.36341**

B. Form/Schedule : **SA11AI** 0101304-0002276  
Transaction ID : **SA11AI.37794**

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.37795**

0101304-0002277

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

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

MR RICHARD L HELD

Mailing Address 3512 W 101ST TER

City

LEAWOOD

State

KS

Zip Code

66206

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HELD & ASSOCIATES- INC.

Occupation

FREIGHT FORWARDER

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

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

Transaction ID: SA11AI.37796

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

MRS ROBIN HELLMUTH

Mailing Address 9511 LYNNHALL PL

City

ALEXANDRIA

State

VA

Zip Code

22309

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF

Occupation

FULL TIME MOM

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: SA11AI.35765

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

MRS ROBIN HELLMUTH

Mailing Address 9511 LYNNHALL PL

City

ALEXANDRIA

State

VA

Zip Code

22309

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF

Occupation

FULL TIME MOM

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

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

Transaction ID: SA11AI.35766

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1600.00

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

A. Form/Schedule : **SA11AI** 0101304-0002278  
Transaction ID : **SA11AI.37796**

B. Form/Schedule : **SA11AI** 0106992-0000409  
Transaction ID : **SA11AI.35765**

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.35766**

0106992-0000410



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

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

MR HANS HELMERICH

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  
HELMERICH & PAYNE

Occupation

PRESIDENT/CEO

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.37994

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

MR RICHARD HELMICK

Mailing Address 40 HALAULANI PL

City

HILO

State

HI

Zip Code

96720

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFO REQUESTED- NOT RECD

Occupation

INFO REQUESTED- NOT RECD

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.39301

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

DR. BRUCE T HENDERSON, MD

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  
SELF

Occupation

SURGEON

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 8 / 2 0 0 9

Transaction ID: SA11AI.37000

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

900.00

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

A. Form/Schedule : **SA11AI** 0105770-0002460  
Transaction ID : **SA11AI.37994**

B. Form/Schedule : **SA11AI** 0031329-0003667  
Transaction ID : **SA11AI.39301**

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.37000**

0005155-0001536

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

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

**A.**

Full Name (Last, First, Middle Initial)  
**DR. BRUCE T HENDERSON, MD**

Mailing Address **3730 BURNING TREE DR**

City State Zip Code  
**BLOOMFIELD MI 48302**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF**

Occupation  
**SURGEON**

Receipt For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
**1300.00**

Date of Receipt

**12 / 21 / 2009**

**Transaction ID: SA11AI.37001**

Amount of Each Receipt this Period

**500.00**

**B.**

Full Name (Last, First, Middle Initial)  
**MR THOMAS H HENDERSON**

Mailing Address **4042 JOHN S RABOTEAU WYND**

City State Zip Code  
**RALEIGH NC 27612**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF**

Occupation  
**ENGINEER**

Receipt For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
**750.00**

Date of Receipt

**10 / 20 / 2009**

**Transaction ID: SA11AI.35885**

Amount of Each Receipt this Period

**500.00**

**C.**

Full Name (Last, First, Middle Initial)  
**MR BRIAN HENRY**

Mailing Address **2495 DELLWOOD DR NW**

City State Zip Code  
**ATLANTA GA 30305**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**GEORGIA SIGN CO**

Occupation  
**VP**

Receipt For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
**300.00**

Date of Receipt

**08 / 07 / 2009**

**Transaction ID: SA11AI.36155**

Amount of Each Receipt this Period

**100.00**

**SUBTOTAL** of Receipts This Page (optional) .....

**1100.00**

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

A. Form/Schedule : **SA11AI** 0005155-0001537  
Transaction ID : **SA11AI.37001**

B. Form/Schedule : **SA11AI** 0106370-0000519  
Transaction ID : **SA11AI.35885**

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.36155**

0104954-0000773

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

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

MR BRIAN HENRY

Mailing Address 2495 DELLWOOD DR NW

City

ATLANTA

State

GA

Zip Code

30305

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GEORGIA SIGN CO

Occupation  
VP

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: SA11AI.36156

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MR BRIAN HENRY

Mailing Address 2495 DELLWOOD DR NW

City

ATLANTA

State

GA

Zip Code

30305

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GEORGIA SIGN CO

Occupation  
VP

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: SA11AI.36157

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MR BRIAN HENRY

Mailing Address 2495 DELLWOOD DR NW

City

ATLANTA

State

GA

Zip Code

30305

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GEORGIA SIGN CO

Occupation  
VP

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.36158

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

200.00

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

A. Form/Schedule : **SA11AI** 0104954-0000774  
Transaction ID : **SA11AI.36156**

B. Form/Schedule : **SA11AI** 0104954-0000775  
Transaction ID : **SA11AI.36157**



C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.36158**

0104954-0000776

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

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)  
MRS SHARON HERSCHEND

Mailing Address 1144 LAKESIDE DR

City State Zip Code  
BRANSON MO 65616

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HERSCHEND FAMILY ENTR. CO-  
RP.

Occupation  
THEME PARKS

Receipt For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 7 / 2 0 0 9

Transaction ID: SA11AI.37765

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)  
MR DOUGLAS G HESSE

Mailing Address 1031 SHOULDER BONE CIR

City State Zip Code  
GREENSBORO GA 30642

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF

Occupation  
CERTIFIED FINANCIAL PLANNER

Receipt For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt

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

Transaction ID: SA11AI.36206

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)  
MRS PAULA BABETTE HILL

Mailing Address 157 NE COAL LN

City State Zip Code  
TRENTON MO 64683

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
PLEASANT VIEW ROAD

Occupation  
TEACHERS AIDE

Receipt For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 6 / 2 0 0 9

Transaction ID: SA11AI.37745

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1600.00

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

A. Form/Schedule : **SA11AI**

Transaction ID : **SA11AI.37765**

0101332-0002251

B. Form/Schedule : **SA11AI**

Transaction ID : **SA11AI.36206**

0103462-0000822

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.37745**

0006958-0002231

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

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

MR MICHAEL A HODGE

Mailing Address 610 PORTLAND LN

City

GALT

State

CA

Zip Code

95632

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CAMERON PARK CONSULTING  
SERVICE

Occupation

CONSULTANT

Receipt For: 2010

☐ Primary ☒ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 6 / 2 0 0 9

Transaction ID: SA11AI.39262

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MR MICHAEL A HODGE

Mailing Address 610 PORTLAND LN

City

GALT

State

CA

Zip Code

95632

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CAMERON PARK CONSULTING  
SERVICE

Occupation

CONSULTANT

Receipt For: 2010

☐ Primary ☒ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.39263

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MR MICHAEL A HODGE

Mailing Address 610 PORTLAND LN

City

GALT

State

CA

Zip Code

95632

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CAMERON PARK CONSULTING  
SERVICE

Occupation

CONSULTANT

Receipt For: 2010

☐ Primary ☒ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 7 / 2 0 0 9

Transaction ID: SA11AI.39264

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

75.00

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

A. Form/Schedule : **SA11AI**

Transaction ID : **SA11AI.39262**

0010944-0003631

B. Form/Schedule : **SA11AI**

Transaction ID : **SA11AI.39263**

0010944-0003632

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.39264**

0010944-0003633

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 272 / 881

(check only one)

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

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

MR MICHAEL A HODGE

Mailing Address 610 PORTLAND LN

City

GALT

State

CA

Zip Code

95632

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CAMERON PARK CONSULTING  
SERVICE

Occupation

CONSULTANT

Receipt For: 2010

☐ Primary ☒ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	9	

Transaction ID: SA11AI.39265

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MARY ANN HOGAN

Mailing Address PO BOX 422  
437 PRIVETTE ROAD

City

CANDOR

State

NC

Zip Code

27229

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFO REQUESTED- NOT RECD

Occupation

INFO REQUESTED- NOT RECD

Receipt For: 2010

☐ Primary ☒ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.35869

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MRS RUBY J HOGAN

Mailing Address 6603 N SMITH ST

City

SPOKANE

State

WA

Zip Code

99217

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TEEN-AID- INC.

Occupation

SALES MANAGER

Receipt For: 2010

☐ Primary ☒ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

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

Transaction ID: SA11AI.39532

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional) .....

100.00

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



A. Form/Schedule : **SA11AI** 0010944-0003634  
Transaction ID : **SA11AI.39265**

B. Form/Schedule : **SA11AI** 0104107-0000502  
Transaction ID : **SA11AI.35869**

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.39532**

0102005-0003881

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

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

FOR LINE NUMBER: PAGE 275 / 881

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

MR ALAN HOKANSON

Mailing Address 152 GRANDE VISTA WAY

City

CHELSEA

State

AL

Zip Code

35043

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BIOHORIZONS IMPLANT SYSTE-  
MS INC

Occupation  
VP OPS

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.36432

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

MR ALAN HOKANSON

Mailing Address 152 GRANDE VISTA WAY

City

CHELSEA

State

AL

Zip Code

35043

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BIOHORIZONS IMPLANT SYSTE-  
MS INC

Occupation  
VP OPS

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 8 / 2 0 0 9

Transaction ID: SA11AI.36433

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MR ALAN HOKANSON

Mailing Address 152 GRANDE VISTA WAY

City

CHELSEA

State

AL

Zip Code

35043

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BIOHORIZONS IMPLANT SYSTE-  
MS INC

Occupation  
VP OPS

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 4 / 2 0 0 9

Transaction ID: SA11AI.36434

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

250.00

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

A. Form/Schedule : **SA11AI** 0105332-0001025  
Transaction ID : **SA11AI.36432**

B. Form/Schedule : **SA11AI** 0105332-0001026  
Transaction ID : **SA11AI.36433**

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.36434**

0105332-0001027

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 278 / 881

(check only one)

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

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

MR ALAN HOKANSON

Mailing Address 152 GRANDE VISTA WAY

City

CHELSEA

State

AL

Zip Code

35043

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BIOHORIZONS IMPLANT SYSTE-  
MS INC

Occupation

VP OPS

Receipt For: 2010

☐ Primary ☒ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	5		2	0	0	9

Transaction ID: SA11AI.36435

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

MR ALAN HOKANSON

Mailing Address 152 GRANDE VISTA WAY

City

CHELSEA

State

AL

Zip Code

35043

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BIOHORIZONS IMPLANT SYSTE-  
MS INC

Occupation

VP OPS

Receipt For: 2010

☐ Primary ☒ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	5		2	0	0	9

Transaction ID: SA11AI.36436

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

MR ALAN HOKANSON

Mailing Address 152 GRANDE VISTA WAY

City

CHELSEA

State

AL

Zip Code

35043

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BIOHORIZONS IMPLANT SYSTE-  
MS INC

Occupation

VP OPS

Receipt For: 2010

☐ Primary ☒ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	6		2	0	0	9

Transaction ID: SA11AI.36437

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional) .....

300.00

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

A. Form/Schedule : **SA11AI**

Transaction ID : **SA11AI.36435**

0105332-0001028

B. Form/Schedule : **SA11AI**

Transaction ID : **SA11AI.36436**

0105332-0001029

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.36437**

0105332-0001030



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

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

FOR LINE NUMBER: PAGE 281 / 881

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

MR ALAN HOKANSON

Mailing Address 152 GRANDE VISTA WAY

City

CHELSEA

State

AL

Zip Code

35043

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BIOHORIZONS IMPLANT SYSTE-  
MS INC

Occupation  
VP OPS

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.36438

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

MR ALAN HOKANSON

Mailing Address 152 GRANDE VISTA WAY

City

CHELSEA

State

AL

Zip Code

35043

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BIOHORIZONS IMPLANT SYSTE-  
MS INC

Occupation  
VP OPS

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

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

Transaction ID: SA11AI.36439

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

MRS MARY L HOLLEY

Mailing Address 1902 CAMPGROUND RD

City

HASTINGS

State

MI

Zip Code

49058

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PATTERNS MICHIGAN MONUMEN-  
TS

Occupation  
BOOKKEEPER

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 6 / 2 0 0 9

Transaction ID: SA11AI.37065

Amount of Each Receipt this Period

150.00

**SUBTOTAL** of Receipts This Page (optional) .....

350.00

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

A. Form/Schedule : **SA11AI** 0105332-0001031  
Transaction ID : **SA11AI.36438**

B. Form/Schedule : **SA11AI** 0105332-0001032  
Transaction ID : **SA11AI.36439**

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.37065**

0032895-0001598

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 284 / 881

(check only one)

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

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

MR TRUMAN HOMME

Mailing Address PO BOX 156

City

SPICER

State

MN

Zip Code

56288

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFO REQUESTED- NOT RECD

Occupation

INFO REQUESTED- NOT RECD

Receipt For:

2010

☐ Primary☒ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

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

Transaction ID: SA11AI.37479

Amount of Each Receipt this Period

60.00

**B.**

Full Name (Last, First, Middle Initial)

MRS MARIAN J HOOPER

Mailing Address 3841 N RUTH RD

City

DECKERVILLE

State

MI

Zip Code

48427

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

2010

☐ Primary☒ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

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

Transaction ID: SA11AI.37032

Amount of Each Receipt this Period

40.00

**C.**

Full Name (Last, First, Middle Initial)

PAUL R HOULE, II

Mailing Address 320 PENINSULA PT

City

CANTON

State

GA

Zip Code

30115

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ARIBA

Occupation

DIRECTOR

Receipt For:

2010

☐ Primary☒ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

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

Transaction ID: SA11AI.36115

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional) .....

600.00

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

A. Form/Schedule : **SA11AI** 0106511-0001979  
Transaction ID : **SA11AI.37479**

B. Form/Schedule : **SA11AI** 0028218-0001568  
Transaction ID : **SA11AI.37032**

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.36115**

0104123-0000728

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

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

FOR LINE NUMBER: PAGE 287 / 881

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

MR ROBERT HOWARD

Mailing Address 1500 E ELK AVE

City

DUNCAN

State

OK

Zip Code

73533

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HALLIBURTON

Occupation

GLOBAL ADVISOR

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 7 / 2 0 0 9

Transaction ID: SA11AI.37962

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MR ROBERT HOWARD

Mailing Address 1500 E ELK AVE

City

DUNCAN

State

OK

Zip Code

73533

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HALLIBURTON

Occupation

GLOBAL ADVISOR

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.37963

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MR ROBERT HOWARD

Mailing Address 1500 E ELK AVE

City

DUNCAN

State

OK

Zip Code

73533

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HALLIBURTON

Occupation

GLOBAL ADVISOR

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

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

Transaction ID: SA11AI.37964

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

75.00

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

A. Form/Schedule : **SA11AI** 0104509-0002430  
Transaction ID : **SA11AI.37962**

B. Form/Schedule : **SA11AI** 0104509-0002431  
Transaction ID : **SA11AI.37963**



C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.37964**

0104509-0002432

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

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

FOR LINE NUMBER: PAGE 290 / 881

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

MR ROBERT HOWARD

Mailing Address 1500 E ELK AVE

City

DUNCAN

State

OK

Zip Code

73533

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HALLIBURTON

Occupation

GLOBAL ADVISOR

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

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

Transaction ID: SA11AI.37965

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MR ROBERT HOWARD

Mailing Address 1500 E ELK AVE

City

DUNCAN

State

OK

Zip Code

73533

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HALLIBURTON

Occupation

GLOBAL ADVISOR

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 8 / 2 0 0 9

Transaction ID: SA11AI.37966

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MR ROBERT HOWARD

Mailing Address 1500 E ELK AVE

City

DUNCAN

State

OK

Zip Code

73533

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HALLIBURTON

Occupation

GLOBAL ADVISOR

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 8 / 2 0 0 9

Transaction ID: SA11AI.37967

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

75.00

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

A. Form/Schedule : **SA11AI**

Transaction ID : **SA11AI.37965**

0104509-0002433

B. Form/Schedule : **SA11AI**

Transaction ID : **SA11AI.37966**

0104509-0002434

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.37967**

0104509-0002435

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 293 / 881

(check only one)

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

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

MARILYN R HOWELL

Mailing Address PO BOX 565

City

CIRCLE

State

MT

Zip Code

59215

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CIRCLE VETERINARY CLINIC

Occupation

VETERINARIAN

Receipt For: 2010

☐ Primary ☒ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	7	/	2	0	0	9

Transaction ID: SA11AI.37534

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MARILYN R HOWELL

Mailing Address PO BOX 565

City

CIRCLE

State

MT

Zip Code

59215

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CIRCLE VETERINARY CLINIC

Occupation

VETERINARIAN

Receipt For: 2010

☐ Primary ☒ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	0	9	/	2	0	0	9

Transaction ID: SA11AI.37535

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

MARILYN R HOWELL

Mailing Address PO BOX 565

City

CIRCLE

State

MT

Zip Code

59215

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CIRCLE VETERINARY CLINIC

Occupation

VETERINARIAN

Receipt For: 2010

☐ Primary ☒ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

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

Transaction ID: SA11AI.37536

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional) .....

200.00

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

A. Form/Schedule : **SA11AI**

Transaction ID : **SA11AI.37534**

0104247-0002030

B. Form/Schedule : **SA11AI**

Transaction ID : **SA11AI.37535**

0104247-0002031

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.37536**

0104247-0002032

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 296 / 881

(check only one)

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

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**Full Name (Last, First, Middle Initial)  
MARILYN R HOWELL

Mailing Address PO BOX 565

City	State	Zip Code
CIRCLE	MT	59215

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CIRCLE VETERINARY CLINICOccupation  
VETERINARIAN
 Receipt For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

 Aggregate Year-to-Date ▼  
 625.00

Date of Receipt

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

Transaction ID: SA11AI.37537

Amount of Each Receipt this Period

100.00

**B.**Full Name (Last, First, Middle Initial)  
MRS DIANA E HULL

Mailing Address 3000 LEWIS RD

City	State	Zip Code
RIVERTON	WY	82501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELFOccupation  
SELF EMPLOYED
 Receipt For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

 Aggregate Year-to-Date ▼  
 650.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	1	7	/	2	0	0	9

Transaction ID: SA11AI.38560

Amount of Each Receipt this Period

200.00

**C.**Full Name (Last, First, Middle Initial)  
MRS DIANA E HULL

Mailing Address 3000 LEWIS RD

City	State	Zip Code
RIVERTON	WY	82501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELFOccupation  
SELF EMPLOYED
 Receipt For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

 Aggregate Year-to-Date ▼  
 850.00

Date of Receipt

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

Transaction ID: SA11AI.38561

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional) .....

500.00

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



A. Form/Schedule : **SA11AI** 0104247-0002033  
Transaction ID : **SA11AI.37537**

B. Form/Schedule : **SA11AI** 0008315-0002974  
Transaction ID : **SA11AI.38560**

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.38561**

0008315-0002975

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 299 / 881

(check only one)

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

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

MRS DIANA E HULL

Mailing Address 3000 LEWIS RD

City

RIVERTON

State

WY

Zip Code

82501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF

Occupation

SELF EMPLOYED

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	8	/	2	0	9	

Transaction ID: SA11AI.38562

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

MR &amp; MRS CARY HUMPHRIES

Mailing Address 8 N SAGEBRUSH ST

City

WICHITA

State

KS

Zip Code

67230

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CARGILL INC.

Occupation

HOMEMAKER AND BUSINESS

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	5	/	2	0	9	

Transaction ID: SA11AI.37827

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

MRS ARLENE INGRAM

Mailing Address PO BOX 21755

City

SAINT SIMONS ISLAN

State

GA

Zip Code

31522

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PRUDENTIAL GA REALTY

Occupation

REAL ESTATE BROKER

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	0	7	/	2	0	9	

Transaction ID: SA11AI.36236

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional) .....

750.00

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

A. Form/Schedule : **SA11AI** 0008315-0002976  
Transaction ID : **SA11AI.38562**

B. Form/Schedule : **SA11AI** 0101787-0002308  
Transaction ID : **SA11AI.37827**

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.36236**

0104841-0000844

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

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

FOR LINE NUMBER: PAGE 302 / 881

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

MR DAVID K IRISH

Mailing Address 232 N COLONIAL DR

City

CORTLAND

State

OH

Zip Code

44410

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BRISTOL SCHOOL DISTRICT

Occupation  
TEACHER

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

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

Transaction ID: SA11AI.36806

Amount of Each Receipt this Period

110.00

**B.**

Full Name (Last, First, Middle Initial)

MRS PATRICIA JACKSON

Mailing Address 5272 RANCH GATE RD

City

ALTA LOMA

State

CA

Zip Code

91701

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF

Occupation  
ACCOUNTANT

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.38827

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

MRS LORENA M JAEB

Mailing Address PO BOX 428

City

MANGO

State

FL

Zip Code

33550

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 0 9

Transaction ID: SA11AI.36359

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1210.00

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

A. Form/Schedule : **SA11AI** 0103666-0001362  
Transaction ID : **SA11AI.36806**

B. Form/Schedule : **SA11AI** 0106687-0003218  
Transaction ID : **SA11AI.38827**

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.36359**

0103515-0000958



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 305 / 881

(check only one)

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

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

MRS LORENA M JAEB

Mailing Address PO BOX 428

City

MANGO

State

FL

Zip Code

33550

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	9	

Transaction ID: SA11AI.36360

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

MR ALDEN P JOHNSON

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  
SELFOccupation  
MORTGAGE LOAN OFFICER

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	7		2	0	9	

Transaction ID: SA11AI.38303

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MR ALDEN P JOHNSON

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  
SELFOccupation  
MORTGAGE LOAN OFFICER

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	5		2	0	9	

Transaction ID: SA11AI.38304

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional) .....

1050.00

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

A. Form/Schedule : **SA11AI** 0103515-0000959  
Transaction ID : **SA11AI.36360**

B. Form/Schedule : **SA11AI** 0104518-0002737  
Transaction ID : **SA11AI.38303**

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.38304**

0104518-0002738

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

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

FOR LINE NUMBER: PAGE 308 / 881

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

MR ALDEN P JOHNSON

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  
SELF

Occupation

MORTGAGE LOAN OFFICER

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 5 / 2 0 0 9

Transaction ID: SA11AI.38305

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MR ALDEN P JOHNSON

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  
SELF

Occupation

MORTGAGE LOAN OFFICER

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 7 / 2 0 0 9

Transaction ID: SA11AI.38306

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MARK JOHNSTON

Mailing Address 10 RIVERWIND DR

City

REXFORD

State

NY

Zip Code

12148

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF

Occupation

VETERINARIAN

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.35497

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

350.00

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

A. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.38305**

0104518-0002739

B. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.38306**

0104518-0002740

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.35497**

0105521-0000169

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

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

FOR LINE NUMBER: PAGE 311 / 881

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

MR FLOYD R JUMP

Mailing Address 350 E HENSCHEN ST

City

GARNER

State

IA

Zip Code

50431

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 7 / 2 0 0 9

Transaction ID: SA11AI.37163

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

MR FLOYD R JUMP

Mailing Address 350 E HENSCHEN ST

City

GARNER

State

IA

Zip Code

50431

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 0 9 / 2 0 0 9

Transaction ID: SA11AI.37164

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

MR FLOYD R JUMP

Mailing Address 350 E HENSCHEN ST

City

GARNER

State

IA

Zip Code

50431

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 6 / 2 0 0 9

Transaction ID: SA11AI.37165

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

300.00

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

A. Form/Schedule : **SA11AI** 0103497-0001697  
Transaction ID : **SA11AI.37163**

B. Form/Schedule : **SA11AI** 0103497-0001698  
Transaction ID : **SA11AI.37164**



C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.37165**

0103497-0001699

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

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

FOR LINE NUMBER: PAGE 314 / 881

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

MR FLOYD R JUMP

Mailing Address 350 E HENSCHEN ST

City

GARNER

State

IA

Zip Code

50431

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.37166

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

MR FLOYD R JUMP

Mailing Address 350 E HENSCHEN ST

City

GARNER

State

IA

Zip Code

50431

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 7 / 2 0 0 9

Transaction ID: SA11AI.37167

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

MR FLOYD R JUMP

Mailing Address 350 E HENSCHEN ST

City

GARNER

State

IA

Zip Code

50431

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 9

Transaction ID: SA11AI.37168

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

300.00

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

A. Form/Schedule : **SA11AI** 0103497-0001700  
Transaction ID : **SA11AI.37166**

B. Form/Schedule : **SA11AI** 0103497-0001701  
Transaction ID : **SA11AI.37167**

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.37168**

0103497-0001702

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

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

FOR LINE NUMBER: PAGE 317 / 881

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

ALFRED B KAGAN, JR

Mailing Address 709 LOMAX ST  
PO BOX 400

City State Zip Code  
EASTON MD 21601

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF EMPLOYED

Occupation  
REAL ESTATE

Receipt For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 07 2009

Transaction ID: SA11AI.35721

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

ALFRED B KAGAN, JR

Mailing Address 709 LOMAX ST  
PO BOX 400

City State Zip Code  
EASTON MD 21601

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF EMPLOYED

Occupation  
REAL ESTATE

Receipt For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 27 2009

Transaction ID: SA11AI.35722

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

MR ALLAN G KAVALICH

Mailing Address 1518 EDGEHILL LN

City State Zip Code  
REDLANDS CA 92373

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF EMPLOYED

Occupation  
PHYSICIAN

Receipt For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 31 2009

Transaction ID: SA11AI.38924

Amount of Each Receipt this Period

5000.00

**SUBTOTAL** of Receipts This Page (optional) .....

5750.00

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

A. Form/Schedule : **SA11AI** 0105069-0000371  
Transaction ID : **SA11AI.35721**

B. Form/Schedule : **SA11AI** 0107447-0000373  
Transaction ID : **SA11AI.35722**

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.38924**

0104443-0003311

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

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

FOR LINE NUMBER: PAGE 320 / 881

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

**A.**

Full Name (Last, First, Middle Initial)  
**DR JOHN D KEISLING**

Mailing Address **35 ERICA LN**

City State Zip Code  
**BELEN NM 87002**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SAIC**

Occupation  
**SCIENTIST**

Receipt For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
**240.00**

Date of Receipt

**08 / 14 / 2009**

Transaction ID: SA11AI.38716

Amount of Each Receipt this Period

**40.00**

**B.**

Full Name (Last, First, Middle Initial)  
**DR JOHN D KEISLING**

Mailing Address **35 ERICA LN**

City State Zip Code  
**BELEN NM 87002**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SAIC**

Occupation  
**SCIENTIST**

Receipt For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
**280.00**

Date of Receipt

**10 / 15 / 2009**

Transaction ID: SA11AI.38717

Amount of Each Receipt this Period

**40.00**

**C.**

Full Name (Last, First, Middle Initial)  
**DR JOHN D KEISLING**

Mailing Address **35 ERICA LN**

City State Zip Code  
**BELEN NM 87002**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SAIC**

Occupation  
**SCIENTIST**

Receipt For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
**320.00**

Date of Receipt

**11 / 16 / 2009**

Transaction ID: SA11AI.38718

Amount of Each Receipt this Period

**40.00**

**SUBTOTAL** of Receipts This Page (optional) .....

**120.00**

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



A. Form/Schedule : **SA11AI** 0100128-0003114  
Transaction ID : **SA11AI.38716**

B. Form/Schedule : **SA11AI** 0100128-0003115  
Transaction ID : **SA11AI.38717**

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.38718**

0100128-0003116

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 323 / 881

(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
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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

NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**Full Name (Last, First, Middle Initial)  
DR JOHN D KEISLING

Mailing Address 35 ERICA LN

City	State	Zip Code
BELEN	NM	87002

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SAICOccupation  
SCIENTIST
 Receipt For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

 Aggregate Year-to-Date ▼  
 360.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	5	/	2	0	0	9

Transaction ID: SA11AI.38719

Amount of Each Receipt this Period

40.00

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

Mailing Address 9038 BUBBLING WELLS RD

City	State	Zip Code
LAKESIDE	CA	92040

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UNEMPLOYEDOccupation  
UNEMPLOYED
 Receipt For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	0	9

Transaction ID: SA11AI.38878

Amount of Each Receipt this Period

50.00

**C.**Full Name (Last, First, Middle Initial)  
MR H KERKSTRA

Mailing Address 1711 TOURS CT

City	State	Zip Code
BAKERSFIELD	CA	93311

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED
 Receipt For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

 Aggregate Year-to-Date ▼  
 420.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	3	0	/	2	0	0	9

Transaction ID: SA11AI.39119

Amount of Each Receipt this Period

60.00

SUBTOTAL of Receipts This Page (optional) .....

150.00

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

A. Form/Schedule : **SA11AI** 0100128-0003117  
Transaction ID : **SA11AI.38719**

B. Form/Schedule : **SA11AI** 0102875-0003268  
Transaction ID : **SA11AI.38878**

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.39119**

0103362-0003496

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

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

FOR LINE NUMBER: PAGE 326 / 881

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

**A.**

Full Name (Last, First, Middle Initial)  
**MR H KERKSTRA**

Mailing Address **1711 TOURS CT**

City State Zip Code  
**BAKERSFIELD CA 93311**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
**480.00**

Date of Receipt

**08 / 07 / 2009**

**Transaction ID: SA11AI.39120**

Amount of Each Receipt this Period

**60.00**

**B.**

Full Name (Last, First, Middle Initial)  
**MR H KERKSTRA**

Mailing Address **1711 TOURS CT**

City State Zip Code  
**BAKERSFIELD CA 93311**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
**540.00**

Date of Receipt

**09 / 09 / 2009**

**Transaction ID: SA11AI.39121**

Amount of Each Receipt this Period

**60.00**

**C.**

Full Name (Last, First, Middle Initial)  
**MR H KERKSTRA**

Mailing Address **1711 TOURS CT**

City State Zip Code  
**BAKERSFIELD CA 93311**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
**600.00**

Date of Receipt

**10 / 13 / 2009**

**Transaction ID: SA11AI.39122**

Amount of Each Receipt this Period

**60.00**

**SUBTOTAL** of Receipts This Page (optional) .....

**180.00**

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

A. Form/Schedule : **SA11AI** 0103362-0003497  
Transaction ID : **SA11AI.39120**

B. Form/Schedule : **SA11AI** 0103362-0003498  
Transaction ID : **SA11AI.39121**

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.39122**

0103362-0003499



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

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

FOR LINE NUMBER: PAGE 329 / 881

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

MR H KERKSTRA

Mailing Address 1711 TOURS CT

City

BAKERSFIELD

State

CA

Zip Code

93311

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

660.00

Date of Receipt

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

Transaction ID: SA11AI.39123

Amount of Each Receipt this Period

60.00

**B.**

Full Name (Last, First, Middle Initial)

MR H KERKSTRA

Mailing Address 1711 TOURS CT

City

BAKERSFIELD

State

CA

Zip Code

93311

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

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

Transaction ID: SA11AI.39124

Amount of Each Receipt this Period

60.00

**C.**

Full Name (Last, First, Middle Initial)

RON KINCAID

Mailing Address 9871 SELVA WAY

City

ELK GROVE

State

CA

Zip Code

95757

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

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

Transaction ID: SA11AI.39278

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

170.00

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

A. Form/Schedule : **SA11AI** 0103362-0003500  
Transaction ID : **SA11AI.39123**

B. Form/Schedule : **SA11AI** 0103362-0003501  
Transaction ID : **SA11AI.39124**

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.39278**

0106391-0003646

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 332 / 881

(check only one)

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

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

RON KINCAID

Mailing Address 9871 SELVA WAY

City

ELK GROVE

State

CA

Zip Code

95757

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: SA11AI.39279

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MR JOHN &amp; JILL KIRKPATRICK

Mailing Address 13874 BELLA RIVA LN

City

JACKSONVILLE

State

FL

Zip Code

32225

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UNIVERSITY OF FLORIDAOccupation  
EDUCATOR AND PHYSICIAN

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.36270

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

MR JACK KNAPP

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  
VAIBOccupation  
EX. DIRECTOR

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	7		2	0	0	9

Transaction ID: SA11AI.35794

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional) .....

650.00

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

A. Form/Schedule : **SA11AI** 0106391-0003647  
Transaction ID : **SA11AI.39279**

B. Form/Schedule : **SA11AI** 0003883-0000877  
Transaction ID : **SA11AI.36270**

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.35794**

0010877-0000437

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 335 / 881

(check only one)

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

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

MR JACK KNAPP

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  
VAIB

Occupation

EX. DIRECTOR

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

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

Transaction ID: SA11AI.35795

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MR JACK KNAPP

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  
VAIB

Occupation

EX. DIRECTOR

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	6		2	0	9	

Transaction ID: SA11AI.35796

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

MICHAEL T KOBEL

Mailing Address 9764 CEDAR CT  
KOBEL FAMILY TRUST

City

CYPRESS

State

CA

Zip Code

90630

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
KOBEL FAMILY TRUST

Occupation

DIRECTOR OF CODE SERVICES

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

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

Transaction ID: SA11AI.38786

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional) .....

170.00

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

A. Form/Schedule : **SA11AI** 0010877-0000438  
Transaction ID : **SA11AI.35795**

B. Form/Schedule : **SA11AI** 0010877-0000439  
Transaction ID : **SA11AI.35796**



C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.38786**

0101140-0003178

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 338 / 881

(check only one)

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

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

MR ROBERT L KOLES

Mailing Address 1300 N 130TH AVE

City

FALL CREEK

State

WI

Zip Code

54742

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2010

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

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

Transaction ID: SA11AI.37323

Amount of Each Receipt this Period

75.00

**B.**

Full Name (Last, First, Middle Initial)

MR KENNETH D KONING

Mailing Address 10950 S BURKETT RD

City

MC BAIN

State

MI

Zip Code

49657

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CALUB CHRISTIAN REFORMEDOccupation  
PASTOR

Receipt For: 2010

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	0	7	/	2	0	0	9

Transaction ID: SA11AI.37150

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

MRS BETTY L KORCEK

Mailing Address 11816 DATE RD

City

BRIDGMAN

State

MI

Zip Code

49106

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKEROccupation  
HOMEMAKER

Receipt For: 2010

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

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

Transaction ID: SA11AI.37068

Amount of Each Receipt this Period

75.00

SUBTOTAL of Receipts This Page (optional) .....

450.00

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

A. Form/Schedule : **SA11AI** 0012882-0001839  
Transaction ID : **SA11AI.37323**

B. Form/Schedule : **SA11AI** 0013639-0001683  
Transaction ID : **SA11AI.37150**

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.37068**

0106527-0001601

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

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

FOR LINE NUMBER: PAGE 341 / 881

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

MR THOMAS A KRAPP

Mailing Address 721 HARVARD DR

City

EDWARDSVILLE

State

IL

Zip Code

62025

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.37669

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MR JOSEPH L KRAUSE, JR

Mailing Address PO BOX 189

City

WILLCOX

State

AZ

Zip Code

85644

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF

Occupation  
ENGINEER

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

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

Transaction ID: SA11AI.38683

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MR JOSEPH L KRAUSE, JR

Mailing Address PO BOX 189

City

WILLCOX

State

AZ

Zip Code

85644

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF

Occupation  
ENGINEER

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

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

Transaction ID: SA11AI.38684

Amount of Each Receipt this Period

35.00

**SUBTOTAL** of Receipts This Page (optional) .....

135.00

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

A. Form/Schedule : **SA11AI** 0006711-0002160  
Transaction ID : **SA11AI.37669**

B. Form/Schedule : **SA11AI** 0103893-0003084  
Transaction ID : **SA11AI.38683**

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.38684**

0103893-0003085

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

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

FOR LINE NUMBER: PAGE 344 / 881

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

**A.**

Full Name (Last, First, Middle Initial)  
 MR JOSEPH L KRAUSE, JR

Mailing Address PO BOX 189

City State Zip Code  
**WILLCOX AZ 85644**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 SELF

Occupation  
 ENGINEER

Receipt For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
 360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 2 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.38685

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)  
 MR JOSEPH L KRAUSE, JR

Mailing Address PO BOX 189

City State Zip Code  
**WILLCOX AZ 85644**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 SELF

Occupation  
 ENGINEER

Receipt For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
 435.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11AI.38686

Amount of Each Receipt this Period

75.00

**C.**

Full Name (Last, First, Middle Initial)  
 MR RICHARD KREDEL

Mailing Address 14 BAYSIDE

City State Zip Code  
**IRVINE CA 92614**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 VOYAGERS BIBLE CHURCH

Occupation  
 PASTOR

Receipt For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
 300.00

Date of Receipt

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

Transaction ID: SA11AI.38946

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional) .....

**325.00**

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



A. Form/Schedule : **SA11AI** 0103893-0003086  
Transaction ID : **SA11AI.38685**

B. Form/Schedule : **SA11AI** 0103893-0003087  
Transaction ID : **SA11AI.38686**

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.38946**

0035201-0003332

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

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

FOR LINE NUMBER: PAGE 347 / 881

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

SHARRY KROUCH

Mailing Address 7412 MARION AVE

City

KANSAS CITY

State

MO

Zip Code

64133

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.37735

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

MR THOMAS J KUK

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  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 6 / 2 0 0 9

Transaction ID: SA11AI.39019

Amount of Each Receipt this Period

220.00

**C.**

Full Name (Last, First, Middle Initial)

MR THOMAS J KUK

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  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

940.00

Date of Receipt

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

Transaction ID: SA11AI.39020

Amount of Each Receipt this Period

220.00

**SUBTOTAL** of Receipts This Page (optional) .....

640.00

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

A. Form/Schedule : **SA11AI** 0107040-0002222  
Transaction ID : **SA11AI.37735**

B. Form/Schedule : **SA11AI** 0015893-0003398  
Transaction ID : **SA11AI.39019**

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.39020**

0015893-0003399

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

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

FOR LINE NUMBER: PAGE 350 / 881

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

SUSAN KURZEN

Mailing Address 128 WALLNUT HALL CIR

City

WOODSTOCK

State

GA

Zip Code

30189

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.36138

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

MRS SHIRLEY A LABARR

Mailing Address 7306 S INDEPENDENCE ST

City

LITTLETON

State

CO

Zip Code

80128

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONE

Occupation  
RETIRED

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.38436

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MR ROBERT LA FLEUR

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  
EMERGENCY CARE SPECIALIST

Occupation  
PHYSICIAN

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11AI.37119

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1150.00

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

A. Form/Schedule : **SA11AI** 0106403-0000753  
Transaction ID : **SA11AI.36138**

B. Form/Schedule : **SA11AI** 0104097-0002865  
Transaction ID : **SA11AI.38436**

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.37119**

0106854-0001654



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

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

FOR LINE NUMBER: PAGE 353 / 881

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

MR CHRISTOPHER J LAIL

Mailing Address 158 BERRY MANOR CIR

City

SAINT PETERS

State

MO

Zip Code

63376

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFO REQUESTED- NOT RECD

Occupation

INFO REQUESTED- NOT RECD

Receipt For:

2010

☐ Primary

☒ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 6 / 2 0 0 9

Transaction ID: SA11AI.37714

Amount of Each Receipt this Period

70.00

**B.**

Full Name (Last, First, Middle Initial)

MR ROBERT LAKE

Mailing Address 2721 18TH ST

City

BAKERSFIELD

State

CA

Zip Code

93301

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WESTERN OILFIELDS SUPPLY  
CO

Occupation

CFO

Receipt For:

2010

☐ Primary

☒ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 0 7 / 2 0 0 9

Transaction ID: SA11AI.39108

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MR ROBERT LAKE

Mailing Address 2721 18TH ST

City

BAKERSFIELD

State

CA

Zip Code

93301

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WESTERN OILFIELDS SUPPLY  
CO

Occupation

CFO

Receipt For:

2010

☐ Primary

☒ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 7 / 2 0 0 9

Transaction ID: SA11AI.39109

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

170.00

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

A. Form/Schedule : **SA11AI** 0105294-0002204  
Transaction ID : **SA11AI.37714**

B. Form/Schedule : **SA11AI** 0009387-0003484  
Transaction ID : **SA11AI.39108**

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.39109**

0009387-0003485

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

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

FOR LINE NUMBER: PAGE 356 / 881

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

MR ROBERT LAKE

Mailing Address 2721 18TH ST

City

BAKERSFIELD

State

CA

Zip Code

93301

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WESTERN OILFIELDS SUPPLY  
CO

Occupation  
CFO

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 0 3 / 2 0 0 9

Transaction ID: SA11AI.39110

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MR ROBERT LAKE

Mailing Address 2721 18TH ST

City

BAKERSFIELD

State

CA

Zip Code

93301

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WESTERN OILFIELDS SUPPLY  
CO

Occupation  
CFO

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 6 / 2 0 0 9

Transaction ID: SA11AI.39111

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MR ROBERT LAKE

Mailing Address 2721 18TH ST

City

BAKERSFIELD

State

CA

Zip Code

93301

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WESTERN OILFIELDS SUPPLY  
CO

Occupation  
CFO

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.39112

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

150.00

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

A. Form/Schedule : **SA11AI**

Transaction ID : **SA11AI.39110**

0009387-0003486

B. Form/Schedule : **SA11AI**

Transaction ID : **SA11AI.39111**

0009387-0003487

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.39112**

0009387-0003488

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

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

FOR LINE NUMBER: PAGE 359 / 881

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

MR ROBERT LAKE

Mailing Address 2721 18TH ST

City

BAKERSFIELD

State

CA

Zip Code

93301

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WESTERN OILFIELDS SUPPLY  
CO

Occupation  
CFO

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 7 / 2 0 0 9

Transaction ID: SA11AI.39113

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MR ROBERT LAKE

Mailing Address 2721 18TH ST

City

BAKERSFIELD

State

CA

Zip Code

93301

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WESTERN OILFIELDS SUPPLY  
CO

Occupation  
CFO

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11AI.39114

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MR ROBERT LAKE

Mailing Address 2721 18TH ST

City

BAKERSFIELD

State

CA

Zip Code

93301

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WESTERN OILFIELDS SUPPLY  
CO

Occupation  
CFO

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11AI.39115

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

600.00

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

A. Form/Schedule : **SA11AI** 0009387-0003489  
Transaction ID : **SA11AI.39113**

B. Form/Schedule : **SA11AI** 0009387-0003490  
Transaction ID : **SA11AI.39114**



C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.39115**

0009387-0003491

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 362 / 881

(check only one)

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

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

MRS EULAH N LANE

Mailing Address 13203 39TH AVE N

City

CHIPPEWA FALLS

State

WI

Zip Code

54729

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: SA11AI.37320

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

ELDON R LARSEN

Mailing Address 2562 TREASURE DR

City

SANTA BARBARA

State

CA

Zip Code

93105

FEC ID number of contributing  
federal political committee.

C

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

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	5	/	2	0	0	9

Transaction ID: SA11AI.39090

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

ELDON R LARSEN

Mailing Address 2562 TREASURE DR

City

SANTA BARBARA

State

CA

Zip Code

93105

FEC ID number of contributing  
federal political committee.

C

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

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	5	/	2	0	0	9

Transaction ID: SA11AI.39091

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional) .....

250.00

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

A. Form/Schedule : **SA11AI** 0099259-0001835  
Transaction ID : **SA11AI.37320**

B. Form/Schedule : **SA11AI** 0104916-0003468  
Transaction ID : **SA11AI.39090**

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.39091**

0104916-0003469

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 365 / 881

(check only one)

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

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

ELDON R LARSEN

Mailing Address 2562 TREASURE DR

City

SANTA BARBARA

State

CA

Zip Code

93105

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFO REQUESTED- NOT RECD

Occupation

INFO REQUESTED- NOT RECD

Receipt For:

2010

☐ Primary☒ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	6	/	2	0	9	

Transaction ID: SA11AI.39092

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

ELDON R LARSEN

Mailing Address 2562 TREASURE DR

City

SANTA BARBARA

State

CA

Zip Code

93105

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFO REQUESTED- NOT RECD

Occupation

INFO REQUESTED- NOT RECD

Receipt For:

2010

☐ Primary☒ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	5	/	2	0	9	

Transaction ID: SA11AI.39093

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MRS GLENN G LARSON

Mailing Address 8950 235TH ST N

City

FOREST LAKE

State

MN

Zip Code

55025

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WHOLESALE PRODUCE SUPPLY

Occupation

TRUCKING

Receipt For:

2010

☐ Primary☒ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	0	6	/	2	0	9	

Transaction ID: SA11AI.37340

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional) .....

350.00

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

A. Form/Schedule : **SA11AI** 0104916-0003470  
Transaction ID : **SA11AI.39092**

B. Form/Schedule : **SA11AI** 0104916-0003471  
Transaction ID : **SA11AI.39093**

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.37340**

0039479-0001855

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

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

FOR LINE NUMBER: PAGE 368 / 881

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

MRS GLENN G LARSON

Mailing Address 8950 235TH ST N

City

FOREST LAKE

State

MN

Zip Code

55025

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WHOLESALE PRODUCE SUPPLY

Occupation

TRUCKING

Receipt For: 2010

☐ Primary ☒ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 6 / 2 0 0 9

Transaction ID: SA11AI.37341

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

MR DONALD K LASCH

Mailing Address 5809 156TH ST SW

City

EDMONDS

State

WA

Zip Code

98026

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2010

☐ Primary ☒ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 0 3 / 2 0 0 9

Transaction ID: SA11AI.39411

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MR DONALD K LASCH

Mailing Address 5809 156TH ST SW

City

EDMONDS

State

WA

Zip Code

98026

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2010

☐ Primary ☒ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 5 / 2 0 0 9

Transaction ID: SA11AI.39412

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

250.00

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



A. Form/Schedule : **SA11AI** 0039479-0001856  
Transaction ID : **SA11AI.37341**

B. Form/Schedule : **SA11AI** 0008696-0003771  
Transaction ID : **SA11AI.39411**

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.39412**

0008696-0003772

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

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

FOR LINE NUMBER: PAGE 371 / 881

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

MR H LATHAM

Mailing Address 1880 BROOKWOOD AVE APT 505

City

BURLINGTON

State

NC

Zip Code

27215

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFO REQUESTED- NOT RECD

Occupation

INFO REQUESTED- NOT RECD

Receipt For:

2010

☐ Primary

☒ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.35864

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MRS WANDA J LATHROPE

Mailing Address 1216 MARCUS CT

City

ANTIOCH

State

CA

Zip Code

94509

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LIBERTY UNION SCHOOL DIST-  
RICT

Occupation

RETIRED BUSINESS MANGER

Receipt For:

2010

☐ Primary

☒ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

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

Transaction ID: SA11AI.39175

Amount of Each Receipt this Period

40.00

**C.**

Full Name (Last, First, Middle Initial)

MRS WANDA J LATHROPE

Mailing Address 1216 MARCUS CT

City

ANTIOCH

State

CA

Zip Code

94509

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LIBERTY UNION SCHOOL DIST-  
RICT

Occupation

RETIRED BUSINESS MANGER

Receipt For:

2010

☐ Primary

☒ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.39176

Amount of Each Receipt this Period

15.00

**SUBTOTAL** of Receipts This Page (optional) .....

105.00

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

A. Form/Schedule : **SA11AI** 0106505-0000497  
Transaction ID : **SA11AI.35864**

B. Form/Schedule : **SA11AI** 0104546-0003545  
Transaction ID : **SA11AI.39175**

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.39176**

0104546-0003546

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

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

FOR LINE NUMBER: PAGE 374 / 881

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

MRS WANDA J LATHROPE

Mailing Address 1216 MARCUS CT

City

ANTIOCH

State

CA

Zip Code

94509

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LIBERTY UNION SCHOOL DIST-  
RICT

Occupation

RETIRED BUSINESS MANGER

Receipt For:

2010

☐ Primary

☒ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 8 / 2 0 0 9

Transaction ID: SA11AI.39177

Amount of Each Receipt this Period

15.00

**B.**

Full Name (Last, First, Middle Initial)

MRS WANDA J LATHROPE

Mailing Address 1216 MARCUS CT

City

ANTIOCH

State

CA

Zip Code

94509

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LIBERTY UNION SCHOOL DIST-  
RICT

Occupation

RETIRED BUSINESS MANGER

Receipt For:

2010

☐ Primary

☒ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.39178

Amount of Each Receipt this Period

30.00

**C.**

Full Name (Last, First, Middle Initial)

MRS WANDA J LATHROPE

Mailing Address 1216 MARCUS CT

City

ANTIOCH

State

CA

Zip Code

94509

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LIBERTY UNION SCHOOL DIST-  
RICT

Occupation

RETIRED BUSINESS MANGER

Receipt For:

2010

☐ Primary

☒ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

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

Transaction ID: SA11AI.39179

Amount of Each Receipt this Period

35.00

**SUBTOTAL** of Receipts This Page (optional) .....

80.00

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

A. Form/Schedule : **SA11AI** 0104546-0003547  
Transaction ID : **SA11AI.39177**

B. Form/Schedule : **SA11AI** 0104546-0003548  
Transaction ID : **SA11AI.39178**

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.39179**

0104546-0003549



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

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

FOR LINE NUMBER: PAGE 377 / 881

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

MR WILLIAM P LEONARD

Mailing Address 6100 LAKE FORREST DR NW

City

ATLANTA

State

GA

Zip Code

30328

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WM LEONARD & CO

Occupation

REAL ESTATE

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: SA11AI.36164

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

DR JACK W LESCH

Mailing Address 34 SILVERSTRAND PL

City

THE WOODLANDS

State

TX

Zip Code

77381

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LIGHHOUSE HOSPICE

Occupation

FAMILY PHYSICIAN

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 5 / 2 0 0 9

Transaction ID: SA11AI.38207

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

MS JANET E LEVY

Mailing Address 1142 SOMERA RD

City

LOS ANGELES

State

CA

Zip Code

90077

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF EMPLOYED

Occupation

POLITICAL ACTIVIST

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 6 / 2 0 0 9

Transaction ID: SA11AI.38762

Amount of Each Receipt this Period

2500.00

**SUBTOTAL** of Receipts This Page (optional) .....

3050.00

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

A. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.36164**

0105706-0000783

B. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.38207**

0020241-0002657

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.38762**

0103047-0003156

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 380 / 881

(check only one)

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

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

MS DEBORAH L LEWIS

Mailing Address 2681 HARBISON RD

City

CEDARVILLE

State

OH

Zip Code

45314

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LEXI COMP INCORPORATEDOccupation  
PHARMACIST

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.36839

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

MR MIKE LEWIS

Mailing Address 2735 E FAWN DR

City

PHOENIX

State

AZ

Zip Code

85042

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MARICOPA COLLEGESOccupation  
DIRECTOR OF IT

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	0	9

Transaction ID: SA11AI.38623

Amount of Each Receipt this Period

400.00

**C.**

Full Name (Last, First, Middle Initial)

MS CAROL A LIEBERMAN

Mailing Address 16552 THUNDERHEAD CANYON CT

City

WILDWOOD

State

MO

Zip Code

63011

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKEROccupation  
HOUSEWIFE

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.37687

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional) .....

1500.00

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

A. Form/Schedule : **SA11AI** 0004494-0001391  
Transaction ID : **SA11AI.36839**

B. Form/Schedule : **SA11AI** 0106794-0003031  
Transaction ID : **SA11AI.38623**

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.37687**

0102782-0002178

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

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

FOR LINE NUMBER: PAGE 383 / 881

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)  
SHANE LINDAUER

Mailing Address 762 W 8TH ST

City State Zip Code  
JASPER IN 47546

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF EMPLOYED

Occupation  
CHIROPRACTOR

Receipt For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt

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

Transaction ID: SA11AI.36963

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)  
MR JAMES B LINDSEY, JR

Mailing Address 36 HAMMOND DR

City State Zip Code  
SANTA BARBARA CA 93108

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt

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

Transaction ID: SA11AI.39095

Amount of Each Receipt this Period

5000.00

**C.**

Full Name (Last, First, Middle Initial)  
MRS JOAN ANNE LINDSEY, JR

Mailing Address 36 HAMMOND DR

City State Zip Code  
SANTA BARBARA CA 93108

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt

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

Transaction ID: SA11AI.39824

Amount of Each Receipt this Period

5000.00

**SUBTOTAL** of Receipts This Page (optional) .....

10300.00

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

A. Form/Schedule : **SA11AI** 0104483-0001504  
Transaction ID : **SA11AI.36963**

B. Form/Schedule : **SA11AI** 0103705-0003472  
Transaction ID : **SA11AI.39095**



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

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

MR STEVE J LIPPERT

Mailing Address 6829 JENNIFER LYNN DR

City

CINCINNATI

State

OH

Zip Code

45248

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HAMILTON CASTER & MFG. CO.

Occupation

BUSINESS

Receipt For: 2010

☐ Primary ☒ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11AI.36830

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

GARY W LOCKE, JR

Mailing Address 2602 BOOGER HILL RD

City

DANIELSVILLE

State

GA

Zip Code

30633

FEC ID number of contributing  
federal political committee.

C

Name of Employer

US NAVY / STATE OF GA

Occupation

RETIRED

Receipt For: 2010

☐ Primary ☒ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: SA11AI.36203

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

GARY W LOCKE, JR

Mailing Address 2602 BOOGER HILL RD

City

DANIELSVILLE

State

GA

Zip Code

30633

FEC ID number of contributing  
federal political committee.

C

Name of Employer

US NAVY / STATE OF GA

Occupation

RETIRED

Receipt For: 2010

☐ Primary ☒ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.36204

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

450.00

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

A. Form/Schedule : **SA11AI** 0104594-0001382  
Transaction ID : **SA11AI.36830**

B. Form/Schedule : **SA11AI** 0102864-0000818  
Transaction ID : **SA11AI.36203**

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.36204**

0102864-0000819

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

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

GARY W LOCKE, JR

Mailing Address 2602 BOOGER HILL RD

City

DANIELSVILLE

State

GA

Zip Code

30633

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
US NAVY /STATE OF GA

Occupation  
RETIRED

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: SA11AI.36205

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

MRS LEONA M LONG

Mailing Address 5455 N 610 E

City

HOWE

State

IN

Zip Code

46746

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 8 / 2 0 0 9

Transaction ID: SA11AI.36937

Amount of Each Receipt this Period

30.00

**C.**

Full Name (Last, First, Middle Initial)

MR WOODROW WILSON LONG, III

Mailing Address 1570 HUNTINGDON TRL

City

ATLANTA

State

GA

Zip Code

30350

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AIR QUALITY SCIENCES

Occupation  
DIRECTOR BUSINESS DEVELOPMENT

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 3 / 2 0 0 9

Transaction ID: SA11AI.36167

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

230.00

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

A. Form/Schedule : **SA11AI** 0102864-0000820  
Transaction ID : **SA11AI.36205**

B. Form/Schedule : **SA11AI** 0074263-0001480  
Transaction ID : **SA11AI.36937**

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.36167**

0101636-0000786

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

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 391 / 881

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

MR MARK LONGNECKER

Mailing Address 2991 WESTSIDE DR

City

CHATTANOOGA

State

TN

Zip Code

37404

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SOUTHERN CHAMPION TRAY

Occupation  
CFO

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.36577

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

MR RONALD E LORD

Mailing Address 4838 CLIFFSIDE DR

City

WEST BLOOMFIELD

State

MI

Zip Code

48323

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AMERICAN PRINTING SERVICES

Occupation  
SALES

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 6 / 2 0 0 9

Transaction ID: SA11AI.37017

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

MR JAMES LUDINGTON

Mailing Address 733 ASBURY RD

City

TROUTVILLE

State

VA

Zip Code

24175

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ARISE AMERICA MINISTRIES

Occupation  
MINISTRY LEADER

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: SA11AI.35825

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

650.00

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

A. Form/Schedule : **SA11AI** 0098594-0001162  
Transaction ID : **SA11AI.36577**

B. Form/Schedule : **SA11AI** 0100983-0001554  
Transaction ID : **SA11AI.37017**



C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.35825**

0103409-0000464

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

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

FOR LINE NUMBER: PAGE 394 / 881

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

MAJ JAMES P LUKE

Mailing Address 4273 BRISTOL DR

City

DAYTON

State

OH

Zip Code

45440

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
USAF

Occupation

INFO REQUESTED- NOT RECD

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.36854

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MAJ JAMES P LUKE

Mailing Address 4273 BRISTOL DR

City

DAYTON

State

OH

Zip Code

45440

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
USAF

Occupation

INFO REQUESTED- NOT RECD

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 8 / 2 0 0 9

Transaction ID: SA11AI.36855

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MAJ JAMES P LUKE

Mailing Address 4273 BRISTOL DR

City

DAYTON

State

OH

Zip Code

45440

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
USAF

Occupation

INFO REQUESTED- NOT RECD

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

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

Transaction ID: SA11AI.36856

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

150.00

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

A. Form/Schedule : **SA11AI** 0101785-0001403  
Transaction ID : **SA11AI.36854**

B. Form/Schedule : **SA11AI** 0101785-0001404  
Transaction ID : **SA11AI.36855**

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.36856**

0101785-0001405

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

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

FOR LINE NUMBER: PAGE 397 / 881

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

MAJ JAMES P LUKE

Mailing Address 4273 BRISTOL DR

City

DAYTON

State

OH

Zip Code

45440

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
USAF

Occupation

INFO REQUESTED- NOT RECD

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.36857

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MAJ JAMES P LUKE

Mailing Address 4273 BRISTOL DR

City

DAYTON

State

OH

Zip Code

45440

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
USAF

Occupation

INFO REQUESTED- NOT RECD

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

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

Transaction ID: SA11AI.36858

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MAJ JAMES P LUKE

Mailing Address 4273 BRISTOL DR

City

DAYTON

State

OH

Zip Code

45440

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
USAF

Occupation

INFO REQUESTED- NOT RECD

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: SA11AI.36859

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

150.00

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

A.

Form/Schedule : **SA11AI**

0101785-0001406

Transaction ID : **SA11AI.36857**

B.

Form/Schedule : **SA11AI**

0101785-0001407

Transaction ID : **SA11AI.36858**

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.36859**

0101785-0001408

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

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)  
MRS DONNA LUNDHOLM

Mailing Address 858 MONA LN

City State Zip Code  
MUSKEGON MI 49441

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NA

Occupation  
RETIRED

Receipt For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt

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

Transaction ID: SA11AI.37114

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)  
MR. WILLIAM R MACCORMICK

Mailing Address 230 CREEKWOOD CT

City State Zip Code  
DUNCANVILLE TX 75116

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
215.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 7 / 2 0 0 9

Transaction ID: SA11AI.38042

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)  
MR. WILLIAM R MACCORMICK

Mailing Address 230 CREEKWOOD CT

City State Zip Code  
DUNCANVILLE TX 75116

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
255.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11AI.38043

Amount of Each Receipt this Period

40.00

**SUBTOTAL** of Receipts This Page (optional) .....

160.00

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



A. Form/Schedule : **SA11AI** 0106883-0001644  
Transaction ID : **SA11AI.37114**

B. Form/Schedule : **SA11AI** 0100551-0002506  
Transaction ID : **SA11AI.38042**

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.38043**

0100551-0002507

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

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

FOR LINE NUMBER: PAGE 403 / 881

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

**A.**

Full Name (Last, First, Middle Initial)

JANE R MARSH

Mailing Address 412 SHOSHONE AVE

City

NAMPA

State

ID

Zip Code

83651

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 21 / 2009

Transaction ID: SA11AI.38594

Amount of Each Receipt this Period

60.00

**B.**

Full Name (Last, First, Middle Initial)

JANE R MARSH

Mailing Address 412 SHOSHONE AVE

City

NAMPA

State

ID

Zip Code

83651

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 15 / 2009

Transaction ID: SA11AI.38595

Amount of Each Receipt this Period

60.00

**C.**

Full Name (Last, First, Middle Initial)

JANE R MARSH

Mailing Address 412 SHOSHONE AVE

City

NAMPA

State

ID

Zip Code

83651

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y  
11 / 16 / 2009

Transaction ID: SA11AI.38596

Amount of Each Receipt this Period

60.00

**SUBTOTAL** of Receipts This Page (optional) .....

180.00

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

A. Form/Schedule : **SA11AI** 0103969-0003007  
Transaction ID : **SA11AI.38594**

B. Form/Schedule : **SA11AI** 0103969-0003008  
Transaction ID : **SA11AI.38595**

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.38596**

0103969-0003009

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 406 / 881

(check only one)

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

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

MR JAMES MATHEW

Mailing Address 10576 W DASON DR

City

BOISE

State

ID

Zip Code

83704

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MICRON TECHNOLOGYOccupation  
ENGINEER

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: SA11AI.38602

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

MRS MARY MATISOHN

Mailing Address 3240 MERCER LN

City

SAN DIEGO

State

CA

Zip Code

92122

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SDGEOccupation  
PROJECT PLANNER

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.38892

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

MR JAMES H MATSON

Mailing Address 210 EXMOOR AVE

City

GLEN ELLYN

State

IL

Zip Code

60137

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GRIFFIN KUBIK STEPHENS &  
THOMPSONOccupation  
SALES MANAGEMENT

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	6		2	0	0	9

Transaction ID: SA11AI.37580

Amount of Each Receipt this Period

400.00

SUBTOTAL of Receipts This Page (optional) .....

1000.00

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

A. Form/Schedule : **SA11AI** 0101158-0003014  
Transaction ID : **SA11AI.38602**

B. Form/Schedule : **SA11AI** 0009018-0003282  
Transaction ID : **SA11AI.38892**

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.37580**

0006454-0002074



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

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

FOR LINE NUMBER: PAGE 409 / 881

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

MS CHARLEEN M MCBRAYER

Mailing Address 5098 POST OAK TRITT RD NE

City

ROSWELL

State

GA

Zip Code

30075

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
COMPREHENSIVE COMPUTER CO-  
NSULTING I

Occupation  
CEO/OWNER

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

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

Transaction ID: SA11AI.36097

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

MRS JUDI MCCAUGHEY

Mailing Address 4225 E SHAW ST

City

LONG BEACH

State

CA

Zip Code

90803

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 7 / 2 0 0 9

Transaction ID: SA11AI.38795

Amount of Each Receipt this Period

30.00

**C.**

Full Name (Last, First, Middle Initial)

MRS JUDI MCCAUGHEY

Mailing Address 4225 E SHAW ST

City

LONG BEACH

State

CA

Zip Code

90803

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.38796

Amount of Each Receipt this Period

30.00

**SUBTOTAL** of Receipts This Page (optional) .....

160.00

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

A. Form/Schedule : **SA11AI** 0099800-0000710  
Transaction ID : **SA11AI.36097**

B. Form/Schedule : **SA11AI** 0103398-0003186  
Transaction ID : **SA11AI.38795**

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.38796**

0103398-0003187

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

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

FOR LINE NUMBER: PAGE 412 / 881

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

**A.**

Full Name (Last, First, Middle Initial)  
**MRS JUDI MCCAUGHEY**

Mailing Address **4225 E SHAW ST**

City State Zip Code  
**LONG BEACH CA 90803**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
**280.00**

Date of Receipt

**10 / 21 / 2009**

Transaction ID: SA11AI.38797

Amount of Each Receipt this Period

**30.00**

**B.**

Full Name (Last, First, Middle Initial)  
**MRS JUDI MCCAUGHEY**

Mailing Address **4225 E SHAW ST**

City State Zip Code  
**LONG BEACH CA 90803**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
**310.00**

Date of Receipt

**12 / 29 / 2009**

Transaction ID: SA11AI.38798

Amount of Each Receipt this Period

**30.00**

**C.**

Full Name (Last, First, Middle Initial)  
**MRS LYNN MCCLATCHEY**

Mailing Address **45012 70TH AVENUE**

City State Zip Code  
**LINN GROVE IA 51033**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SIOUX CENTRAL SCHOOL**

Occupation  
**TEACHER**

Receipt For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
**220.00**

Date of Receipt

**11 / 05 / 2009**

Transaction ID: SA11AI.37185

Amount of Each Receipt this Period

**20.00**

**SUBTOTAL** of Receipts This Page (optional) .....

**80.00**

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

A. Form/Schedule : **SA11AI** 0103398-0003188  
Transaction ID : **SA11AI.38797**

B. Form/Schedule : **SA11AI** 0103398-0003189  
Transaction ID : **SA11AI.38798**

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.37185**

0023485-0001719

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 415 / 881

(check only one)

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

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

MRS LYNN MCCLATCHEY

Mailing Address 45012 70TH AVENUE

City

LINN GROVE

State

IA

Zip Code

51033

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SIOUX CENTRAL SCHOOLOccupation  
TEACHER

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	7	/	2	0	0	9

Transaction ID: SA11AI.37186

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

MR ROBERT MCCLELLAN

Mailing Address 15 WILDHAWK

City

IRVINE

State

CA

Zip Code

92603

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MCCLELLAN NICHOLS SPORTS  
SYNDICATEOccupation  
SPORTS ATTORNEY

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	0	7	/	2	0	0	9

Transaction ID: SA11AI.38940

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

MR ROBERT MCCLELLAN

Mailing Address 15 WILDHAWK

City

IRVINE

State

CA

Zip Code

92603

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MCCLELLAN NICHOLS SPORTS  
SYNDICATEOccupation  
SPORTS ATTORNEY

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

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

Transaction ID: SA11AI.38941

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional) .....

170.00

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

A. Form/Schedule : **SA11AI**

Transaction ID : **SA11AI.37186**

0023485-0001720

B. Form/Schedule : **SA11AI**

Transaction ID : **SA11AI.38940**

0106374-0003327



C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.38941**

0106374-0003328

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

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

FOR LINE NUMBER: PAGE 418 / 881

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

LEE I MCCUTCHAN

Mailing Address 712 WATERFALL DR

City

CLAYTON

State

GA

Zip Code

30525

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 7 / 2 0 0 9

Transaction ID: SA11AI.36199

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

LEE I MCCUTCHAN

Mailing Address 712 WATERFALL DR

City

CLAYTON

State

GA

Zip Code

30525

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.36200

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

SHANNON MCGINLEY

Mailing Address 4 BULSAM CT

City

BEDFORD

State

NH

Zip Code

03110

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.35383

Amount of Each Receipt this Period

30.00

**SUBTOTAL** of Receipts This Page (optional) .....

430.00

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

A. Form/Schedule : **SA11AI** 0106934-0000813  
Transaction ID : **SA11AI.36199**

B. Form/Schedule : **SA11AI** 0106934-0000814  
Transaction ID : **SA11AI.36200**

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.35383**

0105687-0000059

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 421 / 881

(check only one)

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

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**Full Name (Last, First, Middle Initial)  
SHANNON MCGINLEY

Mailing Address 4 BULSAM CT

City	State	Zip Code
BEDFORD	NH	03110

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKEROccupation  
HOMEMAKER
 Receipt For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

 Aggregate Year-to-Date ▼  
 240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	5		2	0	9	

Transaction ID: SA11AI.35384

Amount of Each Receipt this Period

30.00

**B.**Full Name (Last, First, Middle Initial)  
SHANNON MCGINLEY

Mailing Address 4 BULSAM CT

City	State	Zip Code
BEDFORD	NH	03110

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKEROccupation  
HOMEMAKER
 Receipt For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

 Aggregate Year-to-Date ▼  
 270.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	6		2	0	9	

Transaction ID: SA11AI.35385

Amount of Each Receipt this Period

30.00

**C.**Full Name (Last, First, Middle Initial)  
SHANNON MCGINLEY

Mailing Address 4 BULSAM CT

City	State	Zip Code
BEDFORD	NH	03110

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKEROccupation  
HOMEMAKER
 Receipt For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	5		2	0	9	

Transaction ID: SA11AI.35386

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional) .....

90.00

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

A. Form/Schedule : **SA11AI** 0105687-0000060  
Transaction ID : **SA11AI.35384**

B. Form/Schedule : **SA11AI** 0105687-0000061  
Transaction ID : **SA11AI.35385**

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.35386**

0105687-0000062

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

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

FOR LINE NUMBER: PAGE 424 / 881

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

MR MARK MCGOLDRICK

Mailing Address 745 SPRINGVIEW CT

City

ROSWELL

State

GA

Zip Code

30076

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CAMPUS CRUSADE FOR CHRIST

Occupation

WORKPLACE MINISTER

Receipt For:

2010

☐ Primary

☒ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.36098

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

MR MARK MCGOLDRICK

Mailing Address 745 SPRINGVIEW CT

City

ROSWELL

State

GA

Zip Code

30076

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CAMPUS CRUSADE FOR CHRIST

Occupation

WORKPLACE MINISTER

Receipt For:

2010

☐ Primary

☒ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.36099

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MAE L MCKINLEY

Mailing Address 515 11TH AVE NE

City

MINOT

State

ND

Zip Code

58703

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

2010

☐ Primary

☒ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.37523

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

200.00

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



A. Form/Schedule : **SA11AI**

Transaction ID : **SA11AI.36098**

0106601-0000711

B. Form/Schedule : **SA11AI**

Transaction ID : **SA11AI.36099**

0106601-0000712

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.37523**

0101794-0002020

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 427 / 881

(check only one)

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

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

MAE L MCKINLEY

Mailing Address 515 11TH AVE NE

City

MINOT

State

ND

Zip Code

58703

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2010

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.37524

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MR MATTHEW MCLELLAND

Mailing Address PO BOX 353

City

LOOKOUT MOUNTAIN

State

TN

Zip Code

37350

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
KENCO CORPOccupation  
MANAGER

Receipt For: 2010

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	1	0	/	2	0	0	9

Transaction ID: SA11AI.36568

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

ALEX MCMICHAEL

Mailing Address 590 BRIARMEADE DR SW

City

MARIETTA

State

GA

Zip Code

30064

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKEROccupation  
HOMEMAKER

Receipt For: 2010

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Aggregate Year-to-Date ▼

399.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	3	/	2	0	0	9

Transaction ID: SA11AI.36085

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional) .....

650.00

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

A.

Form/Schedule : **SA11AI**

Transaction ID : **SA11AI.37524**

0101794-0002021

B.

Form/Schedule : **SA11AI**

Transaction ID : **SA11AI.36568**

0105669-0001152

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.36085**

0105892-0000699

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

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

FOR LINE NUMBER: PAGE 430 / 881

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

ALEX MCMICHAEL

Mailing Address 590 BRIARMEADE DR SW

City

MARIETTA

State

GA

Zip Code

30064

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

449.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 3 / 2 0 0 9

Transaction ID: SA11AI.36086

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MR MICHAEL W MCRAE

Mailing Address 4710 PAULA WAY

City

FAIR OAKS

State

CA

Zip Code

95628

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SMUD

Occupation

ENGINEER

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1570.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11AI.39257

Amount of Each Receipt this Period

1570.00

**C.**

Full Name (Last, First, Middle Initial)

CLINT MEADWAY

Mailing Address PO BOX 706

City

MONROE

State

WA

Zip Code

98272

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF

Occupation

RETIRED CPA

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11AI.39449

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1870.00

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

A. Form/Schedule : **SA11AI** 0105892-0000700  
Transaction ID : **SA11AI.36086**

B. Form/Schedule : **SA11AI** 0100580-0003625  
Transaction ID : **SA11AI.39257**

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.39449**

0107673-0003805



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

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

FOR LINE NUMBER: PAGE 433 / 881

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

MR CALVIN D MEINDERS

Mailing Address 1240 170TH ST

City

PELLA

State

IA

Zip Code

50219

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
VERMEER CORP

Occupation  
ENGINEER

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

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

Transaction ID: SA11AI.37160

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

MRS RUTH MERRITT

Mailing Address 1675 SUGARLOAF CLUB DR

City

DULUTH

State

GA

Zip Code

30097

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF EMPLOYED

Occupation  
COUNSELOR

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: SA11AI.36104

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

MRS RUTH MERRITT

Mailing Address 1675 SUGARLOAF CLUB DR

City

DULUTH

State

GA

Zip Code

30097

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF EMPLOYED

Occupation  
COUNSELOR

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

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

Transaction ID: SA11AI.36105

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

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

A. Form/Schedule : **SA11AI** 0103088-0001694  
Transaction ID : **SA11AI.37160**

B. Form/Schedule : **SA11AI** 0106689-0000717  
Transaction ID : **SA11AI.36104**

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.36105**

0106689-0000718

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 436 / 881

(check only one)

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

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

HALE MESEROW

Mailing Address 3904 PRINCETON TRL

City

EAGAN

State

MN

Zip Code

55123

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

AUTHOR AND COPYWRITER

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	0	8	/	2	0	0	9

Transaction ID: SA11AI.37360

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

MRS SUZANNE S MEYER

Mailing Address 1055 CRYSTAL PARK RD

City

MANITOU SPGS

State

CO

Zip Code

80829

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFO REQUESTED- NOT RECD

Occupation

INFO REQUESTED- NOT RECD

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	0	6	/	2	0	0	9

Transaction ID: SA11AI.38511

Amount of Each Receipt this Period

60.00

**C.**

Full Name (Last, First, Middle Initial)

MRS SUZANNE S MEYER

Mailing Address 1055 CRYSTAL PARK RD

City

MANITOU SPGS

State

CO

Zip Code

80829

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFO REQUESTED- NOT RECD

Occupation

INFO REQUESTED- NOT RECD

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	0	9	/	2	0	0	9

Transaction ID: SA11AI.38512

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional) .....

210.00

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

A. Form/Schedule : **SA11AI** 0105936-0001875  
Transaction ID : **SA11AI.37360**

B. Form/Schedule : **SA11AI** 0048433-0002932  
Transaction ID : **SA11AI.38511**

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.38512**

0048433-0002933

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

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

FOR LINE NUMBER: PAGE 439 / 881

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

MRS SUZANNE S MEYER

Mailing Address 1055 CRYSTAL PARK RD

City

MANITOU SPGS

State

CO

Zip Code

80829

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFO REQUESTED- NOT RECD

Occupation

INFO REQUESTED- NOT RECD

Receipt For:

2010

☐ Primary

☒ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 5 / 2 0 0 9

Transaction ID: SA11AI.38513

Amount of Each Receipt this Period

40.00

**B.**

Full Name (Last, First, Middle Initial)

DEBBIE MILLER, MD

Mailing Address 3437 COUNTY ROAD 959

City

LOUDONVILLE

State

OH

Zip Code

44842

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF

Occupation

PHYSICIAN

Receipt For:

2010

☐ Primary

☒ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

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

Transaction ID: SA11AI.36811

Amount of Each Receipt this Period

60.00

**C.**

Full Name (Last, First, Middle Initial)

MR LESLIE A MILLER

Mailing Address 1821 E CALLE DEL VASO

City

ORO VALLEY

State

AZ

Zip Code

85737

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CONCEPT 100 REALTY- INC

Occupation

REALTOR

Receipt For:

2010

☐ Primary

☒ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 7 / 2 0 0 9

Transaction ID: SA11AI.38694

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional) .....

300.00

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

A. Form/Schedule : **SA11AI** 0048433-0002934  
Transaction ID : **SA11AI.38513**

B. Form/Schedule : **SA11AI** 0096741-0001366  
Transaction ID : **SA11AI.36811**



C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.38694**

0101137-0003096

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

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

FOR LINE NUMBER: PAGE 442 / 881

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

MR LESLIE A MILLER

Mailing Address 1821 E CALLE DEL VASO

City

ORO VALLEY

State

AZ

Zip Code

85737

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CONCEPT 100 REALTY- INC

Occupation  
REALTOR

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11AI.38695

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

MR WILLIAM MILLIGAN

Mailing Address 33 MADISON LN

City

COTO DE CAZA

State

CA

Zip Code

92679

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
KBS REALTY ADVISORS

Occupation  
REGIONAL PRESIDENT

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.39021

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

MR WILLIAM MILLIGAN

Mailing Address 33 MADISON LN

City

COTO DE CAZA

State

CA

Zip Code

92679

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
KBS REALTY ADVISORS

Occupation  
REGIONAL PRESIDENT

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 9

Transaction ID: SA11AI.39022

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1250.00

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

A. Form/Schedule : **SA11AI** 0101137-0003097  
Transaction ID : **SA11AI.38695**

B. Form/Schedule : **SA11AI** 0105701-0003401  
Transaction ID : **SA11AI.39021**

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.39022**

0105701-0003402

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

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

FOR LINE NUMBER: PAGE 445 / 881

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

ANDREW MILLS

Mailing Address 262 HIGH ST

City

WINCHESTER

State

MA

Zip Code

01890

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.35355

Amount of Each Receipt this Period

5000.00

**B.**

Full Name (Last, First, Middle Initial)

SANDRA MILLS

Mailing Address P.O. BOX 52592

City

LAFAYETTE

State

LA

Zip Code

70505

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.39820

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

MR WILLIAM T MILLS, III

Mailing Address PO BOX 52592

City

LAFAYETTE

State

LA

Zip Code

70505

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF EMPLOYED

Occupation  
MPW PROPERTIES

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 0 9

Transaction ID: SA11AI.37882

Amount of Each Receipt this Period

4000.00

**SUBTOTAL** of Receipts This Page (optional) .....

10000.00

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

A. Form/Schedule : **SA11AI** 0105047-0000029  
Transaction ID : **SA11AI.35355**

C. Form/Schedule : **SA11AI** 0090913-0002356  
Transaction ID : **SA11AI.37882**

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

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

FOR LINE NUMBER: PAGE 447 / 881

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

MR KRISTIAN MINEAU

Mailing Address 10 MOUNT VERNON ST

City

NORTH READING

State

MA

Zip Code

01864

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MASSACHUSETTS FAMILY INST-  
TUTE

Occupation

EXECUTIVE

Receipt For: 2010

☐ Primary ☒ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.35351

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

RICHARD MITTLEMAN

Mailing Address 3800 EDGEVIEW DR

City

PASADENA

State

CA

Zip Code

91107

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For: 2010

☐ Primary ☒ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.38816

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

CARL MOELLERING

Mailing Address 7219 MILL RUN RD

City

FORT WAYNE

State

IN

Zip Code

46819

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MOELLERING MGMT. CO.

Occupation

SMALL BUSINESS OWNER

Receipt For: 2010

☐ Primary ☒ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

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

Transaction ID: SA11AI.36950

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

300.00

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

A. Form/Schedule : **SA11AI** 0107274-0000025  
Transaction ID : **SA11AI.35351**

B. Form/Schedule : **SA11AI** 0106588-0003207  
Transaction ID : **SA11AI.38816**



C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.36950**

0107283-0001493

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

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

FOR LINE NUMBER: PAGE 450 / 881

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

**A.**

Full Name (Last, First, Middle Initial)  
**MS JUDY A MOLITOR**

Mailing Address **PO BOX 444**

City State Zip Code  
**CEDAR KEY FL 32625**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
**300.00**

Date of Receipt

**12 / 23 / 2009**

**Transaction ID: SA11AI.36289**

Amount of Each Receipt this Period

**100.00**

**B.**

Full Name (Last, First, Middle Initial)  
**BARBARA J MONTEIL**

Mailing Address **15709 ALLEN AVE**

City State Zip Code  
**BELTON MO 64012**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**BERKOWITZ OLIVER WILLIAMS  
 SHAW & EI**

Occupation  
**LEGAL SECRETARY**

Receipt For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
**225.00**

Date of Receipt

**10 / 20 / 2009**

**Transaction ID: SA11AI.37721**

Amount of Each Receipt this Period

**25.00**

**C.**

Full Name (Last, First, Middle Initial)  
**BOB MORGAN**

Mailing Address **1716 LINDEN WAY**

City State Zip Code  
**FORT COLLINS CO 80524**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**N/A**

Occupation  
**RETIRED**

Receipt For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
**250.00**

Date of Receipt

**10 / 20 / 2009**

**Transaction ID: SA11AI.38474**

Amount of Each Receipt this Period

**50.00**

**SUBTOTAL** of Receipts This Page (optional) .....

**175.00**

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

A. Form/Schedule : **SA11AI** 0103501-0000893  
Transaction ID : **SA11AI.36289**

B. Form/Schedule : **SA11AI** 0104580-0002210  
Transaction ID : **SA11AI.37721**

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.38474**

0106693-0002899

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

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

FOR LINE NUMBER: PAGE 453 / 881

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

**A.**

Full Name (Last, First, Middle Initial)  
**BOB MORGAN**

Mailing Address **1716 LINDEN WAY**

City State Zip Code  
**FORT COLLINS CO 80524**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**N/A**

Occupation  
**RETIRED**

Receipt For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
**450.00**

Date of Receipt

**12 / 12 / 2009**

**Transaction ID: SA11AI.38475**

Amount of Each Receipt this Period

**200.00**

**B.**

Full Name (Last, First, Middle Initial)  
**MR DON P MORGAN**

Mailing Address **2 SILVERBERRY**

City State Zip Code  
**LITTLETON CO 80127**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**FDSC- INC.**

Occupation  
**SALES**

Receipt For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
**300.00**

Date of Receipt

**12 / 26 / 2009**

**Transaction ID: SA11AI.38434**

Amount of Each Receipt this Period

**200.00**

**C.**

Full Name (Last, First, Middle Initial)  
**MRS MONICA C MORRIS**

Mailing Address **420 BILLY CREEK CIR**

City State Zip Code  
**HURST TX 76053**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**GOD AND MY HUSBAND**

Occupation  
**HOMEMAKER**

Receipt For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
**325.00**

Date of Receipt

**11 / 02 / 2009**

**Transaction ID: SA11AI.38122**

Amount of Each Receipt this Period

**300.00**

**SUBTOTAL** of Receipts This Page (optional) .....

**700.00**

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

A. Form/Schedule : **SA11AI** 0106693-0002900  
Transaction ID : **SA11AI.38475**

B. Form/Schedule : **SA11AI** 0008111-0002862  
Transaction ID : **SA11AI.38434**

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.38122**

0103950-0002578

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 456 / 881

(check only one)

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

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

MR WILLIAM H MORRIS, JR

Mailing Address 188 E CAPITOL ST  
ONE JACKSON PL 950City State Zip Code  
JACKSON MS 39201FEC ID number of contributing  
federal political committee.**C**Name of Employer  
SELFOccupation  
INSURANCEReceipt For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼Aggregate Year-to-Date ▼  
250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.36671

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MR WILLIAM H MORRIS, JR

Mailing Address 188 E CAPITOL ST  
ONE JACKSON PL 950City State Zip Code  
JACKSON MS 39201FEC ID number of contributing  
federal political committee.**C**Name of Employer  
SELFOccupation  
INSURANCEReceipt For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼Aggregate Year-to-Date ▼  
280.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.36672

Amount of Each Receipt this Period

30.00

**C.**

Full Name (Last, First, Middle Initial)

DR DAVID MORRISON

Mailing Address 1802 CROOM DR

City State Zip Code  
MONTGOMERY AL 36106FEC ID number of contributing  
federal political committee.**C**Name of Employer  
SELFOccupation  
PHYSICIANReceipt For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼Aggregate Year-to-Date ▼  
300.00

Date of Receipt

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

Transaction ID: SA11AI.36506

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional) .....

180.00

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



A. Form/Schedule : **SA11AI** 0101100-0001244  
Transaction ID : **SA11AI.36671**

B. Form/Schedule : **SA11AI** 0101100-0001245  
Transaction ID : **SA11AI.36672**

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.36506**

0003940-0001096

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

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

FOR LINE NUMBER: PAGE 459 / 881

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

MRS RUTH NEDERHOOD

Mailing Address 754 STONEY RIDGE CT

City

CALEDONIA

State

MI

Zip Code

49316

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 13 / 2009

Transaction ID: SA11AI.37091

Amount of Each Receipt this Period

120.00

**B.**

Full Name (Last, First, Middle Initial)

MRS RUTH NEDERHOOD

Mailing Address 754 STONEY RIDGE CT

City

CALEDONIA

State

MI

Zip Code

49316

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 26 / 2009

Transaction ID: SA11AI.37092

Amount of Each Receipt this Period

60.00

**C.**

Full Name (Last, First, Middle Initial)

MRS TAMMY J NELSON

Mailing Address 8492 N MAPLE CT

City

ZEELAND

State

MI

Zip Code

49464

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
REQUEST FOODS INC/HOME

Occupation

COST ANALYST/HOMEMAKER

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 09 / 2009

Transaction ID: SA11AI.37116

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

430.00

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

A. Form/Schedule : **SA11AI** 0100012-0001623  
Transaction ID : **SA11AI.37091**

B. Form/Schedule : **SA11AI** 0100012-0001624  
Transaction ID : **SA11AI.37092**

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.37116**

0104369-0001648

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

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

FOR LINE NUMBER: PAGE 462 / 881

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

MR RICHARD NEULAND

Mailing Address 36 ARADO

City

RCHO STA MARG

State

CA

Zip Code

92688

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NEULAND & NORDBERG

Occupation  
ATTORNEY

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 3 / 2 0 0 9

Transaction ID: SA11AI.39026

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

MR JOHN E NEWBY

Mailing Address 1131 OVERTON CT

City

NAPERVILLE

State

IL

Zip Code

60540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HEWLETT-PACKARD

Occupation  
PROGRAM MANAGER

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11AI.37609

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

EDWARD M NICHOLS

Mailing Address 555 TAXTER RD

City

ELMSFORD

State

NY

Zip Code

10523

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FUSION FINANCIAL GROUP

Occupation  
FINANCIAL PLANNER

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.35480

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

500.00

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

A. Form/Schedule : **SA11AI**

Transaction ID : **SA11AI.39026**

0014390-0003405

B. Form/Schedule : **SA11AI**

Transaction ID : **SA11AI.37609**

0103342-0002104

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.35480**

0104421-0000151



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

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

FOR LINE NUMBER: PAGE 465 / 881

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

**A.**

Full Name (Last, First, Middle Initial)  
**EDWARD M NICHOLS**

Mailing Address **555 TAXTER RD**

City State Zip Code  
**ELMSFORD NY 10523**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**FUSION FINANCIAL GROUP**

Occupation  
**FINANCIAL PLANNER**

Receipt For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
**300.00**

Date of Receipt

**11 / 10 / 2009**

Transaction ID: SA11AI.35481

Amount of Each Receipt this Period

**50.00**

**B.**

Full Name (Last, First, Middle Initial)  
**EDWARD M NICHOLS**

Mailing Address **555 TAXTER RD**

City State Zip Code  
**ELMSFORD NY 10523**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**FUSION FINANCIAL GROUP**

Occupation  
**FINANCIAL PLANNER**

Receipt For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
**350.00**

Date of Receipt

**12 / 07 / 2009**

Transaction ID: SA11AI.35482

Amount of Each Receipt this Period

**50.00**

**C.**

Full Name (Last, First, Middle Initial)  
**EDWARD M NICHOLS**

Mailing Address **555 TAXTER RD**

City State Zip Code  
**ELMSFORD NY 10523**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**FUSION FINANCIAL GROUP**

Occupation  
**FINANCIAL PLANNER**

Receipt For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
**400.00**

Date of Receipt

**12 / 28 / 2009**

Transaction ID: SA11AI.35483

Amount of Each Receipt this Period

**50.00**

**SUBTOTAL** of Receipts This Page (optional) .....

**150.00**

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

A. Form/Schedule : **SA11AI**

Transaction ID : **SA11AI.35481**

0104421-0000152

B. Form/Schedule : **SA11AI**

Transaction ID : **SA11AI.35482**

0104421-0000153

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.35483**

0104421-0000154

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 468 / 881

(check only one)

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

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

MR JOHN Q NICHOLS, JR

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  
RETIREDOccupation  
RETIRED

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	7		2	0	0	9

Transaction ID: SA11AI.38871

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

MR JOHN Q NICHOLS, JR

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  
RETIREDOccupation  
RETIRED

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.38872

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

MR JOHN Q NICHOLS, JR

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  
RETIREDOccupation  
RETIRED

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	3		2	0	0	9

Transaction ID: SA11AI.38873

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional) .....

300.00

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

A.

Form/Schedule : **SA11AI**

Transaction ID : **SA11AI.38871**

0105158-0003261

B.

Form/Schedule : **SA11AI**

Transaction ID : **SA11AI.38872**

0105158-0003262

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.38873**

0105158-0003263

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

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

FOR LINE NUMBER: PAGE 471 / 881

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)

MR JOHN Q NICHOLS, JR

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  
RETIREDOccupation  
RETIRED

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

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

Transaction ID: SA11AI.38874

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

MR A J NITZ

Mailing Address 132 FARMBROOK CIR

City

FRANKFORT

State

KY

Zip Code

40601

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELFOccupation  
PHYSICAL THERAPIST

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 7 / 0 9 / 2 0 0 9

Transaction ID: SA11AI.36717

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

MR STEVE NOVARRO

Mailing Address 712 N GARFIELD AVE

City

ALHAMBRA

State

CA

Zip Code

91801

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYEDOccupation  
REAL ESTATE INVESTOR

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 7 / 0 2 / 2 0 0 9

Transaction ID: SA11AI.38848

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional) .....

1100.00

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

A. Form/Schedule : **SA11AI** 0105158-0003264  
Transaction ID : **SA11AI.38874**

B. Form/Schedule : **SA11AI** 0043854-0001285  
Transaction ID : **SA11AI.36717**



C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.38848**

0013882-0003237

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 474 / 881

(check only one)

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

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

MRS HELEN I NOWAKOWSKI

Mailing Address 99 WHITEHALL AVE

City

ALIQUIPPA

State

PA

Zip Code

15001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

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

Transaction ID: SA11AI.35537

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

MRS HELEN I NOWAKOWSKI

Mailing Address 99 WHITEHALL AVE

City

ALIQUIPPA

State

PA

Zip Code

15001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

405.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	7	/	2	0	9	

Transaction ID: SA11AI.35538

Amount of Each Receipt this Period

75.00

**C.**

Full Name (Last, First, Middle Initial)

MR BRIAN NYSTROM

Mailing Address 4075 149TH AVE NW

City

ANDOVER

State

MN

Zip Code

55304

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NYSTROM & ASSOCIATES- LTD.

Occupation

MENTAL HEALTH

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	0	7	/	2	0	9	

Transaction ID: SA11AI.37374

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional) .....

1175.00

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

A. Form/Schedule : **SA11AI**

Transaction ID : **SA11AI.35537**

0042302-0000205

B. Form/Schedule : **SA11AI**

Transaction ID : **SA11AI.35538**

0042302-0000206

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.37374**

0102353-0001885

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

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

FOR LINE NUMBER: PAGE 477 / 881

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

MR BRIAN NYSTROM

Mailing Address 4075 149TH AVE NW

City

ANDOVER

State

MN

Zip Code

55304

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NYSTROM & ASSOCIATES- LTD.

Occupation

MENTAL HEALTH

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

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

Transaction ID: SA11AI.37375

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

MR BRIAN NYSTROM

Mailing Address 4075 149TH AVE NW

City

ANDOVER

State

MN

Zip Code

55304

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NYSTROM & ASSOCIATES- LTD.

Occupation

MENTAL HEALTH

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1700.00

Date of Receipt

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

Transaction ID: SA11AI.37376

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

MR CHARLES O'DELL

Mailing Address 10803 CRIPPLEGATE RD

City

POTOMAC

State

MD

Zip Code

20854

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MARRIOTT INTERNATIONAL INC

Occupation

RETIRED

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11AI.35697

Amount of Each Receipt this Period

5000.00

**SUBTOTAL** of Receipts This Page (optional) .....

5600.00

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

A. Form/Schedule : **SA11AI**

Transaction ID : **SA11AI.37375**

0102353-0001886

B. Form/Schedule : **SA11AI**

Transaction ID : **SA11AI.37376**

0102353-0001887

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.35697**

0002454-0000346

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

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

FOR LINE NUMBER: PAGE 480 / 881

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

MRS SUSAN P OSBORN

Mailing Address 2541 W PALOMINO DR

City

CHANDLER

State

AZ

Zip Code

85224

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 9

Transaction ID: SA11AI.38637

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

MR THOMAS L OSTENSON

Mailing Address 1020 LAKE WINDWARD OVERLOOK

City

ALPHARETTA

State

GA

Zip Code

30005

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AON CORPORATION

Occupation

ATTORNEY

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 0 9 / 2 0 0 9

Transaction ID: SA11AI.36071

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

MR THOMAS L OSTENSON

Mailing Address 1020 LAKE WINDWARD OVERLOOK

City

ALPHARETTA

State

GA

Zip Code

30005

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AON CORPORATION

Occupation

ATTORNEY

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: SA11AI.36072

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

700.00

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



A. Form/Schedule : **SA11AI** 0020762-0003043  
Transaction ID : **SA11AI.38637**

B. Form/Schedule : **SA11AI** 0103361-0000687  
Transaction ID : **SA11AI.36071**

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.36072**

0103361-0000688

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

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

FOR LINE NUMBER: PAGE 483 / 881

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)  
MR DENNIS G OTTEN

Mailing Address 2609 S ELMWOOD AVE

City State Zip Code  
SIOUX FALLS SD 57105

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
NONE

Occupation  
RETIRED

Receipt For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
205.00

Date of Receipt

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

Transaction ID: SA11AI.37491

Amount of Each Receipt this Period

35.00

**B.**

Full Name (Last, First, Middle Initial)  
MR JAY R OWEN

Mailing Address 35 CYPRESS MARSH DR

City State Zip Code  
HILTON HEAD ISLAND SC 29926

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
ENGINEERED SYSTEMS

Occupation  
ENGINEER

Receipt For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.36059

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)  
MR JAY R OWEN

Mailing Address 35 CYPRESS MARSH DR

City State Zip Code  
HILTON HEAD ISLAND SC 29926

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
ENGINEERED SYSTEMS

Occupation  
ENGINEER

Receipt For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 4 / 2 0 0 9

Transaction ID: SA11AI.36060

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

135.00

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

A. Form/Schedule : **SA11AI**

Transaction ID : **SA11AI.37491**

0006201-0001991

B. Form/Schedule : **SA11AI**

Transaction ID : **SA11AI.36059**

0031336-0000676

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.36060**

0031336-0000677

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 486 / 881

(check only one)

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

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

MR JAY R OWEN

Mailing Address 35 CYPRESS MARSH DR

City

HILTON HEAD ISLAND

State

SC

Zip Code

29926

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ENGINEERED SYSTEMSOccupation  
ENGINEER

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	5		2	0	0	9

Transaction ID: SA11AI.36061

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MR JAY R OWEN

Mailing Address 35 CYPRESS MARSH DR

City

HILTON HEAD ISLAND

State

SC

Zip Code

29926

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ENGINEERED SYSTEMSOccupation  
ENGINEER

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	5		2	0	0	9

Transaction ID: SA11AI.36062

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MR JAY R OWEN

Mailing Address 35 CYPRESS MARSH DR

City

HILTON HEAD ISLAND

State

SC

Zip Code

29926

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ENGINEERED SYSTEMSOccupation  
ENGINEER

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	6		2	0	0	9

Transaction ID: SA11AI.36063

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional) .....

150.00

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

A. Form/Schedule : **SA11AI** 0031336-0000678  
Transaction ID : **SA11AI.36061**

B. Form/Schedule : **SA11AI** 0031336-0000679  
Transaction ID : **SA11AI.36062**

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.36063**

0031336-0000680



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

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

FOR LINE NUMBER: PAGE 489 / 881

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

MR JAY R OWEN

Mailing Address 35 CYPRESS MARSH DR

City

HILTON HEAD ISLAND

State

SC

Zip Code

29926

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ENGINEERED SYSTEMS

Occupation  
ENGINEER

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.36064

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MR JAY R OWEN

Mailing Address 35 CYPRESS MARSH DR

City

HILTON HEAD ISLAND

State

SC

Zip Code

29926

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ENGINEERED SYSTEMS

Occupation  
ENGINEER

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11AI.36065

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

BEVERLY M PADDLEFORD

Mailing Address PO BOX 1629

City

LANDER

State

WY

Zip Code

82520

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
EAGLE BRONZE FOUNDRY

Occupation  
SMALL BUSINESS OWNER

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.38568

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

200.00

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

A. Form/Schedule : **SA11AI** 0031336-0000681  
Transaction ID : **SA11AI.36064**

B. Form/Schedule : **SA11AI** 0031336-0000682  
Transaction ID : **SA11AI.36065**

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.38568**

0105071-0002982

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 492 / 881

(check only one)

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

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

MR GERARD A PALMIERI

Mailing Address 11 PARK PL

City

WALDWICK

State

NJ

Zip Code

07463

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
JACKSONVILLE JAGUARS

Occupation

STRENGTH &amp; CONDITION COACH

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	0	6	/	2	0	0	9

Transaction ID: SA11AI.35447

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MR GERARD A PALMIERI

Mailing Address 11 PARK PL

City

WALDWICK

State

NJ

Zip Code

07463

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
JACKSONVILLE JAGUARS

Occupation

STRENGTH &amp; CONDITION COACH

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.35448

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MR GERARD A PALMIERI

Mailing Address 11 PARK PL

City

WALDWICK

State

NJ

Zip Code

07463

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
JACKSONVILLE JAGUARS

Occupation

STRENGTH &amp; CONDITION COACH

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	3	/	2	0	0	9

Transaction ID: SA11AI.35445

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional) .....

75.00

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

A.

Form/Schedule : **SA11AI**

Transaction ID : **SA11AI.35447**

0105942-0000118

B.

Form/Schedule : **SA11AI**

Transaction ID : **SA11AI.35448**

0105942-0000119

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.35445**

0003533-0000116

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 495 / 881

(check only one)

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

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

MR ALAN M PARK

Mailing Address 2193 RIDGEPOINTE CT

City

WALNUT CREEK

State

CA

Zip Code

94596

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OPENWAVEOccupation  
SALES

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

975.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	7	/	2	0	0	9

Transaction ID: SA11AI.39198

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MR ALAN M PARK

Mailing Address 2193 RIDGEPOINTE CT

City

WALNUT CREEK

State

CA

Zip Code

94596

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OPENWAVEOccupation  
SALES

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	7	/	2	0	0	9

Transaction ID: SA11AI.39199

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

MR LINTON PARK

Mailing Address 1630 EASTLAKE CIR

City

TRACY

State

CA

Zip Code

95304

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NATIONAL SEMICONDUCTOROccupation  
ENGINEER

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.39227

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional) .....

375.00

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

A. Form/Schedule : **SA11AI** 0104554-0003564  
Transaction ID : **SA11AI.39198**

B. Form/Schedule : **SA11AI** 0104554-0003565  
Transaction ID : **SA11AI.39199**



C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.39227**

0100155-0003592

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

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

FOR LINE NUMBER: PAGE 498 / 881

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

MR LINTON PARK

Mailing Address 1630 EASTLAKE CIR

City

TRACY

State

CA

Zip Code

95304

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NATIONAL SEMICONDUCTOR

Occupation  
ENGINEER

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: SA11AI.39228

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

MRS MELINDA PARK

Mailing Address 2193 RIDGEPOINTE CT

City

WALNUT CREEK

State

CA

Zip Code

94596

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CONTRA COSTA CHRISTIAN SC-  
HOO

Occupation  
ADMINISTRATOR

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 7 / 2 0 0 9

Transaction ID: SA11AI.39200

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

MRS MELINDA PARK

Mailing Address 2193 RIDGEPOINTE CT

City

WALNUT CREEK

State

CA

Zip Code

94596

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CONTRA COSTA CHRISTIAN SC-  
HOO

Occupation  
ADMINISTRATOR

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.39201

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

400.00

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

A. Form/Schedule : **SA11AI** 0100155-0003593  
Transaction ID : **SA11AI.39228**

B. Form/Schedule : **SA11AI** 0053038-0003567  
Transaction ID : **SA11AI.39200**

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.39201**

0053038-0003568

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

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

FOR LINE NUMBER: PAGE 501 / 881

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

MRS MELINDA PARK

Mailing Address 2193 RIDGEPOINTE CT

City

WALNUT CREEK

State

CA

Zip Code

94596

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CONTRA COSTA CHRISTIAN SC-  
HOO

Occupation

ADMINISTRATOR

Receipt For:

2010

☐ Primary

☒ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 6 / 2 0 0 9

Transaction ID: SA11AI.39202

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

MR BRIAN R PARKER

Mailing Address 2514 MEADOW DR

City

ZEELAND

State

MI

Zip Code

49464

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENTEX

Occupation

ENGINEER

Receipt For:

2010

☐ Primary

☒ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 0 / 2 0 0 9

Transaction ID: SA11AI.37117

Amount of Each Receipt this Period

340.00

**C.**

Full Name (Last, First, Middle Initial)

STAN & JEAN PARRISH

Mailing Address 12027 SYCAMORE LAKES CT

City

FORT WAYNE

State

IN

Zip Code

46814

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

HOMEMAKER

Receipt For:

2010

☐ Primary

☒ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.36947

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1090.00

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

A. Form/Schedule : **SA11AI** 0053038-0003569  
Transaction ID : **SA11AI.39202**

B. Form/Schedule : **SA11AI** 0021018-0001650  
Transaction ID : **SA11AI.37117**

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.36947**

0107622-0001488

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 504 / 881

(check only one)

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

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

MRS KATRINKA PARRY

Mailing Address 340 KNOLL CREEK CIR

City

CHATTANOOGA

State

TN

Zip Code

37415

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MAA

Occupation

CONTROLLER

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

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

Transaction ID: SA11AI.36581

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

MR ROBERT PASSWATERS

Mailing Address 160 WILLOW PL S

City

BROOMFIELD

State

CO

Zip Code

80020

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFO REQUESTED- NOT RECD

Occupation

INFO REQUESTED- NOT RECD

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: SA11AI.38416

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

MR ROBERT PASSWATERS

Mailing Address 160 WILLOW PL S

City

BROOMFIELD

State

CO

Zip Code

80020

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFO REQUESTED- NOT RECD

Occupation

INFO REQUESTED- NOT RECD

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.38417

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional) .....

400.00

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



A. Form/Schedule : **SA11AI** 0106674-0001167  
Transaction ID : **SA11AI.36581**

B. Form/Schedule : **SA11AI** 0107419-0002843  
Transaction ID : **SA11AI.38416**

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.38417**

0107419-0002844

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 507 / 881

(check only one)

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

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

MRS PAULA PAYNE

Mailing Address PO BOX 62681

City

COLORADO SPRINGS

State

CO

Zip Code

80962

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CMS

Occupation

SECRETARY

Receipt For: 2010

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	0	7	/	2	0	0	9

Transaction ID: SA11AI.38545

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

MRS PAULA PAYNE

Mailing Address PO BOX 62681

City

COLORADO SPRINGS

State

CO

Zip Code

80962

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CMS

Occupation

SECRETARY

Receipt For: 2010

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

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

Transaction ID: SA11AI.38546

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

MR WILLIAM L PEYTON

Mailing Address 9228 E STATE ROAD 42

City

RAGO

State

KS

Zip Code

67142

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
EXXON CHEMICAL CO

Occupation

ELECTRICAL TECHNICIAN

Receipt For: 2010

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

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

Transaction ID: SA11AI.37821

Amount of Each Receipt this Period

45.00

SUBTOTAL of Receipts This Page (optional) .....

795.00

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

A. Form/Schedule : **SA11AI** 0105708-0002962  
Transaction ID : **SA11AI.38545**

B. Form/Schedule : **SA11AI** 0105708-0002963  
Transaction ID : **SA11AI.38546**

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.37821**

0016858-0002304

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

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

FOR LINE NUMBER: PAGE 510 / 881

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

DR ROBERT PFLEDERER, MD

Mailing Address 66 FORESTVIEW RD

City

MORTON

State

IL

Zip Code

61550

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

PHYSICIAN RET

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 0 9

Transaction ID: SA11AI.37632

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

NANCY PHARRIS

Mailing Address 174 EMERALD BAY

City

LAGUNA BEACH

State

CA

Zip Code

92651

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 3 / 2 0 0 9

Transaction ID: SA11AI.38977

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

MR JAMES S PHILLIPS

Mailing Address 1476 KELSO BLVD

City

WINDERMERE

State

FL

Zip Code

34786

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CERTI-FINE FRUIT

Occupation

CITRUS GROWER

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.36429

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

900.00

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

A. Form/Schedule : **SA11AI** 0101268-0002121  
Transaction ID : **SA11AI.37632**

B. Form/Schedule : **SA11AI** 0107251-0003356  
Transaction ID : **SA11AI.38977**

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.36429**

0011922-0001023



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

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

FOR LINE NUMBER: PAGE 513 / 881

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)  
MR GARY L PILGRIM

Mailing Address 121 MINE RD

City State Zip Code  
MALVERN PA 19355

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 5 / 2 0 0 9

Transaction ID: SA11AI.35620

Amount of Each Receipt this Period

5000.00

**B.**

Full Name (Last, First, Middle Initial)  
MR VAN T PITTMAN

Mailing Address 116 STONECREST RD

City State Zip Code  
GREER SC 29650

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
L & L CONTAINER

Occupation  
MANAGER

Receipt For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt

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

Transaction ID: SA11AI.36036

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)  
MR VAN T PITTMAN

Mailing Address 116 STONECREST RD

City State Zip Code  
GREER SC 29650

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
L & L CONTAINER

Occupation  
MANAGER

Receipt For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 6 / 2 0 0 9

Transaction ID: SA11AI.36037

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

5075.00

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

A. Form/Schedule : **SA11AI** 0002326-0000278  
Transaction ID : **SA11AI.35620**

B. Form/Schedule : **SA11AI** 0003199-0000655  
Transaction ID : **SA11AI.36036**

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.36037**

0105039-0000656

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 516 / 881

(check only one)

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

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

MR VAN T PITTMAN

Mailing Address 116 STONECREST RD

City

GREER

State

SC

Zip Code

29650

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
L & L CONTAINEROccupation  
MANAGER

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	7	/	2	0	9	

Transaction ID: SA11AI.36038

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MR JOHN C POE, II

Mailing Address 9754 SUNNYSIDE RD

City

BRIDGEVILLE

State

DE

Zip Code

19933

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	8	/	2	0	9	

Transaction ID: SA11AI.35653

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

MR JOHN C POE, II

Mailing Address 9754 SUNNYSIDE RD

City

BRIDGEVILLE

State

DE

Zip Code

19933

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	5	/	2	0	9	

Transaction ID: SA11AI.35654

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional) .....

70.00

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

A. Form/Schedule : **SA11AI** 0105039-0000657  
Transaction ID : **SA11AI.36038**

B. Form/Schedule : **SA11AI** 0100796-0000311  
Transaction ID : **SA11AI.35653**

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.35654**

0100796-0000312

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

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

FOR LINE NUMBER: PAGE 519 / 881

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

BILL POOLE

Mailing Address 1124 SANDY RIDGE ROAD

City

MONROE

State

NC

Zip Code

28112

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.35911

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

BILL POOLE

Mailing Address 1124 SANDY RIDGE ROAD

City

MONROE

State

NC

Zip Code

28112

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 4 / 2 0 0 9

Transaction ID: SA11AI.35912

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

BILL POOLE

Mailing Address 1124 SANDY RIDGE ROAD

City

MONROE

State

NC

Zip Code

28112

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.35913

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

150.00

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

A. Form/Schedule : **SA11AI** 0102832-0000547  
Transaction ID : **SA11AI.35911**

B. Form/Schedule : **SA11AI** 0102832-0000548  
Transaction ID : **SA11AI.35912**



C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.35913**

0102832-0000549

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 522 / 881

(check only one)

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

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

BILL POOLE

Mailing Address 1124 SANDY RIDGE ROAD

City

MONROE

State

NC

Zip Code

28112

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	5		2	0	0	9

Transaction ID: SA11AI.35914

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

BILL POOLE

Mailing Address 1124 SANDY RIDGE ROAD

City

MONROE

State

NC

Zip Code

28112

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	6		2	0	0	9

Transaction ID: SA11AI.35915

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

BILL POOLE

Mailing Address 1124 SANDY RIDGE ROAD

City

MONROE

State

NC

Zip Code

28112

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	5		2	0	0	9

Transaction ID: SA11AI.35916

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional) .....

150.00

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

A. Form/Schedule : **SA11AI**

Transaction ID : **SA11AI.35914**

0102832-0000550

B. Form/Schedule : **SA11AI**

Transaction ID : **SA11AI.35915**

0102832-0000551

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.35916**

0102832-0000552

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

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

FOR LINE NUMBER: PAGE 525 / 881

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

MR DAVID G POPE

Mailing Address PO BOX 8823

City

HORSESHOE BAY

State

TX

Zip Code

78657

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED ERNST & YOUNG PAR-  
TNER

Occupation

RETIRED CPA

Receipt For: 2010

☐ Primary ☒ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 3 / 2 0 0 9

Transaction ID: SA11AI.38334

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

MR DAVID G POPE

Mailing Address PO BOX 8823

City

HORSESHOE BAY

State

TX

Zip Code

78657

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED ERNST & YOUNG PAR-  
TNER

Occupation

RETIRED CPA

Receipt For: 2010

☐ Primary ☒ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.38335

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

MRS ELIZABETH S POWELL

Mailing Address 10050 WHITE SHOP RD

City

CULPEPER

State

VA

Zip Code

22701

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2010

☐ Primary ☒ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

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

Transaction ID: SA11AI.35782

Amount of Each Receipt this Period

1500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1900.00

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

A. Form/Schedule : **SA11AI** 0105049-0002764  
Transaction ID : **SA11AI.38334**

B. Form/Schedule : **SA11AI** 0105049-0002765  
Transaction ID : **SA11AI.38335**

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.35782**

0086597-0000423

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

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

FOR LINE NUMBER: PAGE 528 / 881

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

MRS ELSA D PRINCE

Mailing Address 1057 S SHORE DR

City

HOLLAND

State

MI

Zip Code

49423

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PRINCE HOLDING LLC

Occupation

BUSINESS/HOMEMAKER

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.37102

Amount of Each Receipt this Period

2000.00

**B.**

Full Name (Last, First, Middle Initial)

MR ART PRINDLE

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  
ART PRINDLE CONSTRUCTION-  
INC.

Occupation

BUILDER

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.39166

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

MRS JAMES T PURSELL

Mailing Address 1971 MARBLE VALLEY RD

City

SYLACAUGA

State

AL

Zip Code

35151

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PURSELL TECHNOLOGIES

Occupation

CHAIRMAN

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

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

Transaction ID: SA11AI.36444

Amount of Each Receipt this Period

2500.00

**SUBTOTAL** of Receipts This Page (optional) .....

4600.00

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



A. Form/Schedule : **SA11AI** 0005433-0001633  
Transaction ID : **SA11AI.37102**

B. Form/Schedule : **SA11AI** 0107332-0003539  
Transaction ID : **SA11AI.39166**

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.36444**

0107281-0001037

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

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

FOR LINE NUMBER: PAGE 531 / 881

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

MR GARNIER K PURYEAR

Mailing Address 2723 FAWN GROVE CT

City

COLORADO SPGS

State

CO

Zip Code

80906

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SMITH BARNEY

Occupation

FINANCIAL CONSULTANT

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 0 9

Transaction ID: SA11AI.38516

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

MR ANDREW F PUZDER

Mailing Address 6307 CARPINTERIA AVE STE A

City

CARPINTERIA

State

CA

Zip Code

93013

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CKE RESTAURANTS

Occupation

CEO

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 0 / 2 0 0 9

Transaction ID: SA11AI.39080

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

MRS ANN L QUEST

Mailing Address 5609 URSULA LN

City

DALLAS

State

TX

Zip Code

75229

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONE

Occupation

NOT EMPLOYED

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1450.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

Transaction ID: SA11AI.38090

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

700.00

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

A. Form/Schedule : **SA11AI** 0102966-0002938  
Transaction ID : **SA11AI.38516**

B. Form/Schedule : **SA11AI** 0104749-0003457  
Transaction ID : **SA11AI.39080**

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.38090**

0104196-0002551

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

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

FOR LINE NUMBER: PAGE 534 / 881

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

MR KENNETH RACKE

Mailing Address 38 BITTERSWEET DR

City

ALEXANDRIA

State

KY

Zip Code

41001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 7 / 2 0 0 9

Transaction ID: SA11AI.36718

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MR KENNETH RACKE

Mailing Address 38 BITTERSWEET DR

City

ALEXANDRIA

State

KY

Zip Code

41001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: SA11AI.36719

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MR STEVEN RAKSHANI

Mailing Address 21312 BRETON LN

City

HUNTINGTON BEACH

State

CA

Zip Code

92646

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF EMPLOYED

Occupation  
SELF EMPLOYED

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 7 / 2 0 0 9

Transaction ID: SA11AI.38975

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

200.00

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

A. Form/Schedule : **SA11AI** 0106747-0001287  
Transaction ID : **SA11AI.36718**

B. Form/Schedule : **SA11AI** 0106747-0001288  
Transaction ID : **SA11AI.36719**

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.38975**

0099295-0003354



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

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

FOR LINE NUMBER: PAGE 537 / 881

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

MR STEVEN RAKHSHANI

Mailing Address 21312 BRETON LN

City

HUNTINGTON BEACH

State

CA

Zip Code

92646

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF EMPLOYED

Occupation

SELF EMPLOYED

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: SA11AI.38976

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MRS KATRINA HOFF RAUSCH

Mailing Address 210 DEMERS LN

City

POLSON

State

MT

Zip Code

59860

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.37550

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

MS BETH L REED

Mailing Address 3613 LITTLE RD

City

LUTZ

State

FL

Zip Code

33548

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: SA11AI.36358

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

400.00

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

A. Form/Schedule : **SA11AI** 0099295-0003355  
Transaction ID : **SA11AI.38976**

B. Form/Schedule : **SA11AI** 0051716-0002046  
Transaction ID : **SA11AI.37550**

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.36358**

0101144-0000956

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

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

FOR LINE NUMBER: PAGE 540 / 881

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

MR JEFFREY F REED

Mailing Address PO BOX 201

City

HICKORY GROVE

State

SC

Zip Code

29717

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DUKE POWER COMPANY

Occupation  
ENGINEER

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 8 / 2 0 0 9

Transaction ID: SA11AI.36044

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

MR SIDNEY REGNIER

Mailing Address 1019 N 2ND ST

City

ARKANSAS CITY

State

KS

Zip Code

67005

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation  
RETIRED

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

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

Transaction ID: SA11AI.37814

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MRS BARBARA REINER

Mailing Address 409 3RD AVE E

City

WILLISTON

State

ND

Zip Code

58801

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOUSEWIFE

Occupation  
HOUSEWIFE

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.37528

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

650.00

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

A. Form/Schedule : **SA11AI** 0011547-0000662  
Transaction ID : **SA11AI.36044**

B. Form/Schedule : **SA11AI** 0106577-0002298  
Transaction ID : **SA11AI.37814**

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.37528**

0076650-0002025

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 543 / 881

(check only one)

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

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

MR STEPHEN RICHARDS

Mailing Address 6105 PADDOCK PL

City

BRENTWOOD

State

TN

Zip Code

37027

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RICHARDS & RICHARDS

Occupation

BUSINESS OWNER

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	3	/	2	0	9	

Transaction ID: SA11AI.36539

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

DR PAUL A RIGGS

Mailing Address 308 KEOMAH VLG

City

OSKALOOSA

State

IA

Zip Code

52577

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FAMILY MEDICAL CENTER

Occupation

PHYSICIAN

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	0	9	/	2	0	9	

Transaction ID: SA11AI.37229

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

DR PAUL A RIGGS

Mailing Address 308 KEOMAH VLG

City

OSKALOOSA

State

IA

Zip Code

52577

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FAMILY MEDICAL CENTER

Occupation

PHYSICIAN

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.37230

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional) .....

400.00

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

A. Form/Schedule : **SA11AI** 0106565-0001129  
Transaction ID : **SA11AI.36539**

B. Form/Schedule : **SA11AI** 0005704-0001756  
Transaction ID : **SA11AI.37229**



C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.37230**

0005704-0001757

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

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

FOR LINE NUMBER: PAGE 546 / 881

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

MR ALAN C RINGUETTE

Mailing Address 122 PARKER ST

City

MAYNARD

State

MA

Zip Code

01754

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
STUBBLEBINE CO.

Occupation

SR. ASSOCIATE

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.35347

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

MR DAVID S RISINGER

Mailing Address PO BOX 5101

City

MORTON

State

IL

Zip Code

61550

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.37634

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

MR DAVID S RISINGER

Mailing Address PO BOX 5101

City

MORTON

State

IL

Zip Code

61550

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 6 / 2 0 0 9

Transaction ID: SA11AI.37635

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1750.00

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

A. Form/Schedule : **SA11AI**

Transaction ID : **SA11AI.35347**

0105674-0000021

B. Form/Schedule : **SA11AI**

Transaction ID : **SA11AI.37634**

0107454-0002123

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.37635**

0107454-0002124

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

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

FOR LINE NUMBER: PAGE 549 / 881

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

MR MICHAEL D RISINGER

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  
SELF

Occupation  
LAWYER

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 3 / 2 0 0 9

Transaction ID: SA11AI.37636

Amount of Each Receipt this Period

900.00

**B.**

Full Name (Last, First, Middle Initial)

MR MICHAEL D RISINGER

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  
SELF

Occupation  
LAWYER

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 8 / 2 0 0 9

Transaction ID: SA11AI.37637

Amount of Each Receipt this Period

900.00

**C.**

Full Name (Last, First, Middle Initial)

MISS KRISTIN E ROBBINS

Mailing Address 5106 RAINBOW HARBOUR CIR

City

COLORADO SPGS

State

CO

Zip Code

80917

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
EL PASO COUNTY SCH DIST  
#11

Occupation  
MUSIC TEACHER

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 0 6 / 2 0 0 9

Transaction ID: SA11AI.38523

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

2100.00

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

A. Form/Schedule : **SA11AI**

Transaction ID : **SA11AI.37636**

0103251-0002126

B. Form/Schedule : **SA11AI**

Transaction ID : **SA11AI.37637**

0103251-0002127

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.38523**

0020480-0002943

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

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

FOR LINE NUMBER: PAGE 552 / 881

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

MR JEFFERY ROBILLARD

Mailing Address 5028 LONGVIEW CT

City

WEDDINGTON

State

NC

Zip Code

28104

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACUMED

Occupation

SALES MANAGER

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1290.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 3 / 2 0 0 9

Transaction ID: SA11AI.35907

Amount of Each Receipt this Period

130.00

**B.**

Full Name (Last, First, Middle Initial)

MR JEFFERY ROBILLARD

Mailing Address 5028 LONGVIEW CT

City

WEDDINGTON

State

NC

Zip Code

28104

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACUMED

Occupation

SALES MANAGER

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1390.00

Date of Receipt

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

Transaction ID: SA11AI.35908

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

MR JEFFERY ROBILLARD

Mailing Address 5028 LONGVIEW CT

City

WEDDINGTON

State

NC

Zip Code

28104

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACUMED

Occupation

SALES MANAGER

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1490.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.35909

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

330.00

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



A. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.35907**

0103053-0000542

B. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.35908**

0103053-0000543

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.35909**

0103053-0000544

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

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

FOR LINE NUMBER: PAGE 555 / 881

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

MR WAYNE R RODGERS

Mailing Address 1600 MUSTANG TRL

City

KINGWOOD

State

TX

Zip Code

77339

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF

Occupation

SEMI-RETIRED ATTORNEY

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.38197

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

MR JEREMY ROHANE

Mailing Address 7602 SOUTHWOOD DR

City

AMARILLO

State

TX

Zip Code

79119

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WESTERN BUILDERS OF AMARI-  
LLO- INC.

Occupation

CONSTRUCTION

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 7 / 2 0 0 9

Transaction ID: SA11AI.38373

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

MR JEREMY ROHANE

Mailing Address 7602 SOUTHWOOD DR

City

AMARILLO

State

TX

Zip Code

79119

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WESTERN BUILDERS OF AMARI-  
LLO- INC.

Occupation

CONSTRUCTION

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 3 / 2 0 0 9

Transaction ID: SA11AI.38374

Amount of Each Receipt this Period

1500.00

**SUBTOTAL** of Receipts This Page (optional) .....

2600.00

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

A. Form/Schedule : **SA11AI** 0102518-0002648  
Transaction ID : **SA11AI.38197**

B. Form/Schedule : **SA11AI** 0104824-0002802  
Transaction ID : **SA11AI.38373**

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.38374**

0104824-0002803

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

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

FOR LINE NUMBER: PAGE 558 / 881

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

MR GARY E ROHRS

Mailing Address 1803 E LINKER RD

City

COLUMBIA CITY

State

IN

Zip Code

46725

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NORTH RIVER CAPITAL LLC

Occupation  
MANAGER

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 9

Transaction ID: SA11AI.36935

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

MICHAEL ROSS

Mailing Address 1142 SOMERA ROAD

City

LOS ANGELES

State

CA

Zip Code

90077

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation  
N/A

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 6 / 2 0 0 9

Transaction ID: SA11AI.39821

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

RONALD R ROUGH

Mailing Address 1658 W MILLING ST

City

LANCASTER

State

CA

Zip Code

93534

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LOCKHEED MARTIN INFORMATI-  
ON SYSTEMS

Occupation  
SYSTEMS ADMINISTRATOR

Receipt For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 8 / 2 0 0 9

Transaction ID: SA11AI.39138

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

1100.00

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

A. Form/Schedule : **SA11AI**

Transaction ID : **SA11AI.36935**

0004912-0001477

C. Form/Schedule : **SA11AI**

Transaction ID : **SA11AI.39138**

0106010-0003514

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 560 / 881

(check only one)

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

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

RONALD R ROUGH

Mailing Address 1658 W MILLING ST

City

LANCASTER

State

CA

Zip Code

93534

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LOCKHEED MARTIN INFORMATI-  
ON SYSTEMS

Occupation

SYSTEMS ADMINISTRATOR

Receipt For:

2010

☐ Primary☒ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	8	/	2	0	9	

Transaction ID: SA11AI.39139

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

MR CHARLES H RUCK, JR

Mailing Address 1017 GUTHRIE RD UNIT 2

City

WAUKESHA

State

WI

Zip Code

53186

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONE

Occupation

RETIRED

Receipt For:

2010

☐ Primary☒ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	8	/	2	0	9	

Transaction ID: SA11AI.37270

Amount of Each Receipt this Period

30.00

**C.**

Full Name (Last, First, Middle Initial)

MRS SHARON E RUFF

Mailing Address 6503 S AVALON AVE

City

SIOUX FALLS

State

SD

Zip Code

57108

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SPENCER RUFF ASSOCIATES-  
INC

Occupation

OFFICE MANAGER

Receipt For:

2010

☐ Primary☒ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	3	1	/	2	0	9	

Transaction ID: SA11AI.37492

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional) .....

155.00

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



A. Form/Schedule : **SA11AI** 0106010-0003515  
Transaction ID : **SA11AI.39139**

B. Form/Schedule : **SA11AI** 0098622-0001792  
Transaction ID : **SA11AI.37270**

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.37492**

0104236-0001992

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

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

FOR LINE NUMBER: PAGE 563 / 881

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

MRS SHARON E RUFF

Mailing Address 6503 S AVALON AVE

City

SIOUX FALLS

State

SD

Zip Code

57108

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SPENCER RUFF ASSOCIATES-  
INC

Occupation

OFFICE MANAGER

Receipt For: 2010

☐ Primary ☒ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 7 / 2 0 0 9

Transaction ID: SA11AI.37493

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MRS SHARON E RUFF

Mailing Address 6503 S AVALON AVE

City

SIOUX FALLS

State

SD

Zip Code

57108

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SPENCER RUFF ASSOCIATES-  
INC

Occupation

OFFICE MANAGER

Receipt For: 2010

☐ Primary ☒ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11AI.37494

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MRS SHARON E RUFF

Mailing Address 6503 S AVALON AVE

City

SIOUX FALLS

State

SD

Zip Code

57108

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SPENCER RUFF ASSOCIATES-  
INC

Occupation

OFFICE MANAGER

Receipt For: 2010

☐ Primary ☒ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 3 / 2 0 0 9

Transaction ID: SA11AI.37495

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

75.00

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

A. Form/Schedule : **SA11AI** 0104236-0001993  
Transaction ID : **SA11AI.37493**

B. Form/Schedule : **SA11AI** 0104236-0001994  
Transaction ID : **SA11AI.37494**

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.37495**

0104236-0001995

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 566 / 881

(check only one)

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

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

MS SHAREN RUSSELL

Mailing Address 1651 WILSON AVE

City

CHESTERFIELD

State

MO

Zip Code

63005

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ANHEUSER BUSCHOccupation  
RETIRED

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	6	/	2	0	0	9

Transaction ID: SA11AI.37686

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

MRS TERESA A SCHAEFER

Mailing Address 1003 WRIGHT ST

City

PLEASANT HILL

State

MO

Zip Code

64080

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SANOFI - AVENTIS USOccupation  
SUPPLY CHAIN

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	6	/	2	0	0	9

Transaction ID: SA11AI.37728

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

MS SUSAN KAY SCHALON

Mailing Address 5694 FOREST GLEN DR SE

City

ADA

State

MI

Zip Code

49301

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NON-PROFITSOccupation  
PROFESSIONAL VOLUNTEER

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	0	1	/	2	0	0	9

Transaction ID: SA11AI.37082

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

450.00

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

A. Form/Schedule : **SA11AI**

Transaction ID : **SA11AI.37686**

0102751-0002176

B. Form/Schedule : **SA11AI**

Transaction ID : **SA11AI.37728**

0006928-0002216

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.37082**

0058891-0001614



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 569 / 881

(check only one)

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

CAMPAIGN FOR WORKING FAMILIES

**A.**Full Name (Last, First, Middle Initial)  
MYRA SCHLIESING

Mailing Address PO BOX 769

City	State	Zip Code
GLENNALLEN	AK	99588

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/AOccupation  
RETIRED
 Receipt For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	1		2	0	0	9

Transaction ID: SA11AI.39548

Amount of Each Receipt this Period

50.00

**B.**Full Name (Last, First, Middle Initial)  
MYRA SCHLIESING

Mailing Address PO BOX 769

City	State	Zip Code
GLENNALLEN	AK	99588

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/AOccupation  
RETIRED
 Receipt For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

 Aggregate Year-to-Date ▼  
 525.00

Date of Receipt

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

Transaction ID: SA11AI.39549

Amount of Each Receipt this Period

25.00

**C.**Full Name (Last, First, Middle Initial)  
MYRA SCHLIESING

Mailing Address PO BOX 769

City	State	Zip Code
GLENNALLEN	AK	99588

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/AOccupation  
RETIRED
 Receipt For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

 Aggregate Year-to-Date ▼  
 625.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	5		2	0	0	9

Transaction ID: SA11AI.39550

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional) .....

175.00

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

A. Form/Schedule : **SA11AI** 0105002-0003892  
Transaction ID : **SA11AI.39548**

B. Form/Schedule : **SA11AI** 0105002-0003893  
Transaction ID : **SA11AI.39549**

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.39550**

0105002-0003894

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

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

FOR LINE NUMBER: PAGE 572 / 881

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

MR BOB SCHMIDT

Mailing Address 13714 VINERY LN

City

CYPRESS

State

TX

Zip Code

77429

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF

Occupation  
INVESTOR

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: SA11AI.38214

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

MRS JOANNE M SCHROEDER

Mailing Address 15720 52ND AVE N

City

PLYMOUTH

State

MN

Zip Code

55446

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NORTHWESTERN COLLEGE

Occupation  
CFO

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.37253

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MRS JOANNE M SCHROEDER

Mailing Address 15720 52ND AVE N

City

PLYMOUTH

State

MN

Zip Code

55446

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NORTHWESTERN COLLEGE

Occupation  
CFO

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 8 / 2 0 0 9

Transaction ID: SA11AI.37254

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

200.00

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

A. Form/Schedule : **SA11AI**

Transaction ID : **SA11AI.38214**

0102226-0002663

B. Form/Schedule : **SA11AI**

Transaction ID : **SA11AI.37253**

0105676-0001776

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.37254**

0105676-0001777

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

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

FOR LINE NUMBER: PAGE 575 / 881

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)  
MRS JOANNE & DOUG SCHROEDER

Mailing Address 15720 52ND AVE N

City State Zip Code  
PLYMOUTH MN 55446

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NORTHWESTERN COLLEGE

Occupation  
CFO

Receipt For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.37445

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)  
MRS JOANNE M SCHROEDER

Mailing Address 15720 52ND AVE N

City State Zip Code  
PLYMOUTH MN 55446

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NORTHWESTERN COLLEGE

Occupation  
CFO

Receipt For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.37255

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)  
ROBERT SEEMUTH

Mailing Address 6916 E 4TH PLN

City State Zip Code  
VANCOUVER WA 98661

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF

Occupation  
DENTIST

Receipt For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt

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

Transaction ID: SA11AI.39503

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

200.00

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

A. Form/Schedule : **SA11AI** 0081527-0001947  
Transaction ID : **SA11AI.37445**

B. Form/Schedule : **SA11AI** 0105676-0001778  
Transaction ID : **SA11AI.37255**



C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.39503**

0105839-0003856

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

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

FOR LINE NUMBER: PAGE 578 / 881

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

MR CRAIG SEIBERT

Mailing Address 708 ELLSWORTH RD

City

CHARLOTTE

State

NC

Zip Code

28211

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CAMPUS CRUSADE FOR CHRIST

Occupation

MINISTER

Receipt For: 2010

☐ Primary ☒ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 7 / 2 0 0 9

Transaction ID: SA11AI.35930

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

MR CRAIG SEIBERT

Mailing Address 708 ELLSWORTH RD

City

CHARLOTTE

State

NC

Zip Code

28211

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CAMPUS CRUSADE FOR CHRIST

Occupation

MINISTER

Receipt For: 2010

☐ Primary ☒ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

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

Transaction ID: SA11AI.35931

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MR GARY J SELF

Mailing Address 8508 YORKSHIRE DR

City

ORANGE

State

TX

Zip Code

77632

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WAL-MART

Occupation

PHARMACIST

Receipt For: 2010

☐ Primary ☒ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 6 / 2 0 0 9

Transaction ID: SA11AI.38251

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

245.00

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

A. Form/Schedule : **SA11AI** 0101767-0000564  
Transaction ID : **SA11AI.35930**

B. Form/Schedule : **SA11AI** 0101767-0000565  
Transaction ID : **SA11AI.35931**

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.38251**

0013298-0002692

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

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

FOR LINE NUMBER: PAGE 581 / 881

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

MR GARY J SELF

Mailing Address 8508 YORKSHIRE DR

City

ORANGE

State

TX

Zip Code

77632

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WAL-MART

Occupation

PHARMACIST

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 5 / 2 0 0 9

Transaction ID: SA11AI.38252

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

MR GARY J SELF

Mailing Address 8508 YORKSHIRE DR

City

ORANGE

State

TX

Zip Code

77632

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WAL-MART

Occupation

PHARMACIST

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 0 7 / 2 0 0 9

Transaction ID: SA11AI.38253

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

MR GARY J SELF

Mailing Address 8508 YORKSHIRE DR

City

ORANGE

State

TX

Zip Code

77632

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WAL-MART

Occupation

PHARMACIST

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 5 / 2 0 0 9

Transaction ID: SA11AI.38254

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

60.00

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

A. Form/Schedule : **SA11AI** 0013298-0002693  
Transaction ID : **SA11AI.38252**

B. Form/Schedule : **SA11AI** 0013298-0002694  
Transaction ID : **SA11AI.38253**

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.38254**

0013298-0002695

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

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

FOR LINE NUMBER: PAGE 584 / 881

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

MR GARY J SELF

Mailing Address 8508 YORKSHIRE DR

City

ORANGE

State

TX

Zip Code

77632

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WAL-MART

Occupation

PHARMACIST

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 9

Transaction ID: SA11AI.38255

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MR GARY J SELF

Mailing Address 8508 YORKSHIRE DR

City

ORANGE

State

TX

Zip Code

77632

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WAL-MART

Occupation

PHARMACIST

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 5 / 2 0 0 9

Transaction ID: SA11AI.38256

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

MR GARY J SELF

Mailing Address 8508 YORKSHIRE DR

City

ORANGE

State

TX

Zip Code

77632

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WAL-MART

Occupation

PHARMACIST

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 7 / 2 0 0 9

Transaction ID: SA11AI.38257

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

90.00

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



A. Form/Schedule : **SA11AI** 0013298-0002696  
Transaction ID : **SA11AI.38255**

B. Form/Schedule : **SA11AI** 0013298-0002697  
Transaction ID : **SA11AI.38256**

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.38257**

0013298-0002698

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

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

FOR LINE NUMBER: PAGE 587 / 881

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

**A.**

Full Name (Last, First, Middle Initial)  
 MR PAUL V SERENIUS

Mailing Address 321 VILLAGE SQUARE DR

City State Zip Code  
**CENTERVILLE OH 45458**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 RETIRED

Occupation  
 RETIRED

Receipt For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
 300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 8 / 0 7 / 2 0 0 9

Transaction ID: SA11AI.36860

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)  
 MR PAUL V SERENIUS

Mailing Address 321 VILLAGE SQUARE DR

City State Zip Code  
**CENTERVILLE OH 45458**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 RETIRED

Occupation  
 RETIRED

Receipt For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
 400.00

Date of Receipt

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

Transaction ID: SA11AI.36861

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)  
 MR PAUL V SERENIUS

Mailing Address 321 VILLAGE SQUARE DR

City State Zip Code  
**CENTERVILLE OH 45458**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 RETIRED

Occupation  
 RETIRED

Receipt For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
 500.00

Date of Receipt

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

Transaction ID: SA11AI.36862

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

300.00

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

A. Form/Schedule : **SA11AI**

Transaction ID : **SA11AI.36860**

0104852-0001410

B. Form/Schedule : **SA11AI**

Transaction ID : **SA11AI.36861**

0104852-0001411

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.36862**

0104852-0001412

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

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

FOR LINE NUMBER: PAGE 590 / 881

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

MR PAUL V SERENIUS

Mailing Address 321 VILLAGE SQUARE DR

City

CENTERVILLE

State

OH

Zip Code

45458

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: SA11AI.36863

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

MR PAUL V SERENIUS

Mailing Address 321 VILLAGE SQUARE DR

City

CENTERVILLE

State

OH

Zip Code

45458

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

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

Transaction ID: SA11AI.36864

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

MR PAUL V SERENIUS

Mailing Address 321 VILLAGE SQUARE DR

City

CENTERVILLE

State

OH

Zip Code

45458

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

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

Transaction ID: SA11AI.36865

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

300.00

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

A. Form/Schedule : **SA11AI** 0104852-0001413  
Transaction ID : **SA11AI.36863**

B. Form/Schedule : **SA11AI** 0104852-0001414  
Transaction ID : **SA11AI.36864**

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.36865**

0104852-0001415



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

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

FOR LINE NUMBER: PAGE 593 / 881

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

MR PAUL V SERENIUS

Mailing Address 321 VILLAGE SQUARE DR

City

CENTERVILLE

State

OH

Zip Code

45458

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.36866

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

MR ROBERT SHARP

Mailing Address 3724 KENTAN DR

City

MOBILE

State

AL

Zip Code

36608

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
COOPER T SMITH- INC.

Occupation  
FORESTER

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 0 / 2 0 0 9

Transaction ID: SA11AI.36526

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

MR ROBERT SHARP

Mailing Address 3724 KENTAN DR

City

MOBILE

State

AL

Zip Code

36608

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
COOPER T SMITH- INC.

Occupation  
FORESTER

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.36527

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

300.00

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

A. Form/Schedule : **SA11AI** 0104852-0001416  
Transaction ID : **SA11AI.36866**

B. Form/Schedule : **SA11AI** 0106682-0001115  
Transaction ID : **SA11AI.36526**

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.36527**

0106682-0001116

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 596 / 881

(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

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

NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

MRS BEVERLY ANN SHARPF

Mailing Address 10819 SW CANTERBURY LN STE 10

City	State	Zip Code
TIGARD	OR	97224

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED
 Receipt For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

 Aggregate Year-to-Date ▼  
 205.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	7		2	0	0	9

Transaction ID: SA11AI.39343

Amount of Each Receipt this Period

30.00

**B.**

Full Name (Last, First, Middle Initial)

MRS BEVERLY ANN SHARPF

Mailing Address 10819 SW CANTERBURY LN STE 10

City	State	Zip Code
TIGARD	OR	97224

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED
 Receipt For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

 Aggregate Year-to-Date ▼  
 255.00

Date of Receipt

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

Transaction ID: SA11AI.39344

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MRS BEVERLY ANN SHARPF

Mailing Address 10819 SW CANTERBURY LN STE 10

City	State	Zip Code
TIGARD	OR	97224

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED
 Receipt For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

 Aggregate Year-to-Date ▼  
 355.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	6		2	0	0	9

Transaction ID: SA11AI.39345

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional) .....

180.00

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

A. Form/Schedule : **SA11AI** 0001231-0003706  
Transaction ID : **SA11AI.39343**

B. Form/Schedule : **SA11AI** 0001231-0003707  
Transaction ID : **SA11AI.39344**

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.39345**

0001231-0003708

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 599 / 881

(check only one)

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

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

MR WARREN SIMANDLE

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

SANTA BARBARA HIGH SCHOOL  
DIST

Occupation

PUBLIC SCHOOL TEACHER

Receipt For: 2010

☐ Primary ☒ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	0	7	/	2	0	0	9

Transaction ID: SA11AI.39084

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MR WARREN SIMANDLE

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

SANTA BARBARA HIGH SCHOOL  
DIST

Occupation

PUBLIC SCHOOL TEACHER

Receipt For: 2010

☐ Primary ☒ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	5	/	2	0	0	9

Transaction ID: SA11AI.39085

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MR WARREN SIMANDLE

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

SANTA BARBARA HIGH SCHOOL  
DIST

Occupation

PUBLIC SCHOOL TEACHER

Receipt For: 2010

☐ Primary ☒ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	5	/	2	0	0	9

Transaction ID: SA11AI.39086

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional) .....

75.00

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

A. Form/Schedule : **SA11AI** 0009367-0003462  
Transaction ID : **SA11AI.39084**

B. Form/Schedule : **SA11AI** 0009367-0003463  
Transaction ID : **SA11AI.39085**



C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.39086**

0009367-0003464

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

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

FOR LINE NUMBER: PAGE 602 / 881

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

MR WARREN SIMANDLE

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

SANTA BARBARA HIGH SCHOOL  
DIST

Occupation

PUBLIC SCHOOL TEACHER

Receipt For:

2010

☐ Primary

☒ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 7 / 2 0 0 9

Transaction ID: SA11AI.39087

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MR JEFFREY A SIMON

Mailing Address 471 OLD FARM LN

City

MONTGOMERY

State

AL

Zip Code

36116

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MONTGOMERY AL

Occupation

PEDIATRICIAN

Receipt For:

2010

☐ Primary

☒ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11AI.36512

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

MYRA SIMONS

Mailing Address 3711 ROCKDALE FELLOWSHIP RD

City

MOUNT JULIET

State

TN

Zip Code

37122

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF

Occupation

HOME MAKER- PRO-LIFE SPEAKER

Receipt For:

2010

☐ Primary

☒ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.36552

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

425.00

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

A. Form/Schedule : **SA11AI** 0009367-0003465  
Transaction ID : **SA11AI.39087**

B. Form/Schedule : **SA11AI** 0003534-0001101  
Transaction ID : **SA11AI.36512**

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.36552**

0105073-0001137

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

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

MYRA SIMONS

Mailing Address 3711 ROCKDALE FELLOWSHIP RD

City

MOUNT JULIET

State

TN

Zip Code

37122

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF

Occupation

HOME MAKER- PRO-LIFE SPEAKER

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

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

Transaction ID: SA11AI.36553

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MR JONATHAN R SISK

Mailing Address 1509 LAKEWOOD DR

City

LEXINGTON

State

KY

Zip Code

40502

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AUDIO AUTHORITY CORP

Occupation

BUSINESS OWNER

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.36708

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

MR RANDALL SKOV

Mailing Address 115 TALL TIMBER CT

City

FAYETTEVILLE

State

GA

Zip Code

30215

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
US AIR FORCE

Occupation

WEATHER OFFICER

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 6 / 2 0 0 9

Transaction ID: SA11AI.36143

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

1075.00

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

A. Form/Schedule : **SA11AI** 0105073-0001138  
Transaction ID : **SA11AI.36553**

B. Form/Schedule : **SA11AI** 0098658-0001276  
Transaction ID : **SA11AI.36708**

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.36143**

0014942-0000758

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

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

FOR LINE NUMBER: PAGE 608 / 881

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

MR RANDALL SKOV

Mailing Address 115 TALL TIMBER CT

City

FAYETTEVILLE

State

GA

Zip Code

30215

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
US AIR FORCE

Occupation

WEATHER OFFICER

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 5 / 2 0 0 9

Transaction ID: SA11AI.36144

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MR RANDALL SKOV

Mailing Address 115 TALL TIMBER CT

City

FAYETTEVILLE

State

GA

Zip Code

30215

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
US AIR FORCE

Occupation

WEATHER OFFICER

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 0 7 / 2 0 0 9

Transaction ID: SA11AI.36145

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MR RANDALL SKOV

Mailing Address 115 TALL TIMBER CT

City

FAYETTEVILLE

State

GA

Zip Code

30215

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
US AIR FORCE

Occupation

WEATHER OFFICER

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 5 / 2 0 0 9

Transaction ID: SA11AI.36146

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

150.00

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



A. Form/Schedule : **SA11AI**

Transaction ID : **SA11AI.36144**

0014942-0000759

B. Form/Schedule : **SA11AI**

Transaction ID : **SA11AI.36145**

0014942-0000760

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.36146**

0014942-0000761

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

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

MR RANDALL SKOV

Mailing Address 115 TALL TIMBER CT

City

FAYETTEVILLE

State

GA

Zip Code

30215

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
US AIR FORCE

Occupation

WEATHER OFFICER

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 5 / 2 0 0 9

Transaction ID: SA11AI.36147

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MR RANDALL SKOV

Mailing Address 115 TALL TIMBER CT

City

FAYETTEVILLE

State

GA

Zip Code

30215

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
US AIR FORCE

Occupation

WEATHER OFFICER

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 7 / 2 0 0 9

Transaction ID: SA11AI.36148

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MRS DEBORAH E SMITH

Mailing Address 3360 E TERRELL BRANCH CT SE

City

MARIETTA

State

GA

Zip Code

30067

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 5 / 2 0 0 9

Transaction ID: SA11AI.36088

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

125.00

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

A. Form/Schedule : **SA11AI**

Transaction ID : **SA11AI.36147**

0014942-0000762

B. Form/Schedule : **SA11AI**

Transaction ID : **SA11AI.36148**

0014942-0000763

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.36088**

0027760-0000702

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

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

FOR LINE NUMBER: PAGE 614 / 881

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

MRS DEBORAH E SMITH

Mailing Address 3360 E TERRELL BRANCH CT SE

City

MARIETTA

State

GA

Zip Code

30067

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 7 / 2 0 0 9

Transaction ID: SA11AI.36089

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MRS DEBORAH E SMITH

Mailing Address 3360 E TERRELL BRANCH CT SE

City

MARIETTA

State

GA

Zip Code

30067

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 5 / 2 0 0 9

Transaction ID: SA11AI.36090

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MRS DEBORAH E SMITH

Mailing Address 3360 E TERRELL BRANCH CT SE

City

MARIETTA

State

GA

Zip Code

30067

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 5 / 2 0 0 9

Transaction ID: SA11AI.36091

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

75.00

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

A. Form/Schedule : **SA11AI**

Transaction ID : **SA11AI.36089**

0027760-0000703

B. Form/Schedule : **SA11AI**

Transaction ID : **SA11AI.36090**

0027760-0000704

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.36091**

0027760-0000705



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

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

FOR LINE NUMBER: PAGE 617 / 881

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

MRS DEBORAH E SMITH

Mailing Address 3360 E TERRELL BRANCH CT SE

City

MARIETTA

State

GA

Zip Code

30067

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 7 / 2 0 0 9

Transaction ID: SA11AI.36092

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MR LEON H SMITH, JR

Mailing Address PO BOX 16030

City

FERNANDINA BEACH

State

FL

Zip Code

32035

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFO REQUESTED- NOT RECD

Occupation

INFO REQUESTED- NOT RECD

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.36254

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

MRS LINDA C SMITH

Mailing Address 17618 REXWOOD ST

City

LIVONIA

State

MI

Zip Code

48152

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ARBOR HOSPICE

Occupation

RN

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 0 7 / 2 0 0 9

Transaction ID: SA11AI.36990

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

150.00

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

A. Form/Schedule : **SA11AI** 0027760-0000706  
Transaction ID : **SA11AI.36092**

B. Form/Schedule : **SA11AI** 0103844-0000863  
Transaction ID : **SA11AI.36254**

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.36990**

0038656-0001527

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

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

FOR LINE NUMBER: PAGE 620 / 881

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

MRS LINDA C SMITH

Mailing Address 17618 REXWOOD ST

City

LIVONIA

State

MI

Zip Code

48152

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ARBOR HOSPICE

Occupation  
RN

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 5 / 2 0 0 9

Transaction ID: SA11AI.36991

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MRS LINDA C SMITH

Mailing Address 17618 REXWOOD ST

City

LIVONIA

State

MI

Zip Code

48152

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ARBOR HOSPICE

Occupation  
RN

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 5 / 2 0 0 9

Transaction ID: SA11AI.36992

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MRS LINDA C SMITH

Mailing Address 17618 REXWOOD ST

City

LIVONIA

State

MI

Zip Code

48152

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ARBOR HOSPICE

Occupation  
RN

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 7 / 2 0 0 9

Transaction ID: SA11AI.36993

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

75.00

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

A. Form/Schedule : **SA11AI**

Transaction ID : **SA11AI.36991**

0038656-0001528

B. Form/Schedule : **SA11AI**

Transaction ID : **SA11AI.36992**

0038656-0001529

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.36993**

0038656-0001530

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

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

FOR LINE NUMBER: PAGE 623 / 881

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

**A.**

Full Name (Last, First, Middle Initial)  
 DR WILLIAM H SMITH

Mailing Address PO BOX 203

City State Zip Code  
 KAAAWA HI 96730

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 STATE OF HAWAII

Occupation  
 TEACHER

Receipt For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
 250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 7 / 0 7 / 2 0 0 9

Transaction ID: SA11AI.39302

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)  
 DR WILLIAM H SMITH

Mailing Address PO BOX 203

City State Zip Code  
 KAAAWA HI 96730

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 STATE OF HAWAII

Occupation  
 TEACHER

Receipt For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
 300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 7 / 0 7 / 2 0 0 9

Transaction ID: SA11AI.39303

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)  
 MR WILLIAM R SMITH, JR

Mailing Address 10610 W ROSEWOOD DR

City State Zip Code  
 AVONDALE AZ 85392

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 U.S. AIR FORCE

Occupation  
 AVIONICS

Receipt For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
 245.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 7 / 1 3 / 2 0 0 9

Transaction ID: SA11AI.38669

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

**125.00**

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

A. Form/Schedule : **SA11AI**

Transaction ID : **SA11AI.39302**

0103927-0003668

B. Form/Schedule : **SA11AI**

Transaction ID : **SA11AI.39303**

0103927-0003669



C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.38669**

0103907-0003070

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

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

FOR LINE NUMBER: PAGE 626 / 881

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)  
DR WILLIAM H SMITH

Mailing Address PO BOX 203

City State Zip Code  
KAAAWA HI 96730

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
STATE OF HAWAII

Occupation  
TEACHER

Receipt For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 4 / 2 0 0 9

Transaction ID: SA11AI.39304

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)  
MR WILLIAM R SMITH, JR

Mailing Address 10610 W ROSEWOOD DR

City State Zip Code  
AVONDALE AZ 85392

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
U.S. AIR FORCE

Occupation  
AVIONICS

Receipt For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
255.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 6 / 2 0 0 9

Transaction ID: SA11AI.38670

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)  
MR WILLIAM R SMITH, JR

Mailing Address 10610 W ROSEWOOD DR

City State Zip Code  
AVONDALE AZ 85392

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
U.S. AIR FORCE

Occupation  
AVIONICS

Receipt For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
265.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 8 / 2 0 0 9

Transaction ID: SA11AI.38671

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

70.00

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

A. Form/Schedule : **SA11AI** 0103927-0003670  
Transaction ID : **SA11AI.39304**

B. Form/Schedule : **SA11AI** 0103907-0003071  
Transaction ID : **SA11AI.38670**

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.38671**

0103907-0003072

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 629 / 881

(check only one)

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

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

MR WILLIAM R SMITH, JR

Mailing Address 10610 W ROSEWOOD DR

City

AVONDALE

State

AZ

Zip Code

85392

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
U.S. AIR FORCEOccupation  
AVIONICS

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	0	8	/	2	0	0	9

Transaction ID: SA11AI.38672

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

MR WILLIAM R SMITH, JR

Mailing Address 10610 W ROSEWOOD DR

City

AVONDALE

State

AZ

Zip Code

85392

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
U.S. AIR FORCEOccupation  
AVIONICS

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.38673

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MR WILLIAM R SMITH, JR

Mailing Address 10610 W ROSEWOOD DR

City

AVONDALE

State

AZ

Zip Code

85392

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
U.S. AIR FORCEOccupation  
AVIONICS

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

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

Transaction ID: SA11AI.38674

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional) .....

60.00

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

A.

Form/Schedule : **SA11AI**

Transaction ID : **SA11AI.38672**

0103907-0003073

B.

Form/Schedule : **SA11AI**

Transaction ID : **SA11AI.38673**

0103907-0003074

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.38674**

0103907-0003075

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 632 / 881

(check only one)

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

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

MR WILLIAM R SMITH, JR

Mailing Address 10610 W ROSEWOOD DR

City

AVONDALE

State

AZ

Zip Code

85392

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
U.S. AIR FORCEOccupation  
AVIONICS

Receipt For: 2010

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	9		2	0	0	9

Transaction ID: SA11AI.38675

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

DR WILLIAM H SMITH

Mailing Address PO BOX 203

City

KAAAWA

State

HI

Zip Code

96730

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
STATE OF HAWAIIOccupation  
TEACHER

Receipt For: 2010

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	8		2	0	0	9

Transaction ID: SA11AI.39305

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

DR WILLIAM H SMITH

Mailing Address PO BOX 203

City

KAAAWA

State

HI

Zip Code

96730

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
STATE OF HAWAIIOccupation  
TEACHER

Receipt For: 2010

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

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

Transaction ID: SA11AI.39306

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional) .....

125.00

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



A. Form/Schedule : **SA11AI** 0103907-0003076  
Transaction ID : **SA11AI.38675**

B. Form/Schedule : **SA11AI** 0103927-0003671  
Transaction ID : **SA11AI.39305**

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.39306**

0103927-0003672

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

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

FOR LINE NUMBER: PAGE 635 / 881

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

DR WILLIAM H SMITH

Mailing Address PO BOX 203

City

KAAAWA

State

HI

Zip Code

96730

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
STATE OF HAWAII

Occupation  
TEACHER

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.39307

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MR WILLIAM R SMITH, JR

Mailing Address 10610 W ROSEWOOD DR

City

AVONDALE

State

AZ

Zip Code

85392

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
U.S. AIR FORCE

Occupation  
AVIONICS

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

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

Transaction ID: SA11AI.38676

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MRS WILLIAM R SMITH

Mailing Address 219 COLLEGE BLVD  
P O BOX 10

City

STATESBORO

State

GA

Zip Code

30458

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11AI.36177

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

125.00

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

A. Form/Schedule : **SA11AI** 0103927-0003673  
Transaction ID : **SA11AI.39307**

B. Form/Schedule : **SA11AI** 0103907-0003077  
Transaction ID : **SA11AI.38676**

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.36177**

0023528-0000794

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 638 / 881

(check only one)

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

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

MR JOHN D SNIPES

Mailing Address 7257 MANOR OAKS DR

City

RALEIGH

State

NC

Zip Code

27615

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF EMPLOYED

Occupation

INSURANCE

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	8	/	2	0	0	9

Transaction ID: SA11AI.35889

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

MR JOHN D SNIPES

Mailing Address 7257 MANOR OAKS DR

City

RALEIGH

State

NC

Zip Code

27615

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF EMPLOYED

Occupation

INSURANCE

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	7	/	2	0	0	9

Transaction ID: SA11AI.35890

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

MS LONETTE SOLIS

Mailing Address 1909 BUCKTHORN LN

City

RESTON

State

VA

Zip Code

20191

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NORTHROP GRUMMAN

Occupation

ADMINISTRATIVE ASSISTANT

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	5	/	2	0	0	9

Transaction ID: SA11AI.35687

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional) .....

1250.00

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

A. Form/Schedule : **SA11AI** 0104400-0000524  
Transaction ID : **SA11AI.35889**

B. Form/Schedule : **SA11AI** 0104400-0000525  
Transaction ID : **SA11AI.35890**

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.35687**

0103894-0000336



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

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

FOR LINE NUMBER: PAGE 641 / 881

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

MS LONETTE SOLIS

Mailing Address 1909 BUCKTHORN LN

City

RESTON

State

VA

Zip Code

20191

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NORTHROP GRUMMAN

Occupation

ADMINISTRATIVE ASSISTANT

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 4 / 2 0 0 9

Transaction ID: SA11AI.35688

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MS LONETTE SOLIS

Mailing Address 1909 BUCKTHORN LN

City

RESTON

State

VA

Zip Code

20191

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NORTHROP GRUMMAN

Occupation

ADMINISTRATIVE ASSISTANT

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.35689

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MS LONETTE SOLIS

Mailing Address 1909 BUCKTHORN LN

City

RESTON

State

VA

Zip Code

20191

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NORTHROP GRUMMAN

Occupation

ADMINISTRATIVE ASSISTANT

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.35690

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

150.00

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

A. Form/Schedule : **SA11AI** 0103894-0000337  
Transaction ID : **SA11AI.35688**

B. Form/Schedule : **SA11AI** 0103894-0000338  
Transaction ID : **SA11AI.35689**

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.35690**

0103894-0000339

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

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

FOR LINE NUMBER: PAGE 644 / 881

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

MS LONETTE SOLIS

Mailing Address 1909 BUCKTHORN LN

City

RESTON

State

VA

Zip Code

20191

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NORTHROP GRUMMAN

Occupation

ADMINISTRATIVE ASSISTANT

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.35691

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MS LONETTE SOLIS

Mailing Address 1909 BUCKTHORN LN

City

RESTON

State

VA

Zip Code

20191

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NORTHROP GRUMMAN

Occupation

ADMINISTRATIVE ASSISTANT

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.35692

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MR WAYNE SONCHAR

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  
BTU BUILDING MATERIALS-  
INC.

Occupation

RETAIL

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 9

Transaction ID: SA11AI.38729

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

350.00

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

A. Form/Schedule : **SA11AI** 0103894-0000340  
Transaction ID : **SA11AI.35691**

B. Form/Schedule : **SA11AI** 0103894-0000341  
Transaction ID : **SA11AI.35692**

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.38729**

0101769-0003129

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 647 / 881

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

MR THOMAS SPIX

Mailing Address 1177 MILL VALLEY ST

City

ROCHESTER HLS

State

MI

Zip Code

48306

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENERAL MOTORS CORPORATION

Occupation

MECHANICAL ENGINEER

Receipt For: 2010

☐ Primary ☒ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 5 / 2 0 0 9

Transaction ID: SA11AI.37006

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

MR THOMAS SPIX

Mailing Address 1177 MILL VALLEY ST

City

ROCHESTER HLS

State

MI

Zip Code

48306

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENERAL MOTORS CORPORATION

Occupation

MECHANICAL ENGINEER

Receipt For: 2010

☐ Primary ☒ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 7 / 2 0 0 9

Transaction ID: SA11AI.37007

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

MS DIANE R SPRADLIN

Mailing Address 5636 ENCORE DR

City

DALLAS

State

TX

Zip Code

75240

FEC ID number of contributing  
federal political committee.

C

Name of Employer

EDS FNDN

Occupation

SEMI RETIRED

Receipt For: 2010

☐ Primary ☒ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 1 / 2 0 0 9

Transaction ID: SA11AI.38094

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

90.00

**TOTAL** This Period (last page this line number only) .....

A. Form/Schedule : **SA11AI** 0015501-0001543  
Transaction ID : **SA11AI.37006**

B. Form/Schedule : **SA11AI** 0015501-0001544  
Transaction ID : **SA11AI.37007**



C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.38094**

0103857-0002554

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 650 / 881

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**CAMPAIGN FOR WORKING FAMILIES**

**A.**

Full Name (Last, First, Middle Initial)

MR PATRICK A SPRUNGER

Mailing Address 5915 HEYWOOD CV

City

FORT WAYNE

State

IN

Zip Code

46815

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SIMPLEX

Occupation  
GEN MGR

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.36949

Amount of Each Receipt this Period

180.00

**B.**

Full Name (Last, First, Middle Initial)

MRS DONNA S STEBBINS

Mailing Address 225 BARDEN DR

City

DELAND

State

FL

Zip Code

32720

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
EE INT

Occupation  
MINISTER

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 9 / 2 0 0 9

Transaction ID: SA11AI.36295

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

MRS TAMMY E STEINBERG

Mailing Address 101 WINDINGHAM DR NW

City

HUNTSVILLE

State

AL

Zip Code

35806

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HARRO APOTHERAPY

Occupation  
HOMEMAKER

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 0 6 / 2 0 0 9

Transaction ID: SA11AI.36488

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

400.00

**TOTAL** This Period (last page this line number only) .....

A. Form/Schedule : **SA11AI** 0004939-0001491  
Transaction ID : **SA11AI.36949**

B. Form/Schedule : **SA11AI** 0104405-0000899  
Transaction ID : **SA11AI.36295**

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.36488**

0011951-0001078

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 653 / 881

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

MRS TAMMY E STEINBERG

Mailing Address 101 WINDINGHAM DR NW

City

HUNTSVILLE

State

AL

Zip Code

35806

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HARRO APOTHERAPY

Occupation

HOMEMAKER

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 5 / 2 0 0 9

Transaction ID: SA11AI.36489

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

MRS TAMMY E STEINBERG

Mailing Address 101 WINDINGHAM DR NW

City

HUNTSVILLE

State

AL

Zip Code

35806

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HARRO APOTHERAPY

Occupation

HOMEMAKER

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 0 7 / 2 0 0 9

Transaction ID: SA11AI.36490

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

MRS TAMMY E STEINBERG

Mailing Address 101 WINDINGHAM DR NW

City

HUNTSVILLE

State

AL

Zip Code

35806

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HARRO APOTHERAPY

Occupation

HOMEMAKER

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 5 / 2 0 0 9

Transaction ID: SA11AI.36491

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

60.00

**TOTAL** This Period (last page this line number only) .....

A. Form/Schedule : **SA11AI** 0011951-0001079  
Transaction ID : **SA11AI.36489**

B. Form/Schedule : **SA11AI** 0011951-0001080  
Transaction ID : **SA11AI.36490**

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.36491**

0011951-0001081

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 656 / 881

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

MRS TAMMY E STEINBERG

Mailing Address 101 WINDINGHAM DR NW

City

HUNTSVILLE

State

AL

Zip Code

35806

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HARRO APOTHERAPY

Occupation

HOMEMAKER

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 1 / 2 0 0 9

Transaction ID: SA11AI.36492

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MRS TAMMY E STEINBERG

Mailing Address 101 WINDINGHAM DR NW

City

HUNTSVILLE

State

AL

Zip Code

35806

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HARRO APOTHERAPY

Occupation

HOMEMAKER

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 5 / 2 0 0 9

Transaction ID: SA11AI.36493

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

MRS TAMMY E STEINBERG

Mailing Address 101 WINDINGHAM DR NW

City

HUNTSVILLE

State

AL

Zip Code

35806

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HARRO APOTHERAPY

Occupation

HOMEMAKER

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 7 / 2 0 0 9

Transaction ID: SA11AI.36494

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

65.00

**TOTAL** This Period (last page this line number only) .....



A. Form/Schedule : **SA11AI** 0011951-0001082  
Transaction ID : **SA11AI.36492**

B. Form/Schedule : **SA11AI** 0011951-0001083  
Transaction ID : **SA11AI.36493**

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.36494**

0011951-0001084

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 659 / 881

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**CAMPAIGN FOR WORKING FAMILIES**

**A.**

Full Name (Last, First, Middle Initial)  
**MS ELAINE O STEITZ**

Mailing Address **3418 HAYMAN DR**

City State Zip Code  
**GARLAND TX 75043**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**CAMPUS CRUSADE FOR CHRIST**

Occupation  
**CHRISTIAN MINISTRY**

Receipt For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
**220.00**

Date of Receipt

**12 / 15 / 2009**

**Transaction ID: SA11AI.38025**

Amount of Each Receipt this Period

**20.00**

**B.**

Full Name (Last, First, Middle Initial)  
**MRS BARBARA STILSON**

Mailing Address **26501 BROKEN BIT LN**

City State Zip Code  
**LAGUNA HILLS CA 92653**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF**

Occupation  
**HOMEMAKER**

Receipt For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
**300.00**

Date of Receipt

**12 / 22 / 2009**

**Transaction ID: SA11AI.38985**

Amount of Each Receipt this Period

**100.00**

**C.**

Full Name (Last, First, Middle Initial)  
**MR FRED T STIMPSON**

Mailing Address **15 HILLWOOD RD**

City State Zip Code  
**MOBILE AL 36608**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SCOTCH & GULF LUMBER LLC**

Occupation  
**CEO**

Receipt For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
**450.00**

Date of Receipt

**10 / 09 / 2009**

**Transaction ID: SA11AI.36528**

Amount of Each Receipt this Period

**50.00**

**SUBTOTAL** of Receipts This Page (optional) .....

**170.00**

**TOTAL** This Period (last page this line number only) .....

A. Form/Schedule : **SA11AI** 0103742-0002491  
Transaction ID : **SA11AI.38025**

B. Form/Schedule : **SA11AI** 0016854-0003364  
Transaction ID : **SA11AI.38985**

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.36528**

0101392-0001118

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 662 / 881

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**CAMPAIGN FOR WORKING FAMILIES**

**A.**

Full Name (Last, First, Middle Initial)  
**MR FRED T STIMPSON**

Mailing Address **15 HILLWOOD RD**

City State Zip Code  
**MOBILE AL 36608**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SCOTCH & GULF LUMBER LLC**

Occupation  
**CEO**

Receipt For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
**550.00**

Date of Receipt

**10 / 20 / 2009**

Transaction ID: SA11AI.36529

Amount of Each Receipt this Period

**100.00**

**B.**

Full Name (Last, First, Middle Initial)  
**MR FRED T STIMPSON**

Mailing Address **15 HILLWOOD RD**

City State Zip Code  
**MOBILE AL 36608**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SCOTCH & GULF LUMBER LLC**

Occupation  
**CEO**

Receipt For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
**650.00**

Date of Receipt

**12 / 21 / 2009**

Transaction ID: SA11AI.36531

Amount of Each Receipt this Period

**100.00**

**C.**

Full Name (Last, First, Middle Initial)  
**MR FRED T STIMPSON**

Mailing Address **15 HILLWOOD RD**

City State Zip Code  
**MOBILE AL 36608**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SCOTCH & GULF LUMBER LLC**

Occupation  
**CEO**

Receipt For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
**750.00**

Date of Receipt

**12 / 31 / 2009**

Transaction ID: SA11AI.36530

Amount of Each Receipt this Period

**100.00**

**SUBTOTAL** of Receipts This Page (optional) .....

**300.00**

**TOTAL** This Period (last page this line number only) .....

A. Form/Schedule : **SA11AI** 0101392-0001119  
Transaction ID : **SA11AI.36529**

B. Form/Schedule : **SA11AI** 0107620-0001122  
Transaction ID : **SA11AI.36531**

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.36530**

0101392-0001120



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 665 / 881

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

MR RICHARD MOORE STIMPSON

Mailing Address 2404 SPRING HILL AVE APT 104

City

MOBILE

State

AL

Zip Code

36607

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
T. LEAVELL & ASSOCIATES-  
INC.

Occupation

INVESTMENT ADVISOR

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 0 3 / 2 0 0 9

Transaction ID: SA11AI.36523

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

MR WILLIAM STIMPSON

Mailing Address PO BOX 413

City

MOBILE

State

AL

Zip Code

36601

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GULF LUMBER COMPANY

Occupation

CFO

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 1 / 2 0 0 9

Transaction ID: SA11AI.36521

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

MR GEORGE W STRAKE

Mailing Address 2 STAGE STOP CIR

City

HOUSTON

State

TX

Zip Code

77024

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CUSHMAN & WAKEFIELD

Occupation

REAL ESTATE

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 7 / 2 0 0 9

Transaction ID: SA11AI.38163

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional) .....

800.00

**TOTAL** This Period (last page this line number only) .....

A. Form/Schedule : **SA11AI** 0101393-0001113  
Transaction ID : **SA11AI.36523**

B. Form/Schedule : **SA11AI** 0100947-0001110  
Transaction ID : **SA11AI.36521**

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.38163**

0104047-0002616

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 668 / 881

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

MR GEORGE W STRAKE

Mailing Address 2 STAGE STOP CIR

City

HOUSTON

State

TX

Zip Code

77024

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CUSHMAN & WAKEFIELD

Occupation

REAL ESTATE

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 0 9

Transaction ID: SA11AI.38164

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MR DOUGLAS D STRANDNESS

Mailing Address 727 SUMMIT AVE

City

SAINT PAUL

State

MN

Zip Code

55105

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DUNBAR STRANDNESS INC

Occupation

BUSINESS OWNER

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 1 / 2 0 0 9

Transaction ID: SA11AI.37349

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MR STEPHEN STUDE

Mailing Address 32797 820TH ST

City

BREWSTER

State

MN

Zip Code

56119

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF EMPLOYED

Occupation

FARMER

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 6 / 2 0 0 9

Transaction ID: SA11AI.37460

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

75.00

**TOTAL** This Period (last page this line number only) .....

A. Form/Schedule : **SA11AI** 0104047-0002617  
Transaction ID : **SA11AI.38164**

B. Form/Schedule : **SA11AI** 0107177-0001863  
Transaction ID : **SA11AI.37349**

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.37460**

0006116-0001961

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 671 / 881

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

MR STEPHEN STUDE

Mailing Address 32797 820TH ST

City

BREWSTER

State

MN

Zip Code

56119

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF EMPLOYED

Occupation  
FARMER

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 5 / 2 0 0 9

Transaction ID: SA11AI.37461

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MR STEPHEN STUDE

Mailing Address 32797 820TH ST

City

BREWSTER

State

MN

Zip Code

56119

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF EMPLOYED

Occupation  
FARMER

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 0 7 / 2 0 0 9

Transaction ID: SA11AI.37462

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MR STEPHEN STUDE

Mailing Address 32797 820TH ST

City

BREWSTER

State

MN

Zip Code

56119

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF EMPLOYED

Occupation  
FARMER

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 5 / 2 0 0 9

Transaction ID: SA11AI.37463

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

75.00

**TOTAL** This Period (last page this line number only) .....

A. Form/Schedule : **SA11AI** 0006116-0001962  
Transaction ID : **SA11AI.37461**

B. Form/Schedule : **SA11AI** 0006116-0001963  
Transaction ID : **SA11AI.37462**



C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.37463**

0006116-0001964

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 674 / 881

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

MR STEPHEN STUDE

Mailing Address 32797 820TH ST

City

BREWSTER

State

MN

Zip Code

56119

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF EMPLOYED

Occupation  
FARMER

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 5 / 2 0 0 9

Transaction ID: SA11AI.37464

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MR STEPHEN STUDE

Mailing Address 32797 820TH ST

City

BREWSTER

State

MN

Zip Code

56119

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF EMPLOYED

Occupation  
FARMER

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 7 / 2 0 0 9

Transaction ID: SA11AI.37465

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MR GEORGE EDWARD SUITER

Mailing Address 2025 LAMBERT CT

City

PLANO

State

TX

Zip Code

75075

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 0 9

Transaction ID: SA11AI.38068

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1050.00

**TOTAL** This Period (last page this line number only) .....

A. Form/Schedule : **SA11AI**

Transaction ID : **SA11AI.37464**

0006116-0001965

B. Form/Schedule : **SA11AI**

Transaction ID : **SA11AI.37465**

0006116-0001966

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.38068**

0102421-0002531

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 677 / 881

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

MS KELLE S SUITS

Mailing Address 1834 COUNTY ROAD 1850 N

City

URBANA

State

IL

Zip Code

61802

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFO REQUESTED- NOT RECD

Occupation

INFO REQUESTED- NOT RECD

Receipt For:

2010

☐ Primary☒ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	0	9

Transaction ID: SA11AI.37662

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MRS SUZANNE SULLIVAN

Mailing Address 1491 BRYANT DR

City

LONG BEACH

State

CA

Zip Code

90815

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AMERICAN REPROGRAPHICS CO-  
MPANY

Occupation

SALES

Receipt For:

2010

☐ Primary☒ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	0	7	/	2	0	0	9

Transaction ID: SA11AI.38803

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

MRS SUZANNE SULLIVAN

Mailing Address 1491 BRYANT DR

City

LONG BEACH

State

CA

Zip Code

90815

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AMERICAN REPROGRAPHICS CO-  
MPANY

Occupation

SALES

Receipt For:

2010

☐ Primary☒ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	1	/	2	0	0	9

Transaction ID: SA11AI.38804

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional) .....

250.00

TOTAL This Period (last page this line number only) .....

A. Form/Schedule : **SA11AI** 0027294-0002152  
Transaction ID : **SA11AI.37662**

B. Form/Schedule : **SA11AI** 0104020-0003194  
Transaction ID : **SA11AI.38803**

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.38804**

0104020-0003195

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 680 / 881

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

MR RICHARD SUNGAILA

Mailing Address 1827 PORT STANHOPE PL

City

NEWPORT BEACH

State

CA

Zip Code

92660

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF EMPLOYED

Occupation

REAL ESTATE & PROP MGMNT

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 7 / 2 0 0 9

Transaction ID: SA11AI.38992

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MR RICHARD SUNGAILA

Mailing Address 1827 PORT STANHOPE PL

City

NEWPORT BEACH

State

CA

Zip Code

92660

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF EMPLOYED

Occupation

REAL ESTATE & PROP MGMNT

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 0 / 2 0 0 9

Transaction ID: SA11AI.38993

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MR RICHARD SUNGAILA

Mailing Address 1827 PORT STANHOPE PL

City

NEWPORT BEACH

State

CA

Zip Code

92660

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF EMPLOYED

Occupation

REAL ESTATE & PROP MGMNT

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 0 / 2 0 0 9

Transaction ID: SA11AI.38994

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

175.00

**TOTAL** This Period (last page this line number only) .....



A. Form/Schedule : **SA11AI** 0106678-0003372  
Transaction ID : **SA11AI.38992**

B. Form/Schedule : **SA11AI** 0106678-0003373  
Transaction ID : **SA11AI.38993**

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.38994**

0106678-0003374

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 683 / 881

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

MR RICHARD SUNGAILA

Mailing Address 1827 PORT STANHOPE PL

City

NEWPORT BEACH

State

CA

Zip Code

92660

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF EMPLOYED

Occupation

REAL ESTATE & PROP MGMNT

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 2 / 2 0 0 9

Transaction ID: SA11AI.38995

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

MR RICHARD SUNGAILA

Mailing Address 1827 PORT STANHOPE PL

City

NEWPORT BEACH

State

CA

Zip Code

92660

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF EMPLOYED

Occupation

REAL ESTATE & PROP MGMNT

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 1 / 2 0 0 9

Transaction ID: SA11AI.38996

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MRS DEBRA J SUTTON

Mailing Address PO BOX 2233

City

BARTOW

State

FL

Zip Code

33831

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF

Occupation

ATTORNEY

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.36392

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

375.00

**TOTAL** This Period (last page this line number only) .....

A. Form/Schedule : **SA11AI**

Transaction ID : **SA11AI.38995**

0106678-0003375

B. Form/Schedule : **SA11AI**

Transaction ID : **SA11AI.38996**

0106678-0003376

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.36392**

0107018-0000989

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 686 / 881

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

MR MARK SWISHER

Mailing Address 24902 N POINT PL

City

KATY

State

TX

Zip Code

77494

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AVIARA ENERGY CORPORATION

Occupation

ENGINEER

Receipt For:

2010

☐ Primary

☒ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 0 6 / 2 0 0 9

Transaction ID: SA11AI.38223

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MR MARK SWISHER

Mailing Address 24902 N POINT PL

City

KATY

State

TX

Zip Code

77494

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AVIARA ENERGY CORPORATION

Occupation

ENGINEER

Receipt For:

2010

☐ Primary

☒ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 5 / 2 0 0 9

Transaction ID: SA11AI.38224

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MR MARK SWISHER

Mailing Address 24902 N POINT PL

City

KATY

State

TX

Zip Code

77494

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AVIARA ENERGY CORPORATION

Occupation

ENGINEER

Receipt For:

2010

☐ Primary

☒ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 0 7 / 2 0 0 9

Transaction ID: SA11AI.38225

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

150.00

**TOTAL** This Period (last page this line number only) .....

A. Form/Schedule : **SA11AI** 0048257-0002670  
Transaction ID : **SA11AI.38223**

B. Form/Schedule : **SA11AI** 0048257-0002671  
Transaction ID : **SA11AI.38224**

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.38225**

0048257-0002672



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 689 / 881

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

MR MARK SWISHER

Mailing Address 24902 N POINT PL

City

KATY

State

TX

Zip Code

77494

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AVIARA ENERGY CORPORATION

Occupation

ENGINEER

Receipt For:

2010

☐ Primary☒ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	5	/	2	0	0	9

Transaction ID: SA11AI.38226

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MR MARK SWISHER

Mailing Address 24902 N POINT PL

City

KATY

State

TX

Zip Code

77494

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AVIARA ENERGY CORPORATION

Occupation

ENGINEER

Receipt For:

2010

☐ Primary☒ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	5	/	2	0	0	9

Transaction ID: SA11AI.38227

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MR MARK SWISHER

Mailing Address 24902 N POINT PL

City

KATY

State

TX

Zip Code

77494

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AVIARA ENERGY CORPORATION

Occupation

ENGINEER

Receipt For:

2010

☐ Primary☒ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	7	/	2	0	0	9

Transaction ID: SA11AI.38228

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional) .....

150.00

TOTAL This Period (last page this line number only) .....

A. Form/Schedule : **SA11AI** 0048257-0002673  
Transaction ID : **SA11AI.38226**

B. Form/Schedule : **SA11AI** 0048257-0002674  
Transaction ID : **SA11AI.38227**

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.38228**

0048257-0002675

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 692 / 881

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

DR JAMES P SYVRUD

Mailing Address 8225 BRUTON RD

City

GARLAND

State

TX

Zip Code

75041

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OWNER

Occupation

CHIROPRACTOR

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 9 / 2 0 0 9

Transaction ID: SA11AI.38013

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

MRS ANNITA TAYLOR

Mailing Address 4306 ARP PL

City

AMARILLO

State

TX

Zip Code

79109

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 1 / 2 0 0 9

Transaction ID: SA11AI.38367

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MRS ANNITA TAYLOR

Mailing Address 4306 ARP PL

City

AMARILLO

State

TX

Zip Code

79109

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 1 / 2 0 0 9

Transaction ID: SA11AI.38368

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

170.00

**TOTAL** This Period (last page this line number only) .....

A. Form/Schedule : **SA11AI** 0104262-0002479  
Transaction ID : **SA11AI.38013**

B. Form/Schedule : **SA11AI** 0106323-0002795  
Transaction ID : **SA11AI.38367**

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.38368**

0106323-0002796

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 695 / 881

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

MRS ANNITA TAYLOR

Mailing Address 4306 ARP PL

City

AMARILLO

State

TX

Zip Code

79109

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 9 / 2 0 0 9

Transaction ID: SA11AI.38369

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

MRS ANNITA TAYLOR

Mailing Address 4306 ARP PL

City

AMARILLO

State

TX

Zip Code

79109

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 1 / 2 0 0 9

Transaction ID: SA11AI.38370

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MRS ANNITA TAYLOR

Mailing Address 4306 ARP PL

City

AMARILLO

State

TX

Zip Code

79109

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

335.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 6 / 2 0 0 9

Transaction ID: SA11AI.38371

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

70.00

**TOTAL** This Period (last page this line number only) .....

A. Form/Schedule : **SA11AI** 0106323-0002797  
Transaction ID : **SA11AI.38369**

B. Form/Schedule : **SA11AI** 0106323-0002798  
Transaction ID : **SA11AI.38370**



C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.38371**

0106323-0002799

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 698 / 881

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

MRS ANNITA TAYLOR

Mailing Address 4306 ARP PL

City

AMARILLO

State

TX

Zip Code

79109

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

355.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 9

Transaction ID: SA11AI.38372

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

DENNIS R TAYLOR

Mailing Address 2604 MOUNT CARMEL RD

City

HAMPTON

State

GA

Zip Code

30228

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PLUM CREEK

Occupation

PROPERTY TAX MANAGER

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 2 / 2 0 0 9

Transaction ID: SA11AI.36149

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

MR RON TENNY

Mailing Address 100 ROCKINGTON DR

City

TYRONE

State

GA

Zip Code

30290

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1175.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 3 / 2 0 0 9

Transaction ID: SA11AI.36153

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1520.00

**TOTAL** This Period (last page this line number only) .....

A. Form/Schedule : **SA11AI** 0106323-0002800  
Transaction ID : **SA11AI.38372**

B. Form/Schedule : **SA11AI** 0100575-0000765  
Transaction ID : **SA11AI.36149**

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.36153**

0104967-0000770

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 701 / 881

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

MR DONALD J TEODORO

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

AUTOMATED SYSTEMS OF TACO-  
MA

Occupation

CHIEF ENGINEER

Receipt For:

2010

☐ Primary☒ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	1		2	0	0	9

Transaction ID: SA11AI.39460

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

MR BRIAN P THIELEN

Mailing Address 416 S DIVISION ST

City

CHENOA

State

IL

Zip Code

61726

FEC ID number of contributing  
federal political committee.

C

Name of Employer

THIELEN- FOLEY & MIRDO-  
LLC

Occupation

LAWYER

Receipt For:

2010

☐ Primary☒ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	1		2	0	0	9

Transaction ID: SA11AI.37657

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

MR BRIAN P THIELEN

Mailing Address 416 S DIVISION ST

City

CHENOA

State

IL

Zip Code

61726

FEC ID number of contributing  
federal political committee.

C

Name of Employer

THIELEN- FOLEY & MIRDO-  
LLC

Occupation

LAWYER

Receipt For:

2010

☐ Primary☒ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	0		2	0	0	9

Transaction ID: SA11AI.37658

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional) .....

300.00

TOTAL This Period (last page this line number only) .....

A. Form/Schedule : **SA11AI** 0101281-0003817  
Transaction ID : **SA11AI.39460**

B. Form/Schedule : **SA11AI** 0101059-0002146  
Transaction ID : **SA11AI.37657**

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.37658**

0101059-0002147

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 704 / 881

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

MRS GRANELLA RUTH THOMPSON

Mailing Address 51949 JOHNSON RD

City

WESTON

State

OR

Zip Code

97886

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFO REQUESTED- NOT RECD

Occupation

INFO REQUESTED- NOT RECD

Receipt For:

2010

☐ Primary

☒ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 6 / 2 0 0 9

Transaction ID: SA11AI.39396

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

MRS KAYE K THOMPSON

Mailing Address 9400 PEBBLE BEACH DR NE

City

ALBUQUERQUE

State

NM

Zip Code

87111

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MICHAEL R THOMPSON DDS

Occupation

FAMILY MANAGER/ADMIN

Receipt For:

2010

☐ Primary

☒ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

610.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.38721

Amount of Each Receipt this Period

110.00

**C.**

Full Name (Last, First, Middle Initial)

MR KEITH THORNTON

Mailing Address 5524 EDLEN DR

City

DALLAS

State

TX

Zip Code

75220

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF

Occupation

DENTIST

Receipt For:

2010

☐ Primary

☒ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 7 / 2 0 0 9

Transaction ID: SA11AI.38087

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1610.00

**TOTAL** This Period (last page this line number only) .....



A. Form/Schedule : **SA11AI** 0010079-0003754  
Transaction ID : **SA11AI.39396**

B. Form/Schedule : **SA11AI** 0008548-0003121  
Transaction ID : **SA11AI.38721**

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.38087**

0107076-0002547

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 707 / 881

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

MR KEITH THORNTON

Mailing Address 5524 EDLEN DR

City

DALLAS

State

TX

Zip Code

75220

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF

Occupation  
DENTIST

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 1 / 2 0 0 9

Transaction ID: SA11AI.38088

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

MR DAVE TIMMERMAN

Mailing Address 1395 HILLRIDGE WAY

City

ZEELAND

State

MI

Zip Code

49464

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FILLMORE EQUIPMENT

Occupation  
BUSINESS OWNER

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 9

Transaction ID: SA11AI.37118

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

MR JOHN W TIMMONS

Mailing Address 1444 BETHEL CHURCH RD

City

ELKTON

State

VA

Zip Code

22827

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ROCKINGHAM MEMORIAL HOSPI-  
TAL

Occupation  
PHYSICIAN

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

990.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 2 / 2 0 0 9

Transaction ID: SA11AI.35785

Amount of Each Receipt this Period

330.00

**SUBTOTAL** of Receipts This Page (optional) .....

1830.00

**TOTAL** This Period (last page this line number only) .....

A. Form/Schedule : **SA11AI** 0107076-0002548  
Transaction ID : **SA11AI.38088**

B. Form/Schedule : **SA11AI** 0101038-0001652  
Transaction ID : **SA11AI.37118**

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.35785**

0002694-0000427

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 710 / 881

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

MR JOHN W TIMMONS

Mailing Address 1444 BETHEL CHURCH RD

City

ELKTON

State

VA

Zip Code

22827

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ROCKINGHAM MEMORIAL HOSPITAL

Occupation

PHYSICIAN

Receipt For: 2010

☐ Primary ☒ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1490.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.35786

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

MRS VIRGINIA TOMPAKOV

Mailing Address 3934 SE 37TH CT

City

OCALA

State

FL

Zip Code

34480

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2010

☐ Primary ☒ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 1 / 2 0 0 9

Transaction ID: SA11AI.36420

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MRS VIRGINIA TOMPAKOV

Mailing Address 3934 SE 37TH CT

City

OCALA

State

FL

Zip Code

34480

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2010

☐ Primary ☒ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 9

Transaction ID: SA11AI.36421

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

575.00

**TOTAL** This Period (last page this line number only) .....

A. Form/Schedule : **SA11AI** 0002694-0000428  
Transaction ID : **SA11AI.35786**

B. Form/Schedule : **SA11AI** 0106844-0001015  
Transaction ID : **SA11AI.36420**

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.36421**

0106844-0001016



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 713 / 881

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

MS SHIRLEY F TONN

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  
RETIREDOccupation  
RETIRED

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	9	/	2	0	0	9

Transaction ID: SA11AI.39381

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

MR CLIFFORD F TRACY

Mailing Address 18747 SAN FELIPE ST

City

FOUNTAIN VALLEY

State

CA

Zip Code

92708

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONEOccupation  
RETIRED

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	0	7	/	2	0	0	9

Transaction ID: SA11AI.39043

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

MR CLIFFORD F TRACY

Mailing Address 18747 SAN FELIPE ST

City

FOUNTAIN VALLEY

State

CA

Zip Code

92708

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONEOccupation  
RETIRED

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	9	/	2	0	0	9

Transaction ID: SA11AI.39044

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional) .....

500.00

TOTAL This Period (last page this line number only) .....

A. Form/Schedule : **SA11AI** 0020877-0003740  
Transaction ID : **SA11AI.39381**

B. Form/Schedule : **SA11AI** 0100452-0003421  
Transaction ID : **SA11AI.39043**

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.39044**

0100452-0003422

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 716 / 881

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

MR GEORGE E TRAGOS

Mailing Address 818 ISLAND WAY

City

CLEARWATER

State

FL

Zip Code

33767

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF

Occupation

ATTORNEY

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 0 3 / 2 0 0 9

Transaction ID: SA11AI.36387

Amount of Each Receipt this Period

2500.00

**B.**

Full Name (Last, First, Middle Initial)

MR RICHARD V TREAKLE

Mailing Address 510 PINE LN

City

LOS ALTOS

State

CA

Zip Code

94022

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.39150

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

MR RICHARD V TREAKLE

Mailing Address 510 PINE LN

City

LOS ALTOS

State

CA

Zip Code

94022

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 0 / 2 0 0 9

Transaction ID: SA11AI.39151

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

2850.00

**TOTAL** This Period (last page this line number only) .....

A. Form/Schedule : **SA11AI** 0003815-0000985  
Transaction ID : **SA11AI.36387**

B. Form/Schedule : **SA11AI** 0100441-0003525  
Transaction ID : **SA11AI.39150**

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.39151**

0100441-0003526

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 719 / 881

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

MRS SUE TROMBINO

Mailing Address 761 NW 4TH CT

City

BOCA RATON

State

FL

Zip Code

33432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYEED

Occupation

SALES & MARKETING

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 0 / 2 0 0 9

Transaction ID: SA11AI.36342

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

MR DENNIS L ULRICH

Mailing Address 1108 ESCONDIDO AVE

City

TURLOCK

State

CA

Zip Code

95380

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ULRICH MORTGAGE CO INC

Occupation

MORTGAGE BROKER

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.39237

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

DR MICK VANDEN BOSCH

Mailing Address 113 W SAINT ANDREWS DR

City

SIOUX FALLS

State

SD

Zip Code

57108

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NORTH IOWA EYE CLINIC

Occupation

PHYSICIAN

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 3 1 / 2 0 0 9

Transaction ID: SA11AI.37496

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

A. Form/Schedule : **SA11AI** 0105819-0000940  
Transaction ID : **SA11AI.36342**

B. Form/Schedule : **SA11AI** 0104560-0003604  
Transaction ID : **SA11AI.39237**



C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.37496**

0071919-0001996

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 722 / 881

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

MR GERALD R VANDERLUGT

Mailing Address 1535 44TH ST SW STE 400

City

WYOMING

State

MI

Zip Code

49509

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
JVL ASSOCIATES- LLC

Occupation

FINANCIAL ADVISOR

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	3	/	2	0	0	9

Transaction ID: SA11AI.37122

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

MRS TENA VAN SINGEL

Mailing Address 2741 BAUER RD

City

JENISON

State

MI

Zip Code

49428

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	8	/	2	0	0	9

Transaction ID: SA11AI.37110

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

MRS REGINA M VAUGHN

Mailing Address 4880 OLD STILESBORO RD NW

City

ACWORTH

State

GA

Zip Code

30101

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ME

Occupation

SELF EMPLOYED W/HUSBAND &amp; AT HOME W

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	1	/	2	0	0	9

Transaction ID: SA11AI.36108

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional) .....

1600.00

TOTAL This Period (last page this line number only) .....

A. Form/Schedule : **SA11AI** 0103648-0001658  
Transaction ID : **SA11AI.37122**

B. Form/Schedule : **SA11AI** 0107257-0001639  
Transaction ID : **SA11AI.37110**

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.36108**

0003267-0000721

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 725 / 881

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

MR LARRY VERSAW

Mailing Address 13868 W 3RD PL

City

GOLDEN

State

CO

Zip Code

80401

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LEARNING INT'L

Occupation

SYSTEMS ENGINEER

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.38461

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MR LARRY VERSAW

Mailing Address 13868 W 3RD PL

City

GOLDEN

State

CO

Zip Code

80401

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LEARNING INT'L

Occupation

SYSTEMS ENGINEER

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 1 / 2 0 0 9

Transaction ID: SA11AI.38462

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MR LARRY VERSAW

Mailing Address 13868 W 3RD PL

City

GOLDEN

State

CO

Zip Code

80401

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LEARNING INT'L

Occupation

SYSTEMS ENGINEER

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.38463

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

75.00

**TOTAL** This Period (last page this line number only) .....

A. Form/Schedule : **SA11AI** 0008161-0002886  
Transaction ID : **SA11AI.38461**

B. Form/Schedule : **SA11AI** 0008161-0002887  
Transaction ID : **SA11AI.38462**

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.38463**

0008161-0002888

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 728 / 881

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

MR LARRY VERSAW

Mailing Address 13868 W 3RD PL

City

GOLDEN

State

CO

Zip Code

80401

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LEARNING INT'L

Occupation

SYSTEMS ENGINEER

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 9

Transaction ID: SA11AI.38464

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MR WILLIAM WADELL

Mailing Address 300 N VAN HOOREBEKE RD

City

JOPLIN

State

MO

Zip Code

64801

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AMERICAN REHABILITATION  
MINISTRIES

Occupation

SECRETARY

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.37749

Amount of Each Receipt this Period

75.00

**C.**

Full Name (Last, First, Middle Initial)

MR WILLIAM WADELL

Mailing Address 300 N VAN HOOREBEKE RD

City

JOPLIN

State

MO

Zip Code

64801

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AMERICAN REHABILITATION  
MINISTRIES

Occupation

SECRETARY

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 0 / 2 0 0 9

Transaction ID: SA11AI.37750

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

125.00

**TOTAL** This Period (last page this line number only) .....



A. Form/Schedule : **SA11AI** 0008161-0002889  
Transaction ID : **SA11AI.38464**

B. Form/Schedule : **SA11AI** 0101631-0002235  
Transaction ID : **SA11AI.37749**

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.37750**

0101631-0002236

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 731 / 881

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**CAMPAIGN FOR WORKING FAMILIES**

**A.**

Full Name (Last, First, Middle Initial)  
 MR WILLIAM WADELL

Mailing Address 300 N VAN HOOREBEKE RD

City State Zip Code  
 JOPLIN MO 64801

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 AMERICAN REHABILITATION  
 MINISTRIES

Occupation  
 SECRETARY

Receipt For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
 350.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 9 / 0 3 / 2 0 0 9

Transaction ID: SA11AI.37751

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)  
 MR WILLIAM WADELL

Mailing Address 300 N VAN HOOREBEKE RD

City State Zip Code  
 JOPLIN MO 64801

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 AMERICAN REHABILITATION  
 MINISTRIES

Occupation  
 SECRETARY

Receipt For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
 375.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 9 / 2 1 / 2 0 0 9

Transaction ID: SA11AI.37752

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)  
 MR WILLIAM WADELL

Mailing Address 300 N VAN HOOREBEKE RD

City State Zip Code  
 JOPLIN MO 64801

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 AMERICAN REHABILITATION  
 MINISTRIES

Occupation  
 SECRETARY

Receipt For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
 400.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.37753

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

75.00

**TOTAL** This Period (last page this line number only) .....

A. Form/Schedule : **SA11AI** 0101631-0002237  
Transaction ID : **SA11AI.37751**

B. Form/Schedule : **SA11AI** 0101631-0002238  
Transaction ID : **SA11AI.37752**

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.37753**

0101631-0002239

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 734 / 881

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**CAMPAIGN FOR WORKING FAMILIES**

**A.**

Full Name (Last, First, Middle Initial)  
**MR WILLIAM WADELL**

Mailing Address **300 N VAN HOOREBEKE RD**

City State Zip Code  
**JOPLIN MO 64801**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**AMERICAN REHABILITATION  
 MINISTRIES**

Occupation  
**SECRETARY**

Receipt For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
**425.00**

Date of Receipt

**12 / 28 / 2009**

**Transaction ID: SA11AI.37754**

Amount of Each Receipt this Period

**25.00**

**B.**

Full Name (Last, First, Middle Initial)  
**MR DAVID E WARD, JR**

Mailing Address **PO BOX 329**

City State Zip Code  
**WIMAUMA FL 33598**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**CARDWALL FARMS**

Occupation  
**BUSINESSMAN/ATTORNEY**

Receipt For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
**250.00**

Date of Receipt

**12 / 22 / 2009**

**Transaction ID: SA11AI.36372**

Amount of Each Receipt this Period

**250.00**

**C.**

Full Name (Last, First, Middle Initial)  
**MR JIMMY D WARREN**

Mailing Address **155 ALAMEDA DR**

City State Zip Code  
**MERRITT ISLAND FL 32952**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INFO REQUESTED- NOT RECD**

Occupation  
**INFO REQUESTED- NOT RECD**

Receipt For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
**214.00**

Date of Receipt

**12 / 31 / 2009**

**Transaction ID: SA11AI.36330**

Amount of Each Receipt this Period

**35.00**

**SUBTOTAL** of Receipts This Page (optional) .....

**310.00**

**TOTAL** This Period (last page this line number only) .....

A. Form/Schedule : **SA11AI**

Transaction ID : **SA11AI.37754**

0101631-0002240

B. Form/Schedule : **SA11AI**

Transaction ID : **SA11AI.36372**

0101261-0000971

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.36330**

0102819-0000927



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 737 / 881

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**CAMPAIGN FOR WORKING FAMILIES**

**A.**

Full Name (Last, First, Middle Initial)  
**MRS GLENDA WEATHERLY**

Mailing Address **PO BOX 1245**

City State Zip Code  
**WHEELER TX 79096**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF**

Occupation  
**RETIRED**

Receipt For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
**925.00**

Date of Receipt

**12 / 17 / 2009**

**Transaction ID: SA11AI.38362**

Amount of Each Receipt this Period

**200.00**

**B.**

Full Name (Last, First, Middle Initial)  
**SUNNY L WEIBLINGER**

Mailing Address **5941 COUNTY ROAD 233**

City State Zip Code  
**SILT CO 81652**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF**

Occupation  
**ARTIST**

Receipt For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
**225.00**

Date of Receipt

**07 / 31 / 2009**

**Transaction ID: SA11AI.38555**

Amount of Each Receipt this Period

**75.00**

**C.**

Full Name (Last, First, Middle Initial)  
**SUNNY L WEIBLINGER**

Mailing Address **5941 COUNTY ROAD 233**

City State Zip Code  
**SILT CO 81652**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF**

Occupation  
**ARTIST**

Receipt For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
**300.00**

Date of Receipt

**10 / 27 / 2009**

**Transaction ID: SA11AI.38556**

Amount of Each Receipt this Period

**75.00**

**SUBTOTAL** of Receipts This Page (optional) .....

**350.00**

**TOTAL** This Period (last page this line number only) .....

A. Form/Schedule : **SA11AI** 0102813-0002790  
Transaction ID : **SA11AI.38362**

B. Form/Schedule : **SA11AI** 0104461-0002970  
Transaction ID : **SA11AI.38555**

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.38556**

0104461-0002971

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 740 / 881

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

MR JIM M WEISERT

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

INFO REQUESTED- NOT RECD

Occupation

INFO REQUESTED- NOT RECD

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 6 / 2 0 0 9

Transaction ID: SA11AI.38690

Amount of Each Receipt this Period

30.00

**B.**

Full Name (Last, First, Middle Initial)

MR JIM M WEISERT

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

INFO REQUESTED- NOT RECD

Occupation

INFO REQUESTED- NOT RECD

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.38691

Amount of Each Receipt this Period

60.00

**C.**

Full Name (Last, First, Middle Initial)

MR JIM M WEISERT

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

INFO REQUESTED- NOT RECD

Occupation

INFO REQUESTED- NOT RECD

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 0 9

Transaction ID: SA11AI.38692

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

140.00

**TOTAL** This Period (last page this line number only) .....

A. Form/Schedule : **SA11AI**

Transaction ID : **SA11AI.38690**

0104406-0003091

B. Form/Schedule : **SA11AI**

Transaction ID : **SA11AI.38691**

0104406-0003092

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.38692**

0104406-0003093

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 743 / 881

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

MR JIM M WEISERT

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

INFO REQUESTED- NOT RECD

Occupation

INFO REQUESTED- NOT RECD

Receipt For:

2010

☐ Primary☒ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	6	/	2	0	0	9

Transaction ID: SA11AI.38693

Amount of Each Receipt this Period

40.00

**B.**

Full Name (Last, First, Middle Initial)

MR WALTER WELD

Mailing Address 29 MAIN ST

City

DOVER

State

MA

Zip Code

02030

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

2010

☐ Primary☒ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	8	/	2	0	0	9

Transaction ID: SA11AI.35356

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

MR HELMUT A WELKE

Mailing Address 4467 STONE HAVEN DR

City

BETTENDORF

State

IA

Zip Code

52722

FEC ID number of contributing  
federal political committee.

C

Name of Employer

JOHN DEERE &amp; CO

Occupation

ENGINEER

Receipt For:

2010

☐ Primary☒ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	0	/	2	0	0	9

Transaction ID: SA11AI.37242

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional) .....

740.00

TOTAL This Period (last page this line number only) .....

A. Form/Schedule : **SA11AI** 0104406-0003094  
Transaction ID : **SA11AI.38693**

B. Form/Schedule : **SA11AI** 0102390-0000031  
Transaction ID : **SA11AI.35356**



C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.37242**

0005710-0001766

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 746 / 881

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)  
MS KAY M WEYMOUTH

Mailing Address 2161 LIANE LN

City State Zip Code  
SANTA ANA CA 92705

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.39042

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)  
MRS DONALD A WHITE, JR

Mailing Address 9412 ROCKY HILLS DR

City State Zip Code  
CORDOVA TN 38018

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 9 / 2 0 0 9

Transaction ID: SA11AI.36626

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)  
MRS DONALD A WHITE, JR

Mailing Address 9412 ROCKY HILLS DR

City State Zip Code  
CORDOVA TN 38018

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 9 / 2 0 0 9

Transaction ID: SA11AI.36627

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

350.00

**TOTAL** This Period (last page this line number only) .....

A. Form/Schedule : **SA11AI** 0103284-0003419  
Transaction ID : **SA11AI.39042**

B. Form/Schedule : **SA11AI** 0101707-0001208  
Transaction ID : **SA11AI.36626**

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.36627**

0101707-0001209

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 749 / 881

(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
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

MRS DONALD A WHITE, JR

Mailing Address 9412 ROCKY HILLS DR

City

CORDOVA

State

TN

Zip Code

38018

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	1	1	/	2	0	0	9

Transaction ID: SA11AI.36628

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MRS DONALD A WHITE, JR

Mailing Address 9412 ROCKY HILLS DR

City

CORDOVA

State

TN

Zip Code

38018

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	0	9	/	2	0	0	9

Transaction ID: SA11AI.36629

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MRS DONALD A WHITE, JR

Mailing Address 9412 ROCKY HILLS DR

City

CORDOVA

State

TN

Zip Code

38018

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	2	/	2	0	0	9

Transaction ID: SA11AI.36630

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional) .....

150.00

TOTAL This Period (last page this line number only) .....

A. Form/Schedule : **SA11AI** 0101707-0001210  
Transaction ID : **SA11AI.36628**

B. Form/Schedule : **SA11AI** 0101707-0001211  
Transaction ID : **SA11AI.36629**

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.36630**

0101707-0001212

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 752 / 881

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

MRS DONALD A WHITE, JR

Mailing Address 9412 ROCKY HILLS DR

City

CORDOVA

State

TN

Zip Code

38018

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

Transaction ID: SA11AI.36631

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MRS DONALD A WHITE, JR

Mailing Address 9412 ROCKY HILLS DR

City

CORDOVA

State

TN

Zip Code

38018

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 9

Transaction ID: SA11AI.36632

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

LISA WHITE

Mailing Address 9 PARCHMAN DR

City

JACKSON

State

TN

Zip Code

38305

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
KIRKLAND/S

Occupation

NEW STORE COORDINATOR

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 1 / 2 0 0 9

Transaction ID: SA11AI.36650

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

125.00

**TOTAL** This Period (last page this line number only) .....



A.

Form/Schedule : **SA11AI**

Transaction ID : **SA11AI.36631**

0101707-0001213

B.

Form/Schedule : **SA11AI**

Transaction ID : **SA11AI.36632**

0101707-0001214

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.36650**

0103314-0001230

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 755 / 881

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

MRS WARD A WHITEMAN

Mailing Address 4007 NORWOOD ST

City

MIDLAND

State

TX

Zip Code

79707

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BURLINGTON RESOURCES

Occupation  
GEOLOGIST

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 9 / 2 0 0 9

Transaction ID: SA11AI.38400

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

MRS LOIS WIERENGA

Mailing Address 3442 OLDERIDGE DR NE

City

GRAND RAPIDS

State

MI

Zip Code

49525

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GRAND RAPIDS PUBLIC SCHOOL

Occupation  
TEACHER

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 0 7 / 2 0 0 9

Transaction ID: SA11AI.37130

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MRS LOIS WIERENGA

Mailing Address 3442 OLDERIDGE DR NE

City

GRAND RAPIDS

State

MI

Zip Code

49525

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GRAND RAPIDS PUBLIC SCHOOL

Occupation  
TEACHER

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 5 / 2 0 0 9

Transaction ID: SA11AI.37131

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

550.00

**TOTAL** This Period (last page this line number only) .....

A. Form/Schedule : **SA11AI** 0059494-0002830  
Transaction ID : **SA11AI.38400**

B. Form/Schedule : **SA11AI** 0005517-0001666  
Transaction ID : **SA11AI.37130**

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.37131**

0005517-0001667

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 758 / 881

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

MRS LOIS WIERENGA

Mailing Address 3442 OLDERIDGE DR NE

City

GRAND RAPIDS

State

MI

Zip Code

49525

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GRAND RAPIDS PUBLIC SCHOOL

Occupation  
TEACHER

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 5 / 2 0 0 9

Transaction ID: SA11AI.37132

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MRS LOIS WIERENGA

Mailing Address 3442 OLDERIDGE DR NE

City

GRAND RAPIDS

State

MI

Zip Code

49525

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GRAND RAPIDS PUBLIC SCHOOL

Occupation  
TEACHER

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 7 / 2 0 0 9

Transaction ID: SA11AI.37133

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

DORIS S WILSON

Mailing Address 1922 MOORS CAMP HWY

City

GILBERTSVILLE

State

KY

Zip Code

42044

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 1 / 2 0 0 9

Transaction ID: SA11AI.36722

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

150.00

**TOTAL** This Period (last page this line number only) .....

A. Form/Schedule : **SA11AI** 0005517-0001668  
Transaction ID : **SA11AI.37132**

B. Form/Schedule : **SA11AI** 0005517-0001669  
Transaction ID : **SA11AI.37133**

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.36722**

0104463-0001291



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 761 / 881

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

MRS MARIAN WILSON

Mailing Address 291 COVENTRY TRL

City

ROYAL

State

AR

Zip Code

71968

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
VETERANS HOSPITAL

Occupation

PROGRAM ANALYST

Receipt For: 2010

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	7		2	0	0	9

Transaction ID: SA11AI.37909

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

MS JUDITH WIND

Mailing Address 2033 TEAGARDEN LN

City

NAPLES

State

FL

Zip Code

34110

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFO REQUESTED- NOT RECD

Occupation

INFO REQUESTED- NOT RECD

Receipt For: 2010

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	1		2	0	0	9

Transaction ID: SA11AI.36407

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

MS JUDITH WIND

Mailing Address 2033 TEAGARDEN LN

City

NAPLES

State

FL

Zip Code

34110

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFO REQUESTED- NOT RECD

Occupation

INFO REQUESTED- NOT RECD

Receipt For: 2010

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Aggregate Year-to-Date ▼

305.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	5		2	0	0	9

Transaction ID: SA11AI.36408

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional) .....

300.00

TOTAL This Period (last page this line number only) .....

A. Form/Schedule : **SA11AI** 0106384-0002383  
Transaction ID : **SA11AI.37909**

B. Form/Schedule : **SA11AI** 0107618-0001003  
Transaction ID : **SA11AI.36407**

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.36408**

0107618-0001004

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 764 / 881

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

MS JUDITH WIND

Mailing Address 2033 TEAGARDEN LN

City

NAPLES

State

FL

Zip Code

34110

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFO REQUESTED- NOT RECD

Occupation

INFO REQUESTED- NOT RECD

Receipt For:

2010

☐ Primary

☒ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

405.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.36409

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

MR TIM WINN

Mailing Address 3325 CAMINO VALLAREAL

City

ESCONDIDO

State

CA

Zip Code

92029

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF

Occupation

TRUSTEE

Receipt For:

2010

☐ Primary

☒ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 9

Transaction ID: SA11AI.38870

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

MR STEVEN E WINTER

Mailing Address 2104 BENTHAM WAY

City

YUKON

State

OK

Zip Code

73099

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

2010

☐ Primary

☒ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11AI.37948

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

700.00

**TOTAL** This Period (last page this line number only) .....

A. Form/Schedule : **SA11AI** 0107618-0001005  
Transaction ID : **SA11AI.36409**

B. Form/Schedule : **SA11AI** 0103506-0003259  
Transaction ID : **SA11AI.38870**

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.37948**

0007481-0002416

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 767 / 881

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

MR A WAYNE WITT

Mailing Address 4001 BUCKINGHAM WAY

City

APEX

State

NC

Zip Code

27502

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF

Occupation

REAL ESTATE DEVELOPMENT

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 9

Transaction ID: SA11AI.35875

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

MRS IRENE MA WONG

Mailing Address 711 NOME AVE

City

MODESTO

State

CA

Zip Code

95350

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SUTTER GOULD MEDICAL FNDN

Occupation

MEDICAL TECHNOLOGIST

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 2 / 2 0 0 9

Transaction ID: SA11AI.39230

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

MS JANICE E WOOD

Mailing Address 3946 HOLLADAY PARK LOOP SE

City

LACEY

State

WA

Zip Code

98503

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation

RETIRED TEACHER

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 1 / 2 0 0 9

Transaction ID: SA11AI.39491

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

375.00

**TOTAL** This Period (last page this line number only) .....

A. Form/Schedule : **SA11AI** 0002899-0000508  
Transaction ID : **SA11AI.35875**

B. Form/Schedule : **SA11AI** 0013278-0003597  
Transaction ID : **SA11AI.39230**



C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.39491**

0101762-0003845

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 770 / 881

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

MS JANICE E WOOD

Mailing Address 3946 HOLLADAY PARK LOOP SE

City

LACEY

State

WA

Zip Code

98503

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation

RETIRED TEACHER

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 2 / 2 0 0 9

Transaction ID: SA11AI.39492

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MS JANICE E WOOD

Mailing Address 3946 HOLLADAY PARK LOOP SE

City

LACEY

State

WA

Zip Code

98503

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation

RETIRED TEACHER

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 9 / 2 0 0 9

Transaction ID: SA11AI.39493

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MS JANICE E WOOD

Mailing Address 3946 HOLLADAY PARK LOOP SE

City

LACEY

State

WA

Zip Code

98503

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation

RETIRED TEACHER

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 4 / 2 0 0 9

Transaction ID: SA11AI.39494

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

75.00

**TOTAL** This Period (last page this line number only) .....

A. Form/Schedule : **SA11AI** 0101762-0003846  
Transaction ID : **SA11AI.39492**

B. Form/Schedule : **SA11AI** 0101762-0003847  
Transaction ID : **SA11AI.39493**

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.39494**

0101762-0003848

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 773 / 881

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

MR DEREK M WOODS

Mailing Address 2910 VILLA CT

City

BETTENDORF

State

IA

Zip Code

52722

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CROWN CONSULTING- LLC

Occupation

SELF EMPLOYED

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 1 / 2 0 0 9

Transaction ID: SA11AI.37243

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

JANE WRIGHT

Mailing Address 2125 MORRIS AVE

City

BIRMINGHAM

State

AL

Zip Code

35203

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NAJJAR DENABURG P.C.

Occupation

PARALEGAL

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 1 / 2 0 0 9

Transaction ID: SA11AI.36446

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

JANE WRIGHT

Mailing Address 2125 MORRIS AVE

City

BIRMINGHAM

State

AL

Zip Code

35203

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NAJJAR DENABURG P.C.

Occupation

PARALEGAL

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 0 / 2 0 0 9

Transaction ID: SA11AI.36447

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

300.00

**TOTAL** This Period (last page this line number only) .....

A. Form/Schedule : **SA11AI** 0101452-0001768  
Transaction ID : **SA11AI.37243**

B. Form/Schedule : **SA11AI** 0105176-0001040  
Transaction ID : **SA11AI.36446**

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.36447**

0105176-0001041

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 776 / 881

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

JANE WRIGHT

Mailing Address 2125 MORRIS AVE

City

BIRMINGHAM

State

AL

Zip Code

35203

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NAJJAR DENABURG P.C.

Occupation

PARALEGAL

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	1	/	2	0	0	9

Transaction ID: SA11AI.36448

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

CHARLES S WUEST

Mailing Address 25512 VINECHASE DR

City

PORTER

State

TX

Zip Code

77365

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CURRIN WUEST MIELKE PAUL &  
KNAPP PL

Occupation

ATTORNEY

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	2	/	2	0	0	9

Transaction ID: SA11AI.38199

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MRS OLETHA E YOUNG

Mailing Address 730 W JEFFERSON ST APT 242

City

MORTON

State

IL

Zip Code

61550

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	1	7	/	2	0	0	9

Transaction ID: SA11AI.37640

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional) .....

200.00

TOTAL This Period (last page this line number only) .....



A. Form/Schedule : **SA11AI** 0105176-0001042  
Transaction ID : **SA11AI.36448**

B. Form/Schedule : **SA11AI** 0102392-0002651  
Transaction ID : **SA11AI.38199**

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.37640**

0103732-0002131

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 779 / 881

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

MRS OLETHA E YOUNG

Mailing Address 730 W JEFFERSON ST APT 242

City

MORTON

State

IL

Zip Code

61550

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 0 9

Transaction ID: SA11AI.37641

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MRS JUNE L ZEIGLER

Mailing Address 2261 WARREN DR

City

MORRISTOWN

State

TN

Zip Code

37814

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 0 / 2 0 0 9

Transaction ID: SA11AI.36599

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MRS JUNE L ZEIGLER

Mailing Address 2261 WARREN DR

City

MORRISTOWN

State

TN

Zip Code

37814

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.36600

Amount of Each Receipt this Period

30.00

**SUBTOTAL** of Receipts This Page (optional) .....

105.00

**TOTAL** This Period (last page this line number only) .....

A. Form/Schedule : **SA11AI** 0103732-0002132  
Transaction ID : **SA11AI.37641**

B. Form/Schedule : **SA11AI** 0098488-0001183  
Transaction ID : **SA11AI.36599**

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.36600**

0098488-0001184

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 782 / 881

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

MRS JUNE L ZEIGLER

Mailing Address 2261 WARREN DR

City

MORRISTOWN

State

TN

Zip Code

37814

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 4 / 2 0 0 9

Transaction ID: SA11AI.36601

Amount of Each Receipt this Period

30.00

**B.**

Full Name (Last, First, Middle Initial)

MRS JUNE L ZEIGLER

Mailing Address 2261 WARREN DR

City

MORRISTOWN

State

TN

Zip Code

37814

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.36602

Amount of Each Receipt this Period

30.00

**C.**

Full Name (Last, First, Middle Initial)

MRS JUNE L ZEIGLER

Mailing Address 2261 WARREN DR

City

MORRISTOWN

State

TN

Zip Code

37814

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.36603

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

85.00

**TOTAL** This Period (last page this line number only) .....

A. Form/Schedule : **SA11AI**

Transaction ID : **SA11AI.36601**

0098488-0001185

B. Form/Schedule : **SA11AI**

Transaction ID : **SA11AI.36602**

0098488-0001186

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.36603**

0098488-0001187



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 785 / 881

(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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

MRS JUNE L ZEIGLER

Mailing Address 2261 WARREN DR

City

MORRISTOWN

State

TN

Zip Code

37814

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	5		2	0	9	

Transaction ID: SA11AI.36604

Amount of Each Receipt this Period

30.00

**B.**

Full Name (Last, First, Middle Initial)

MRS JUNE L ZEIGLER

Mailing Address 2261 WARREN DR

City

MORRISTOWN

State

TN

Zip Code

37814

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

395.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	1		2	0	9	

Transaction ID: SA11AI.36605

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MRS JUNE L ZEIGLER

Mailing Address 2261 WARREN DR

City

MORRISTOWN

State

TN

Zip Code

37814

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	6		2	0	9	

Transaction ID: SA11AI.36606

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional) .....

85.00

TOTAL This Period (last page this line number only) .....

A. Form/Schedule : **SA11AI** 0098488-0001188  
Transaction ID : **SA11AI.36604**

B. Form/Schedule : **SA11AI** 0098488-0001189  
Transaction ID : **SA11AI.36605**

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.36606**

0098488-0001190

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 788 / 881

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

MRS JUNE L ZEIGLER

Mailing Address 2261 WARREN DR

City

MORRISTOWN

State

TN

Zip Code

37814

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

455.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.36607

Amount of Each Receipt this Period

30.00

**B.**

Full Name (Last, First, Middle Initial)

MR CHARLES M ZEISER

Mailing Address 510 ROLLING WAY

City

SIGNAL MOUNTAIN

State

TN

Zip Code

37377

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SOUTHERN CHAMPION TRAY LP

Occupation  
MANAGER

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 0 / 2 0 0 9

Transaction ID: SA11AI.36572

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

MR CHARLES M ZEISER

Mailing Address 510 ROLLING WAY

City

SIGNAL MOUNTAIN

State

TN

Zip Code

37377

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SOUTHERN CHAMPION TRAY LP

Occupation  
MANAGER

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 2 / 2 0 0 9

Transaction ID: SA11AI.36573

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1280.00

**TOTAL** This Period (last page this line number only) .....

A. Form/Schedule : **SA11AI** 0098488-0001191  
Transaction ID : **SA11AI.36607**

B. Form/Schedule : **SA11AI** 0097422-0001156  
Transaction ID : **SA11AI.36572**

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.36573**

0097422-0001157

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 791 / 881

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

MR JOHN A ZIMMERMAN

Mailing Address 22614 N MAIN ST

City

MORTON

State

IL

Zip Code

61550

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 0 9

Transaction ID: SA11AI.37646

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

MR JOHN A ZIMMERMAN

Mailing Address 22614 N MAIN ST

City

MORTON

State

IL

Zip Code

61550

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11AI.37647

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional) .....

300.00

**TOTAL** This Period (last page this line number only) .....

176276.67

A.

Form/Schedule : **SA11AI**

Transaction ID : **SA11AI.37646**

0104426-0002137

B.

Form/Schedule : **SA11AI**

Transaction ID : **SA11AI.37647**

0104426-0002138



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 793 / 881

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☒ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

U.S. POSTMASTER

Mailing Address MAIN POST OFFICE

City

WASHINGTON

State

DC

Zip Code

20000

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

311.62

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 9 / 2 0 0 9

Transaction ID: SA15.39826

Amount of Each Receipt this Period

311.62

REFUND BRE POSTAGE

**SUBTOTAL** of Receipts This Page (optional) .....

311.62

**TOTAL** This Period (last page this line number only) .....

311.62

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 794 / 881

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)  
BB&T

Mailing Address P.O. Box 580363

City State Zip Code  
Charlotte NC 28258

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

6207.26

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 1 / 2 0 0 9

Transaction ID: SA17.39813

Amount of Each Receipt this Period

426.99

INTEREST INCOME

**B.**

Full Name (Last, First, Middle Initial)  
BB&T

Mailing Address P.O. Box 580363

City State Zip Code  
Charlotte NC 28258

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

6638.35

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 3 1 / 2 0 0 9

Transaction ID: SA17.39814

Amount of Each Receipt this Period

431.09

INTEREST INCOME

**C.**

Full Name (Last, First, Middle Initial)  
BB&T

Mailing Address P.O. Box 580363

City State Zip Code  
Charlotte NC 28258

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7068.66

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 3 0 / 2 0 0 9

Transaction ID: SA17.39816

Amount of Each Receipt this Period

430.31

INTEREST INCOME

**SUBTOTAL** of Receipts This Page (optional) .....

1288.39

**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: PAGE 795 / 881

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)  
BB&T

Mailing Address P.O. Box 580363

City State Zip Code  
Charlotte NC 28258

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7474.39

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 9

Transaction ID: SA17.39817

Amount of Each Receipt this Period

405.73

INTEREST INCOME

**B.**

Full Name (Last, First, Middle Initial)  
BB&T

Mailing Address P.O. Box 580363

City State Zip Code  
Charlotte NC 28258

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7836.18

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 9

Transaction ID: SA17.39818

Amount of Each Receipt this Period

361.79

INTEREST INCOME

**C.**

Full Name (Last, First, Middle Initial)  
BB&T

Mailing Address P.O. Box 580363

City State Zip Code  
Charlotte NC 28258

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

8240.60

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA17.39819

Amount of Each Receipt this Period

404.42

INTEREST INCOME

**SUBTOTAL** of Receipts This Page (optional) .....

1171.94

**TOTAL** This Period (last page this line number only) .....

2460.33

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 796 / 881

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

## **A.** Full Name (Last, First, Middle Initial) **ADVANCED DIGITAL SOLUTIONS**

Mailing Address 10680 MAIN STREET

City State Zip Code  
 FAIRFAX VA 22030

Purpose of Disbursement  
 COMPUTER SERVICES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B.39694

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1215.00

## **B.** Full Name (Last, First, Middle Initial) **ADVANCED DIGITAL SOLUTIONS**

Mailing Address 10680 MAIN STREET

City State Zip Code  
 FAIRFAX VA 22030

Purpose of Disbursement  
 COMPUTER SERVICES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B.39736

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1215.00

## **C.** Full Name (Last, First, Middle Initial) **AMERICAN AUTOMATED MAILING & PRINTING**

Mailing Address 9127 ANTIQUE WAY

City State Zip Code  
 MANASSAS VA 20110

Purpose of Disbursement  
 PAC DIRECT MAIL PRODUCTION

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B.39729

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1740.52

**SUBTOTAL** of Disbursements This Page (optional) .....

4170.52

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 797 / 881

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.** Full Name (Last, First, Middle Initial)  
AMERICAN AUTOMATED MAILING & PRINTING

Mailing Address 9127 ANTIQUE WAY

City MANASSAS State VA Zip Code 20110

Purpose of Disbursement  
PAC DIRECT MAIL PRODUCTION

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.39731

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	7		2	0	0	9

Amount of Each Disbursement this Period

3146.61

**B.** Full Name (Last, First, Middle Initial)  
American Express

Mailing Address P.O. Box 981540

City El Paso State TX Zip Code 79998

Purpose of Disbursement  
BANK FEES

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.39559

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	1		2	0	0	9

Amount of Each Disbursement this Period

4.95

**C.** Full Name (Last, First, Middle Initial)  
American Express

Mailing Address P.O. Box 981540

City El Paso State TX Zip Code 79998

Purpose of Disbursement  
BANK FEES

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.39564

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	0		2	0	0	9

Amount of Each Disbursement this Period

12.80

SUBTOTAL of Disbursements This Page (optional) .....

3164.36

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 798 / 881

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

American Express

Mailing Address P.O. Box 981540

City State Zip Code  
El Paso TX 79998

Purpose of Disbursement  
BANK FEES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.39567

Date of Disbursement

/   /

Amount of Each Disbursement this Period

0.96

**B.**

Full Name (Last, First, Middle Initial)

American Express

Mailing Address P.O. Box 981540

City State Zip Code  
El Paso TX 79998

Purpose of Disbursement  
BANK FEES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.39570

Date of Disbursement

/   /

Amount of Each Disbursement this Period

360.17

**C.**

Full Name (Last, First, Middle Initial)

American Express

Mailing Address P.O. Box 981540

City State Zip Code  
El Paso TX 79998

Purpose of Disbursement  
BANK FEES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.39572

Date of Disbursement

/   /

Amount of Each Disbursement this Period

0.80

**SUBTOTAL** of Disbursements This Page (optional) .....

361.93

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 799 / 881

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
CAMPAIGN FOR WORKING FAMILIES

<b>A.</b> Full Name (Last, First, Middle Initial) American Express Mailing Address P.O. Box 981540	<b>Transaction ID:</b> SB21B.39574 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 0 3 / 2 0 0 9</div> </div>
City El Paso State TX Zip Code 79998 Purpose of Disbursement BANK FEES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>4.95</div>
<b>B.</b> Full Name (Last, First, Middle Initial) American Express Mailing Address P.O. Box 981540 City El Paso State TX Zip Code 79998 Purpose of Disbursement BANK FEES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.39580 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 8 / 2 0 0 9</div> </div> <b>Amount of Each Disbursement this Period</b> <div>0.96</div>
<b>C.</b> Full Name (Last, First, Middle Initial) American Express Mailing Address P.O. Box 981540 City El Paso State TX Zip Code 79998 Purpose of Disbursement BANK FEES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.39586 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 0 1 / 2 0 0 9</div> </div> <b>Amount of Each Disbursement this Period</b> <div>4.95</div>

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

10.86

**TOTAL** This Period (last page this line number only) ..... ►

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 800 / 881

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

American Express

Mailing Address P.O. Box 981540

City State Zip Code  
El Paso TX 79998

Purpose of Disbursement  
BANK FEES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.39588

Date of Disbursement

/   /

Amount of Each Disbursement this Period

83.27

**B.**

Full Name (Last, First, Middle Initial)

American Express

Mailing Address P.O. Box 981540

City State Zip Code  
El Paso TX 79998

Purpose of Disbursement  
BANK FEES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.39593

Date of Disbursement

/   /

Amount of Each Disbursement this Period

0.96

**C.**

Full Name (Last, First, Middle Initial)

American Express

Mailing Address P.O. Box 981540

City State Zip Code  
El Paso TX 79998

Purpose of Disbursement  
BANK FEES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.39599

Date of Disbursement

/   /

Amount of Each Disbursement this Period

4.95

**SUBTOTAL** of Disbursements This Page (optional) .....

89.18

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 801 / 881

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

American Express

Mailing Address P.O. Box 981540

City State Zip Code  
El Paso TX 79998

Purpose of Disbursement  
BANK FEES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.39600

Date of Disbursement

/   /

Amount of Each Disbursement this Period

10.98

**B.**

Full Name (Last, First, Middle Initial)

American Express

Mailing Address P.O. Box 981540

City State Zip Code  
El Paso TX 79998

Purpose of Disbursement  
BANK FEES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.39604

Date of Disbursement

/   /

Amount of Each Disbursement this Period

0.80

**C.**

Full Name (Last, First, Middle Initial)

American Express

Mailing Address P.O. Box 981540

City State Zip Code  
El Paso TX 79998

Purpose of Disbursement  
BANK FEES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.39606

Date of Disbursement

/   /

Amount of Each Disbursement this Period

0.96

**SUBTOTAL** of Disbursements This Page (optional) .....

12.74

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 802 / 881

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)

American Express

Mailing Address P.O. Box 981540

City  
El Paso

State  
TX

Zip Code  
79998

Purpose of Disbursement  
BANK FEES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.39607

Date of Disbursement

10 / 20 / 2009

Amount of Each Disbursement this Period

0.48

B.

Full Name (Last, First, Middle Initial)

American Express

Mailing Address P.O. Box 981540

City  
El Paso

State  
TX

Zip Code  
79998

Purpose of Disbursement  
BANK FEES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.39613

Date of Disbursement

10 / 31 / 2009

Amount of Each Disbursement this Period

4.95

C.

Full Name (Last, First, Middle Initial)

American Express

Mailing Address P.O. Box 981540

City  
El Paso

State  
TX

Zip Code  
79998

Purpose of Disbursement  
BANK FEES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.39614

Date of Disbursement

10 / 31 / 2009

Amount of Each Disbursement this Period

262.32

SUBTOTAL of Disbursements This Page (optional) .....

267.75

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 803 / 881

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

American Express

Mailing Address P.O. Box 981540

City State Zip Code  
El Paso TX 79998

Purpose of Disbursement  
BANK FEES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.39618

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1.60

**B.**

Full Name (Last, First, Middle Initial)

American Express

Mailing Address P.O. Box 981540

City State Zip Code  
El Paso TX 79998

Purpose of Disbursement  
BANK FEES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.39620

Date of Disbursement

/   /

Amount of Each Disbursement this Period

0.96

**C.**

Full Name (Last, First, Middle Initial)

American Express

Mailing Address P.O. Box 981540

City State Zip Code  
El Paso TX 79998

Purpose of Disbursement  
BANK FEES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.39622

Date of Disbursement

/   /

Amount of Each Disbursement this Period

4.95

**SUBTOTAL** of Disbursements This Page (optional) .....

7.51

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 804 / 881

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)

American Express

Mailing Address P.O. Box 981540

City  
El Paso

State  
TX

Zip Code  
79998

Purpose of Disbursement  
BANK FEES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.39624

Date of Disbursement

/   /

Amount of Each Disbursement this Period

4.24

B.

Full Name (Last, First, Middle Initial)

American Express

Mailing Address P.O. Box 981540

City  
El Paso

State  
TX

Zip Code  
79998

Purpose of Disbursement  
BANK FEES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.39626

Date of Disbursement

/   /

Amount of Each Disbursement this Period

0.96

C.

Full Name (Last, First, Middle Initial)

American Express

Mailing Address P.O. Box 981540

City  
El Paso

State  
TX

Zip Code  
79998

Purpose of Disbursement  
BANK FEES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.39627

Date of Disbursement

/   /

Amount of Each Disbursement this Period

6.88

**SUBTOTAL** of Disbursements This Page (optional) .....

12.08

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 805 / 881

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
CAMPAIGN FOR WORKING FAMILIES

<b>A.</b> Full Name (Last, First, Middle Initial) American Express	<b>Transaction ID:</b> SB21B.39629 <b>Date of Disbursement</b>																				
Mailing Address P.O. Box 981540	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		3	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		3	1		2	0	0	9												
City El Paso State TX Zip Code 79998	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement BANK FEES Candidate Name	<table border="1"> <tr> <td colspan="10">1.12</td> </tr> </table>	1.12																			
1.12																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) American Express	<b>Transaction ID:</b> SB21B.39630 <b>Date of Disbursement</b>																				
Mailing Address P.O. Box 981540	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		3	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		3	1		2	0	0	9												
City El Paso State TX Zip Code 79998	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement BANK FEES Candidate Name	<table border="1"> <tr> <td colspan="10">273.43</td> </tr> </table>	273.43																			
273.43																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Authorize.net	<b>Transaction ID:</b> SB21B.39562 <b>Date of Disbursement</b>																				
Mailing Address 808 East Utah Valley Drive	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		0	3		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		0	3		2	0	0	9												
City American Fork State UT Zip Code 84003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement BANK FEES Candidate Name	<table border="1"> <tr> <td colspan="10">55.75</td> </tr> </table>	55.75																			
55.75																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**330.30**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 806 / 881

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
CAMPAIGN FOR WORKING FAMILIES

<b>A.</b> Full Name (Last, First, Middle Initial) Authorize.net	<b>Transaction ID:</b> SB21B.39633 <b>Date of Disbursement</b>
Mailing Address 808 East Utah Valley Drive	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 0 4 / 2 0 0 9</div> </div>
City American Fork State UT Zip Code 84003	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement BANK FEES	<div>54.79</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Authorize.net	<b>Transaction ID:</b> SB21B.39587 <b>Date of Disbursement</b>
Mailing Address 808 East Utah Valley Drive	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 0 2 / 2 0 0 9</div> </div>
City American Fork State UT Zip Code 84003	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement BANK FEES	<div>53.29</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Authorize.net	<b>Transaction ID:</b> SB21B.39598 <b>Date of Disbursement</b>
Mailing Address 808 East Utah Valley Drive	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 0 1 / 2 0 0 9</div> </div>
City American Fork State UT Zip Code 84003	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement BANK FEES	<div>42.91</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

150.99

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 807 / 881

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
CAMPAIGN FOR WORKING FAMILIES

<b>A.</b> Full Name (Last, First, Middle Initial) Authorize.net Mailing Address 808 East Utah Valley Drive	<b>Transaction ID:</b> SB21B.39616 <b>Date of Disbursement</b> <div> <div>11</div> <div>03</div> <div>2009</div> </div>
City American Fork State UT Zip Code 84003 Purpose of Disbursement BANK FEES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>72.97</div>
<b>B.</b> Full Name (Last, First, Middle Initial) Authorize.net Mailing Address 808 East Utah Valley Drive City American Fork State UT Zip Code 84003 Purpose of Disbursement BANK FEES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.39623 <b>Date of Disbursement</b> <div> <div>12</div> <div>02</div> <div>2009</div> </div> <b>Amount of Each Disbursement this Period</b> <div>34.21</div>
<b>C.</b> Full Name (Last, First, Middle Initial) BB&T Mailing Address P.O. Box 580363 City Charlotte State NC Zip Code 28258 Purpose of Disbursement BANK FEES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.39569 <b>Date of Disbursement</b> <div> <div>07</div> <div>31</div> <div>2009</div> </div> <b>Amount of Each Disbursement this Period</b> <div>537.29</div>

**SUBTOTAL** of Disbursements This Page (optional) .....

**644.47**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 808 / 881

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

BB&T

Mailing Address P.O. Box 580363

City  
Charlotte

State  
NC

Zip Code  
28258

Purpose of Disbursement  
BANK FEES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B.39591

Date of Disbursement

/   /

Amount of Each Disbursement this Period

739.79

**B.**

Full Name (Last, First, Middle Initial)

BB&T

Mailing Address P.O. Box 580363

City  
Charlotte

State  
NC

Zip Code  
28258

Purpose of Disbursement  
BANK FEES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B.39605

Date of Disbursement

/   /

Amount of Each Disbursement this Period

401.79

**C.**

Full Name (Last, First, Middle Initial)

BB&T

Mailing Address P.O. Box 580363

City  
Charlotte

State  
NC

Zip Code  
28258

Purpose of Disbursement  
BANK FEES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B.39619

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1079.43

**SUBTOTAL** of Disbursements This Page (optional) .....

2221.01

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 809 / 881

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)  
BB&T

Mailing Address P.O. Box 580363

City Charlotte State NC Zip Code 28258

Purpose of Disbursement  
BANK FEES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.39625

Date of Disbursement

/   /

Amount of Each Disbursement this Period

178.61

**B.**

Full Name (Last, First, Middle Initial)  
BB&T

Mailing Address P.O. Box 580363

City Charlotte State NC Zip Code 28258

Purpose of Disbursement  
BANK FEES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.39631

Date of Disbursement

/   /

Amount of Each Disbursement this Period

815.90

**C.**

Full Name (Last, First, Middle Initial)  
CHOI COMPANIES

Mailing Address 5999 STEVENSON AVE #310

City ALEXANDRIA State VA Zip Code 22304

Purpose of Disbursement  
RENT

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.39689

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2676.69

**SUBTOTAL** of Disbursements This Page (optional) .....

3671.20

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 810 / 881

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
CAMPAIGN FOR WORKING FAMILIES**A.**Full Name (Last, First, Middle Initial)  
CHOI COMPANIES

Mailing Address 5999 STEVENSON AVE #310

City ALEXANDRIA State VA Zip Code 22304

Purpose of Disbursement  
RENT

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.39695

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	5		2	0	0	9

Amount of Each Disbursement this Period

2676.69

**B.**Full Name (Last, First, Middle Initial)  
CHOI COMPANIES

Mailing Address 5999 STEVENSON AVE #310

City ALEXANDRIA State VA Zip Code 22304

Purpose of Disbursement  
RENT

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.39716

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	3		2	0	0	9

Amount of Each Disbursement this Period

2676.69

**C.**Full Name (Last, First, Middle Initial)  
CHOI COMPANIES

Mailing Address 5999 STEVENSON AVE #310

City ALEXANDRIA State VA Zip Code 22304

Purpose of Disbursement  
RENT

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.39757

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	9		2	0	0	9

Amount of Each Disbursement this Period

2676.69

SUBTOTAL of Disbursements This Page (optional) .....

8030.07

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 811 / 881

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

CHOI COMPANIES

Mailing Address 5999 STEVENSON AVE #310

City  
ALEXANDRIA

State  
VA

Zip Code  
22304

Purpose of Disbursement  
RENT

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B.39766

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2676.69

**B.**

Full Name (Last, First, Middle Initial)

CHOI COMPANIES

Mailing Address 5999 STEVENSON AVE #310

City  
ALEXANDRIA

State  
VA

Zip Code  
22304

Purpose of Disbursement  
RENT

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B.39784

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2689.08

**C.**

Full Name (Last, First, Middle Initial)

CITY OF ALEXANDRIA

Mailing Address P.O. BOX 178

City  
ALEXANDRIA

State  
VA

Zip Code  
22313

Purpose of Disbursement  
PERSONAL PROPERTY TAXES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B.39706

Date of Disbursement

/   /

Amount of Each Disbursement this Period

212.37

**SUBTOTAL** of Disbursements This Page (optional) .....

5578.14

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 812 / 881

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)

COLOR TREE

Mailing Address P.O. BOX 28990

City  
RICHMOND

State  
VA

Zip Code  
23228

Purpose of Disbursement  
PAC PRINTING PRODUCTION

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.39785

Date of Disbursement

/   /

Amount of Each Disbursement this Period

621.40

B.

Full Name (Last, First, Middle Initial)

COVAD COMMUNICATIONS

Mailing Address P.O. BOX 39000

City  
SAN FRANCISCO

State  
CA

Zip Code  
94139

Purpose of Disbursement  
OFFICE EXPENSE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.39668

Date of Disbursement

/   /

Amount of Each Disbursement this Period

104.45

C.

Full Name (Last, First, Middle Initial)

COVAD COMMUNICATIONS

Mailing Address P.O. BOX 39000

City  
SAN FRANCISCO

State  
CA

Zip Code  
94139

Purpose of Disbursement  
COMPUTER SERVICES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.39691

Date of Disbursement

/   /

Amount of Each Disbursement this Period

104.45

**SUBTOTAL** of Disbursements This Page (optional) .....

830.30

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 813 / 881

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)  
COVAD COMMUNICATIONS

Mailing Address P.O. BOX 39000

City State Zip Code  
SAN FRANCISCO CA 94139

Purpose of Disbursement  
COMPUTER SERVICES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.39707

Date of Disbursement

/   /

Amount of Each Disbursement this Period

104.45

B.

Full Name (Last, First, Middle Initial)  
COVAD COMMUNICATIONS

Mailing Address P.O. BOX 39000

City State Zip Code  
SAN FRANCISCO CA 94139

Purpose of Disbursement  
COMPUTER SERVICES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.39737

Date of Disbursement

/   /

Amount of Each Disbursement this Period

104.45

C.

Full Name (Last, First, Middle Initial)  
COVAD COMMUNICATIONS

Mailing Address P.O. BOX 39000

City State Zip Code  
SAN FRANCISCO CA 94139

Purpose of Disbursement  
COMPUTER SERVICES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.39758

Date of Disbursement

/   /

Amount of Each Disbursement this Period

104.45

**SUBTOTAL** of Disbursements This Page (optional) .....

313.35

**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)

PAGE 814 / 881

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)

COVAD COMMUNICATIONS

Mailing Address P.O. BOX 39000

City  
SAN FRANCISCO

State  
CA

Zip Code  
94139

Purpose of Disbursement  
COMPUTER SERVICES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.39775

Date of Disbursement

/   /

Amount of Each Disbursement this Period

104.45

B.

Full Name (Last, First, Middle Initial)

COVINGTON & BURLING

Mailing Address 1201 PENNSYLVANIA AVE NW

City  
WASHINGTON

State  
DC

Zip Code  
20044

Purpose of Disbursement  
LEGAL FEES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.39671

Date of Disbursement

/   /

Amount of Each Disbursement this Period

6023.00

C.

Full Name (Last, First, Middle Initial)

COVINGTON & BURLING

Mailing Address 1201 PENNSYLVANIA AVE NW

City  
WASHINGTON

State  
DC

Zip Code  
20044

Purpose of Disbursement  
LEGAL FEES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.39672

Date of Disbursement

/   /

Amount of Each Disbursement this Period

337.50

**SUBTOTAL** of Disbursements This Page (optional) .....

6464.95

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 815 / 881

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
**CAMPAIGN FOR WORKING FAMILIES**

**A.**

Full Name (Last, First, Middle Initial)  
**COVINGTON & BURLING**

Mailing Address **1201 PENNSYLVANIA AVE NW**

City **WASHINGTON** State **DC** Zip Code **20044**

Purpose of Disbursement  
**LEGAL FEES**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: SB21B.39781**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**3119.00**

**B.**

Full Name (Last, First, Middle Initial)  
**DC TREASURER**

Mailing Address **P.O. Box 7862**

City **WASHINGTON** State **DC** Zip Code **20044**

Purpose of Disbursement  
**TAXES**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: SB21B.39708**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**1043.60**

**C.**

Full Name (Last, First, Middle Initial)  
**DEER PARK**

Mailing Address **P.O. BOX 52271**

City **PHOENIX** State **AZ** Zip Code **85072**

Purpose of Disbursement  
**OFFICE EXPENSE**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: SB21B.39692**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**77.12**

**SUBTOTAL** of Disbursements This Page (optional) .....

**4239.72**

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 816 / 881

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

DEER PARK

Mailing Address P.O. BOX 52271

City  
PHOENIXState  
AZZip Code  
85072Purpose of Disbursement  
OFFICE EXPENSE

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.39710

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	1	/	2	0	0	9

Amount of Each Disbursement this Period

39.36

**B.**

Full Name (Last, First, Middle Initial)

DEER PARK

Mailing Address P.O. BOX 52271

City  
PHOENIXState  
AZZip Code  
85072Purpose of Disbursement  
OFFICE EXPENSE

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.39739

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	7	/	2	0	0	9

Amount of Each Disbursement this Period

30.34

**C.**

Full Name (Last, First, Middle Initial)

DEER PARK

Mailing Address P.O. BOX 52271

City  
PHOENIXState  
AZZip Code  
85072Purpose of Disbursement  
OFFICE EXPENSE

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.39760

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	0	/	2	0	0	9

Amount of Each Disbursement this Period

30.36

SUBTOTAL of Disbursements This Page (optional) ..... ►

100.06

TOTAL This Period (last page this line number only) ..... ►



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 817 / 881

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

DEER PARK

Mailing Address P.O. BOX 52271

City  
PHOENIX

State  
AZ

Zip Code  
85072

Purpose of Disbursement  
OFFICE EXPENSE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.39787

Date of Disbursement

/   /

Amount of Each Disbursement this Period

57.61

**B.**

Full Name (Last, First, Middle Initial)

DESIGN 4 INC

Mailing Address 2020 W BRANDON BLVD #202

City  
BRANDON

State  
FL

Zip Code  
33511

Purpose of Disbursement  
PAC PRINTING PRODUCTION

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.39673

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1300.00

**C.**

Full Name (Last, First, Middle Initial)

DESIGN 4 INC

Mailing Address 2020 W BRANDON BLVD #202

City  
BRANDON

State  
FL

Zip Code  
33511

Purpose of Disbursement  
PAC PRINTING PRODUCTION

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.39719

Date of Disbursement

/   /

Amount of Each Disbursement this Period

845.00

**SUBTOTAL** of Disbursements This Page (optional) .....

2202.61

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 818 / 881

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)

Discover Financial

Mailing Address P.O. Box 8181

City  
Gray

State  
TN

Zip Code  
37615

Purpose of Disbursement  
BANK FEES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.39558

Date of Disbursement

07 / 01 / 2009

Amount of Each Disbursement this Period

32.05

B.

Full Name (Last, First, Middle Initial)

Discover Financial

Mailing Address P.O. Box 8181

City  
Gray

State  
TN

Zip Code  
37615

Purpose of Disbursement  
BANK FEES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.39560

Date of Disbursement

07 / 02 / 2009

Amount of Each Disbursement this Period

30.41

C.

Full Name (Last, First, Middle Initial)

Discover Financial

Mailing Address P.O. Box 8181

City  
Gray

State  
TN

Zip Code  
37615

Purpose of Disbursement  
BANK FEES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.39561

Date of Disbursement

07 / 03 / 2009

Amount of Each Disbursement this Period

0.35

SUBTOTAL of Disbursements This Page (optional) .....

62.81

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 819 / 881

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)

Discover Financial

Mailing Address P.O. Box 8181

City  
Gray

State  
TN

Zip Code  
37615

Purpose of Disbursement  
BANK FEES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.39563

Date of Disbursement

/   /

Amount of Each Disbursement this Period

0.78

B.

Full Name (Last, First, Middle Initial)

Discover Financial

Mailing Address P.O. Box 8181

City  
Gray

State  
TN

Zip Code  
37615

Purpose of Disbursement  
BANK FEES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.39565

Date of Disbursement

/   /

Amount of Each Disbursement this Period

0.35

C.

Full Name (Last, First, Middle Initial)

Discover Financial

Mailing Address P.O. Box 8181

City  
Gray

State  
TN

Zip Code  
37615

Purpose of Disbursement  
BANK FEES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.39566

Date of Disbursement

/   /

Amount of Each Disbursement this Period

0.73

**SUBTOTAL** of Disbursements This Page (optional) .....

1.86

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 820 / 881

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)

Discover Financial

Mailing Address P.O. Box 8181

City  
Gray

State  
TN

Zip Code  
37615

Purpose of Disbursement  
BANK FEES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.39568

Date of Disbursement

07 / 24 / 2009

Amount of Each Disbursement this Period

9.01

B.

Full Name (Last, First, Middle Initial)

Discover Financial

Mailing Address P.O. Box 8181

City  
Gray

State  
TN

Zip Code  
37615

Purpose of Disbursement  
BANK FEES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.39573

Date of Disbursement

08 / 03 / 2009

Amount of Each Disbursement this Period

10.95

C.

Full Name (Last, First, Middle Initial)

Discover Financial

Mailing Address P.O. Box 8181

City  
Gray

State  
TN

Zip Code  
37615

Purpose of Disbursement  
BANK FEES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.39575

Date of Disbursement

08 / 10 / 2009

Amount of Each Disbursement this Period

26.22

SUBTOTAL of Disbursements This Page (optional) .....

46.18

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 821 / 881

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)  
Discover Financial

Mailing Address P.O. Box 8181

City Gray State TN Zip Code 37615

Purpose of Disbursement  
BANK FEES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.39576

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2.43

**B.**

Full Name (Last, First, Middle Initial)  
Discover Financial

Mailing Address P.O. Box 8181

City Gray State TN Zip Code 37615

Purpose of Disbursement  
BANK FEE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.39577

Date of Disbursement

/   /

Amount of Each Disbursement this Period

0.35

**C.**

Full Name (Last, First, Middle Initial)  
Discover Financial

Mailing Address P.O. Box 8181

City Gray State TN Zip Code 37615

Purpose of Disbursement  
BANK FEES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.39578

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1.45

**SUBTOTAL** of Disbursements This Page (optional) .....

4.23

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 822 / 881

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)

Discover Financial

Mailing Address P.O. Box 8181

City  
Gray

State  
TN

Zip Code  
37615

Purpose of Disbursement  
BANK FEES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.39579

Date of Disbursement

/   /

Amount of Each Disbursement this Period

28.55

B.

Full Name (Last, First, Middle Initial)

Discover Financial

Mailing Address P.O. Box 8181

City  
Gray

State  
TN

Zip Code  
37615

Purpose of Disbursement  
BANK FEES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.39582

Date of Disbursement

/   /

Amount of Each Disbursement this Period

13.60

C.

Full Name (Last, First, Middle Initial)

Discover Financial

Mailing Address P.O. Box 8181

City  
Gray

State  
TN

Zip Code  
37615

Purpose of Disbursement  
BANK FEES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.39583

Date of Disbursement

/   /

Amount of Each Disbursement this Period

0.78

**SUBTOTAL** of Disbursements This Page (optional) .....

42.93

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 823 / 881

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
CAMPAIGN FOR WORKING FAMILIES

<b>A.</b> Full Name (Last, First, Middle Initial) Discover Financial	<b>Transaction ID:</b> SB21B.39585 <b>Date of Disbursement</b>																				
Mailing Address P.O. Box 8181	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		0	1		2	0	0	9												
City Gray State TN Zip Code 37615	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement BANK FEES	<table border="1"> <tr> <td>10.95</td> </tr> </table>	10.95																			
10.95																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Discover Financial	<b>Transaction ID:</b> SB21B.39589 <b>Date of Disbursement</b>																				
Mailing Address P.O. Box 8181	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	4		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		1	4		2	0	0	9												
City Gray State TN Zip Code 37615	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement BANK FEES	<table border="1"> <tr> <td>14.09</td> </tr> </table>	14.09																			
14.09																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Discover Financial	<b>Transaction ID:</b> SB21B.39590 <b>Date of Disbursement</b>																				
Mailing Address P.O. Box 8181	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	4		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		1	4		2	0	0	9												
City Gray State TN Zip Code 37615	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement BANK FEES	<table border="1"> <tr> <td>4.83</td> </tr> </table>	4.83																			
4.83																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

29.87

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 824 / 881

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)

Discover Financial

Mailing Address P.O. Box 8181

City  
Gray

State  
TN

Zip Code  
37615

Purpose of Disbursement  
BANK FEES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.39592

Date of Disbursement

09 / 15 / 2009

Amount of Each Disbursement this Period

5.40

B.

Full Name (Last, First, Middle Initial)

Discover Financial

Mailing Address P.O. Box 8181

City  
Gray

State  
TN

Zip Code  
37615

Purpose of Disbursement  
BANK FEES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.39557

Date of Disbursement

09 / 17 / 2009

Amount of Each Disbursement this Period

2.60

C.

Full Name (Last, First, Middle Initial)

Discover Financial

Mailing Address P.O. Box 8181

City  
Gray

State  
TN

Zip Code  
37615

Purpose of Disbursement  
BANK FEES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.39594

Date of Disbursement

09 / 21 / 2009

Amount of Each Disbursement this Period

2.60

SUBTOTAL of Disbursements This Page (optional) .....

10.60

TOTAL This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 825 / 881

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
CAMPAIGN FOR WORKING FAMILIES

<b>A.</b> Full Name (Last, First, Middle Initial) Discover Financial	<b>Transaction ID:</b> SB21B.39596 <b>Date of Disbursement</b>																				
Mailing Address P.O. Box 8181	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	1		2	0	0	9												
City Gray State TN Zip Code 37615	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement BANK FEES	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>1.45</td> </tr> </table>																				1.45
									1.45												
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Discover Financial	<b>Transaction ID:</b> SB21B.39597 <b>Date of Disbursement</b>																				
Mailing Address P.O. Box 8181	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	1		2	0	0	9												
City Gray State TN Zip Code 37615	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement BANK FEES	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>10.95</td> </tr> </table>																				10.95
									10.95												
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Discover Financial	<b>Transaction ID:</b> SB21B.39601 <b>Date of Disbursement</b>																				
Mailing Address P.O. Box 8181	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	5		2	0	0	9												
City Gray State TN Zip Code 37615	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement BANK FEES	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>7.60</td> </tr> </table>																				7.60
									7.60												
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**20.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 826 / 881

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
CAMPAIGN FOR WORKING FAMILIES

<b>A.</b> Full Name (Last, First, Middle Initial) Discover Financial	<b>Transaction ID:</b> SB21B.39602 <b>Date of Disbursement</b>																				
Mailing Address P.O. Box 8181	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	8		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	8		2	0	0	9												
City Gray State TN Zip Code 37615	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement BANK FEES Candidate Name	<table border="1"> <tr> <td colspan="10">1.48</td> </tr> </table>	1.48																			
1.48																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Discover Financial	<b>Transaction ID:</b> SB21B.39603 <b>Date of Disbursement</b>																				
Mailing Address P.O. Box 8181	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	9		2	0	0	9												
City Gray State TN Zip Code 37615	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement BANK FEES Candidate Name	<table border="1"> <tr> <td colspan="10">1.55</td> </tr> </table>	1.55																			
1.55																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Discover Financial	<b>Transaction ID:</b> SB21B.39608 <b>Date of Disbursement</b>																				
Mailing Address P.O. Box 8181	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	2		2	0	0	9												
City Gray State TN Zip Code 37615	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement BANK FEES Candidate Name	<table border="1"> <tr> <td colspan="10">17.95</td> </tr> </table>	17.95																			
17.95																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**20.98**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 827 / 881

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
CAMPAIGN FOR WORKING FAMILIES

<b>A.</b> Full Name (Last, First, Middle Initial) Discover Financial	<b>Transaction ID:</b> SB21B.39609 <b>Date of Disbursement</b>																				
Mailing Address P.O. Box 8181	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>9</td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	3		2	0	9	
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	3		2	0	9													
City Gray State TN Zip Code 37615	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement BANK FEES Candidate Name	<table border="1"> <tr> <td colspan="10">30.49</td> </tr> </table>	30.49																			
30.49																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Discover Financial	<b>Transaction ID:</b> SB21B.39610 <b>Date of Disbursement</b>																				
Mailing Address P.O. Box 8181	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>9</td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	6		2	0	9	
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	6		2	0	9													
City Gray State TN Zip Code 37615	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement BANK FEES Candidate Name	<table border="1"> <tr> <td colspan="10">8.02</td> </tr> </table>	8.02																			
8.02																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Discover Financial	<b>Transaction ID:</b> SB21B.39611 <b>Date of Disbursement</b>																				
Mailing Address P.O. Box 8181	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>9</td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	6		2	0	9	
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	6		2	0	9													
City Gray State TN Zip Code 37615	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement BANK FEES Candidate Name	<table border="1"> <tr> <td colspan="10">2.86</td> </tr> </table>	2.86																			
2.86																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

41.37

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 828 / 881

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
CAMPAIGN FOR WORKING FAMILIES

<b>A.</b> Full Name (Last, First, Middle Initial) Discover Financial	<b>Transaction ID:</b> SB21B.39612 <b>Date of Disbursement</b>																				
Mailing Address P.O. Box 8181	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	9		2	0	0	9												
City Gray State TN Zip Code 37615	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement BANK FEES	<table border="1"> <tr> <td colspan="10">2.60</td> </tr> </table>	2.60																			
2.60																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Discover Financial	<b>Transaction ID:</b> SB21B.39615 <b>Date of Disbursement</b>																				
Mailing Address P.O. Box 8181	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		0	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		0	2		2	0	0	9												
City Gray State TN Zip Code 37615	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement BANK FEES	<table border="1"> <tr> <td colspan="10">10.95</td> </tr> </table>	10.95																			
10.95																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) FEDERAL EXPRESS	<b>Transaction ID:</b> SB21B.39674 <b>Date of Disbursement</b>																				
Mailing Address P.O. BOX 1140	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		2	4		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		2	4		2	0	0	9												
City MEMPHIS State TN Zip Code 38101	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement SHIPPING FEES	<table border="1"> <tr> <td colspan="10">99.26</td> </tr> </table>	99.26																			
99.26																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

112.81

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 829 / 881

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)  
FEDERAL EXPRESS

Mailing Address P.O. BOX 1140

City State Zip Code  
MEMPHIS TN 38101

Purpose of Disbursement  
SHIPPING FEES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.39696

Date of Disbursement

/   /

Amount of Each Disbursement this Period

33.42

**B.**

Full Name (Last, First, Middle Initial)  
FEDERAL EXPRESS

Mailing Address P.O. BOX 1140

City State Zip Code  
MEMPHIS TN 38101

Purpose of Disbursement  
SHIPPING FEES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.39711

Date of Disbursement

/   /

Amount of Each Disbursement this Period

44.58

**C.**

Full Name (Last, First, Middle Initial)  
FEDERAL EXPRESS

Mailing Address P.O. BOX 1140

City State Zip Code  
MEMPHIS TN 38101

Purpose of Disbursement  
SHIPPING FEES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.39720

Date of Disbursement

/   /

Amount of Each Disbursement this Period

14.72

**SUBTOTAL** of Disbursements This Page (optional) .....

92.72

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 830 / 881

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)

FEDERAL EXPRESS

Mailing Address P.O. BOX 1140

City  
MEMPHIS

State  
TN

Zip Code  
38101

Purpose of Disbursement  
SHIPPING FEES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.39741

Date of Disbursement

10 / 07 / 2009

Amount of Each Disbursement this Period

29.44

B.

Full Name (Last, First, Middle Initial)

FEDERAL EXPRESS

Mailing Address P.O. BOX 1140

City  
MEMPHIS

State  
TN

Zip Code  
38101

Purpose of Disbursement  
SHIPPING FEES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.39747

Date of Disbursement

10 / 12 / 2009

Amount of Each Disbursement this Period

14.72

C.

Full Name (Last, First, Middle Initial)

FEDERAL EXPRESS

Mailing Address P.O. BOX 1140

City  
MEMPHIS

State  
TN

Zip Code  
38101

Purpose of Disbursement  
SHIPPING FEES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.39751

Date of Disbursement

10 / 28 / 2009

Amount of Each Disbursement this Period

45.00

SUBTOTAL of Disbursements This Page (optional) .....

89.16

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 831 / 881

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)  
FEDERAL EXPRESS

Mailing Address P.O. BOX 1140

City State Zip Code  
MEMPHIS TN 38101

Purpose of Disbursement  
SHIPPING FEES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.39761

Date of Disbursement

/   /

Amount of Each Disbursement this Period

43.22

**B.**

Full Name (Last, First, Middle Initial)  
FEDERAL EXPRESS

Mailing Address P.O. BOX 1140

City State Zip Code  
MEMPHIS TN 38101

Purpose of Disbursement  
SHIPPING FEES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.39767

Date of Disbursement

/   /

Amount of Each Disbursement this Period

52.75

**C.**

Full Name (Last, First, Middle Initial)  
FEDERAL EXPRESS

Mailing Address P.O. BOX 1140

City State Zip Code  
MEMPHIS TN 38101

Purpose of Disbursement  
SHIPPING FEES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.39788

Date of Disbursement

/   /

Amount of Each Disbursement this Period

44.37

**SUBTOTAL** of Disbursements This Page (optional) .....

140.34

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 832 / 881

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)  
HELLER INFORMATION SERVICES

Mailing Address 12450 Parklawn Drive

City State Zip Code  
Rockville MD 20852

Purpose of Disbursement  
COMPUTER SERVICES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B.39748

Date of Disbursement

/   /

Amount of Each Disbursement this Period

299.00

**B.**

Full Name (Last, First, Middle Initial)  
INDEPENDENT PLAN COORDINATORS

Mailing Address P.O. BOX 2899

City State Zip Code  
VIRGINIA BEACH VA 23450

Purpose of Disbursement  
PLAN FEES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B.39697

Date of Disbursement

/   /

Amount of Each Disbursement this Period

972.50

**C.**

Full Name (Last, First, Middle Initial)  
INDEPENDENT PLAN COORDINATORS

Mailing Address P.O. BOX 2899

City State Zip Code  
VIRGINIA BEACH VA 23450

Purpose of Disbursement  
PLAN FEES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B.39777

Date of Disbursement

/   /

Amount of Each Disbursement this Period

22.50

**SUBTOTAL** of Disbursements This Page (optional) .....

1294.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 833 / 881

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)

INTEGRAM

Mailing Address 8421 HILLTOP ROAD

City State Zip Code  
FAIRFAX VA 22031

Purpose of Disbursement  
PAC - DIRECT MAIL PRODUCTION

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.39675

Date of Disbursement

/   /

Amount of Each Disbursement this Period

3326.03

B.

Full Name (Last, First, Middle Initial)

INTEGRAM

Mailing Address 8421 HILLTOP ROAD

City State Zip Code  
FAIRFAX VA 22031

Purpose of Disbursement  
PAC DIRECT MAIL PRODUCTION

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.39782

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1995.48

C.

Full Name (Last, First, Middle Initial)

INTEGRAM

Mailing Address 8421 HILLTOP ROAD

City State Zip Code  
FAIRFAX VA 22031

Purpose of Disbursement  
PAC DIRECT MAIL PRODUCTION

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.39792

Date of Disbursement

/   /

Amount of Each Disbursement this Period

3095.08

SUBTOTAL of Disbursements This Page (optional) .....

8416.59

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 834 / 881

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)  
IRON MOUNTAIN

Mailing Address 745 ATLANTIC AVE

City BOSTON State MA Zip Code 02111

Purpose of Disbursement  
STORAGE FEES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.39676

Date of Disbursement

/   /

Amount of Each Disbursement this Period

238.95

**B.**

Full Name (Last, First, Middle Initial)  
IRON MOUNTAIN

Mailing Address 745 ATLANTIC AVE

City BOSTON State MA Zip Code 02111

Purpose of Disbursement  
STORAGE FEES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.39698

Date of Disbursement

/   /

Amount of Each Disbursement this Period

238.95

**C.**

Full Name (Last, First, Middle Initial)  
IRON MOUNTAIN

Mailing Address 745 ATLANTIC AVE

City BOSTON State MA Zip Code 02111

Purpose of Disbursement  
STORAGE FEES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.39712

Date of Disbursement

/   /

Amount of Each Disbursement this Period

238.95

**SUBTOTAL** of Disbursements This Page (optional) .....

716.85

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 835 / 881

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
CAMPAIGN FOR WORKING FAMILIES

<b>A.</b> Full Name (Last, First, Middle Initial) IRON MOUNTAIN	<b>Transaction ID:</b> SB21B.39742 <b>Date of Disbursement</b>																				
Mailing Address 745 ATLANTIC AVE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	7		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	7		2	0	0	9												
City BOSTON State MA Zip Code 02111	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement STORAGE FEES Candidate Name	<table border="1"> <tr> <td colspan="10">238.95</td> </tr> </table>	238.95																			
238.95																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) IRON MOUNTAIN	<b>Transaction ID:</b> SB21B.39762 <b>Date of Disbursement</b>																				
Mailing Address 745 ATLANTIC AVE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		1	0		2	0	0	9												
City BOSTON State MA Zip Code 02111	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement STORAGE FEES Candidate Name	<table border="1"> <tr> <td colspan="10">238.95</td> </tr> </table>	238.95																			
238.95																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) IRON MOUNTAIN	<b>Transaction ID:</b> SB21B.39778 <b>Date of Disbursement</b>																				
Mailing Address 745 ATLANTIC AVE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		0	4		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		0	4		2	0	0	9												
City BOSTON State MA Zip Code 02111	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement STORAGE FEES Candidate Name	<table border="1"> <tr> <td colspan="10">238.95</td> </tr> </table>	238.95																			
238.95																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**716.85**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 836 / 881

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

J&J PRINTING

Mailing Address 5540 PORT ROYAL ROAD

City  
SPRINGFIELD

State  
VA

Zip Code  
22151

Purpose of Disbursement  
PAC PRINTING PRODUCTION

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B.39677

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**B.**

Full Name (Last, First, Middle Initial)

LEXIS NEXIS

Mailing Address P.O. BOX 7247-7090

City  
PHILADELPHIA

State  
PA

Zip Code  
19170

Purpose of Disbursement  
DUES & SUBSCRIPTIONS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B.39678

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**C.**

Full Name (Last, First, Middle Initial)

LEXIS NEXIS

Mailing Address P.O. BOX 7247-7090

City  
PHILADELPHIA

State  
PA

Zip Code  
19170

Purpose of Disbursement  
DUES & SUBSCRIPTIONS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B.39699

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**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)

PAGE 837 / 881

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)  
LEXIS NEXIS

Mailing Address P.O. BOX 7247-7090

City PHILADELPHIA State PA Zip Code 19170

Purpose of Disbursement  
DUES & SUBSCRIPTIONS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.39713

Date of Disbursement

/   /

Amount of Each Disbursement this Period

350.00

**B.**

Full Name (Last, First, Middle Initial)  
LEXIS NEXIS

Mailing Address P.O. BOX 7247-7090

City PHILADELPHIA State PA Zip Code 19170

Purpose of Disbursement  
DUES & SUBSCRIPTIONS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.39749

Date of Disbursement

/   /

Amount of Each Disbursement this Period

350.00

**C.**

Full Name (Last, First, Middle Initial)  
LEXIS NEXIS

Mailing Address P.O. BOX 7247-7090

City PHILADELPHIA State PA Zip Code 19170

Purpose of Disbursement  
DUES & SUBSCRIPTIONS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.39763

Date of Disbursement

/   /

Amount of Each Disbursement this Period

350.00

**SUBTOTAL** of Disbursements This Page (optional) .....

1050.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 838 / 881

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)  
LEXIS NEXIS

Mailing Address P.O. BOX 7247-7090

City PHILADELPHIA State PA Zip Code 19170

Purpose of Disbursement  
DUES & SUBSCRIPTIONS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.39789

Date of Disbursement

/   /

Amount of Each Disbursement this Period

350.00

**B.**

Full Name (Last, First, Middle Initial)  
LPS

Mailing Address P.O. BOX 2325

City FAIRFAX State VA Zip Code 22031

Purpose of Disbursement  
PAC DATA PROCESSING SERVICES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.39679

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1133.71

**C.**

Full Name (Last, First, Middle Initial)  
LPS

Mailing Address P.O. BOX 2325

City FAIRFAX State VA Zip Code 22031

Purpose of Disbursement  
PAC DATA PROCESSING SERVICES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.39693

Date of Disbursement

/   /

Amount of Each Disbursement this Period

675.60

**SUBTOTAL** of Disbursements This Page (optional) .....

2159.31

**TOTAL** This Period (last page this line number only) .....

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

CAMPAIGN FOR WORKING FAMILIES

FEC Schedule B ( Form 3X) (Revised 02/2003)

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 840 / 881

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

<b>A.</b> Full Name (Last, First, Middle Initial) LPS	<b>Transaction ID:</b> SB21B.39743 <b>Date of Disbursement</b>																				
Mailing Address P.O. BOX 2325	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	7		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	7		2	0	0	9												
City FAIRFAX State VA Zip Code 22031	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAC DATA PROCESSING SERVICES	<table border="1"> <tr> <td>552.31</td> </tr> </table>	552.31																			
552.31																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) LPS	<b>Transaction ID:</b> SB21B.39750 <b>Date of Disbursement</b>																				
Mailing Address P.O. BOX 2325	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	2		2	0	0	9												
City FAIRFAX State VA Zip Code 22031	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAC DATA PROCESSING SERVICES	<table border="1"> <tr> <td>277.69</td> </tr> </table>	277.69																			
277.69																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) LPS	<b>Transaction ID:</b> SB21B.39764 <b>Date of Disbursement</b>																				
Mailing Address P.O. BOX 2325	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		1	0		2	0	0	9												
City FAIRFAX State VA Zip Code 22031	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAC DATA PROCESSING SERVICES	<table border="1"> <tr> <td>324.80</td> </tr> </table>	324.80																			
324.80																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

1154.80

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 841 / 881

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)  
LPS

Mailing Address P.O. BOX 2325

City State Zip Code  
FAIRFAX VA 22031

Purpose of Disbursement  
PAC DATA PROCESSING SERVICES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.39783

Date of Disbursement

/   /

Amount of Each Disbursement this Period

140.04

**B.**

Full Name (Last, First, Middle Initial)  
LPS

Mailing Address P.O. BOX 2325

City State Zip Code  
FAIRFAX VA 22031

Purpose of Disbursement  
PAC DATA PROCESSING SERVICES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.39790

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1066.51

**C.**

Full Name (Last, First, Middle Initial)  
MODPAC CORP

Mailing Address 1801 ELMWOOD AVE

City State Zip Code  
BUFFALO NY 14207

Purpose of Disbursement  
PAC DIRECT MAIL PRODUCTION

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.39704

Date of Disbursement

/   /

Amount of Each Disbursement this Period

8445.26

**SUBTOTAL** of Disbursements This Page (optional) .....

9651.81

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 842 / 881

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
CAMPAIGN FOR WORKING FAMILIES

<b>A.</b> Full Name (Last, First, Middle Initial) PINNACLE LIST CO	<b>Transaction ID:</b> SB21B.39705 <b>Date of Disbursement</b>																				
Mailing Address 2800 SHIRLINGTON RD #970	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>9</td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	7		2	0	9	
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		2	7		2	0	9													
City ARLINGTON State VA Zip Code 22206	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAC DIRECT MAIL LIST RENTAL Candidate Name	<table border="1"> <tr> <td colspan="10">2325.62</td> </tr> </table>	2325.62																			
2325.62																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) PR NEWswire	<b>Transaction ID:</b> SB21B.39680 <b>Date of Disbursement</b>																				
Mailing Address 810 7TH AVE 32ND FL	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>9</td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		2	4		2	0	9	
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		2	4		2	0	9													
City NEW YORK State NY Zip Code 10019	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement MEDIA RELATIONS Candidate Name	<table border="1"> <tr> <td colspan="10">120.00</td> </tr> </table>	120.00																			
120.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) PR NEWswire	<b>Transaction ID:</b> SB21B.39715 <b>Date of Disbursement</b>																				
Mailing Address 810 7TH AVE 32ND FL	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>9</td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	1		2	0	9	
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		1	1		2	0	9													
City NEW YORK State NY Zip Code 10019	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement MEDIA RELATIONS Candidate Name	<table border="1"> <tr> <td colspan="10">415.00</td> </tr> </table>	415.00																			
415.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

2860.62

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 843 / 881

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
CAMPAIGN FOR WORKING FAMILIES

<b>A.</b> Full Name (Last, First, Middle Initial) PR NEWSWIRE	<b>Transaction ID:</b> SB21B.39722 <b>Date of Disbursement</b>																				
Mailing Address 810 7TH AVE 32ND FL	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	3		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		2	3		2	0	0	9												
City NEW YORK State NY Zip Code 10019	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement MEDIA RELATIONS Candidate Name	<table border="1"> <tr> <td colspan="10">120.00</td> </tr> </table>	120.00																			
120.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) PR NEWSWIRE	<b>Transaction ID:</b> SB21B.39752 <b>Date of Disbursement</b>																				
Mailing Address 810 7TH AVE 32ND FL	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	8		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	8		2	0	0	9												
City NEW YORK State NY Zip Code 10019	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement MEDIA RELATIONS Candidate Name	<table border="1"> <tr> <td colspan="10">325.00</td> </tr> </table>	325.00																			
325.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) PR NEWSWIRE	<b>Transaction ID:</b> SB21B.39768 <b>Date of Disbursement</b>																				
Mailing Address 810 7TH AVE 32ND FL	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		2	3		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		2	3		2	0	0	9												
City NEW YORK State NY Zip Code 10019	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement MEDIA RELATIONS Candidate Name	<table border="1"> <tr> <td colspan="10">630.00</td> </tr> </table>	630.00																			
630.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

1075.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 844 / 881

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
CAMPAIGN FOR WORKING FAMILIES

<b>A.</b> Full Name (Last, First, Middle Initial) RST MARKETING	<b>Transaction ID:</b> SB21B.39772 <b>Date of Disbursement</b>																				
Mailing Address P.O. BOX 228	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		3	0		2	0	0	9												
City FOREST State VA Zip Code 24551	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAC DIRECT MAIL PRODUCTION	<table border="1"> <tr> <td colspan="10">1382.75</td> </tr> </table>	1382.75																			
1382.75																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) RST MARKETING	<b>Transaction ID:</b> SB21B.39797 <b>Date of Disbursement</b>																				
Mailing Address P.O. BOX 228	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		2	3		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		2	3		2	0	0	9												
City FOREST State VA Zip Code 24551	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAC DIRECT MAIL PRODUCTION	<table border="1"> <tr> <td colspan="10">2234.63</td> </tr> </table>	2234.63																			
2234.63																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) SPRINT	<b>Transaction ID:</b> SB21B.39753 <b>Date of Disbursement</b>																				
Mailing Address P.O. BOX 530503	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	8		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	8		2	0	0	9												
City ATLANTA State GA Zip Code 30353	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement TELEPHONE	<table border="1"> <tr> <td colspan="10">38.43</td> </tr> </table>	38.43																			
38.43																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**3655.81**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 845 / 881

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)

SPRINT

Mailing Address P.O. BOX 530503

City  
ATLANTA

State  
GA

Zip Code  
30353

Purpose of Disbursement  
TELEPHONE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.39769

Date of Disbursement

/   /

Amount of Each Disbursement this Period

39.45

B.

Full Name (Last, First, Middle Initial)

SPRINT

Mailing Address P.O. BOX 530503

City  
ATLANTA

State  
GA

Zip Code  
30353

Purpose of Disbursement  
TELEPHONE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.39798

Date of Disbursement

/   /

Amount of Each Disbursement this Period

27.55

C.

Full Name (Last, First, Middle Initial)

STOP POLITICAL UNION ABUSE

Mailing Address 38172 LOST LANE

City  
PURCELLVILLE

State  
VA

Zip Code  
20132

Purpose of Disbursement  
PAC LIST RENTAL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.39805

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional) .....

2067.00

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 PageFOR LINE NUMBER:  
(check only one)

PAGE 846 / 881

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

THE HARTFORD

Mailing Address P.O. BOX 659519

City  
SAN ANTONIOState  
TXZip Code  
78265Purpose of Disbursement  
INSURANCE

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.39683

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	4		2	0	0	9

Amount of Each Disbursement this Period

494.00

**B.**

Full Name (Last, First, Middle Initial)

THE LUKENS COMPANY

Mailing Address 2800 SHIRLINGTON ROAD #900

City  
ARLINGTONState  
VAZip Code  
22206Purpose of Disbursement  
PAC DIRECT MAIL CONSULTING

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.39685

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	4		2	0	0	9

Amount of Each Disbursement this Period

2000.00

**C.**

Full Name (Last, First, Middle Initial)

THE LUKENS COMPANY

Mailing Address 2800 SHIRLINGTON ROAD #900

City  
ARLINGTONState  
VAZip Code  
22206Purpose of Disbursement  
PAC DIRECT MAIL CONSULTING

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.39746

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	7		2	0	0	9

Amount of Each Disbursement this Period

3000.00

SUBTOTAL of Disbursements This Page (optional) .....

5494.00

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 PageFOR LINE NUMBER:  
(check only one)

PAGE 847 / 881

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

THE LUKENS COMPANY

Mailing Address 2800 SHIRLINGTON ROAD #900

City ARLINGTON State VA Zip Code 22206

Purpose of Disbursement  
PAC DIRECT MAIL CONSULTING

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.39795

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	3		2	0	0	9

Amount of Each Disbursement this Period

1250.00

**B.**

Full Name (Last, First, Middle Initial)

THE LUKENS COMPANY

Mailing Address 2800 SHIRLINGTON ROAD #900

City ARLINGTON State VA Zip Code 22206

Purpose of Disbursement  
PAC DIRECT MAIL CONSULTING

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.39796

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	3		2	0	0	9

Amount of Each Disbursement this Period

2000.00

**C.**

Full Name (Last, First, Middle Initial)

U.S. POSTMASTER

Mailing Address MAIN POST OFFICE

City WASHINGTON State DC Zip Code 20000

Purpose of Disbursement  
REPLENISH BRE ACCT

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.39662

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	6		2	0	0	9

Amount of Each Disbursement this Period

250.00

SUBTOTAL of Disbursements This Page (optional) .....

3500.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 848 / 881

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
**CAMPAIGN FOR WORKING FAMILIES**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>U.S. POSTMASTER</b>	<b>Transaction ID:</b> SB21B.39773 <b>Date of Disbursement</b>
Mailing Address <b>MAIN POST OFFICE</b>	<div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 0 2 / 2 0 0 9</div> </div>
City <b>WASHINGTON</b> State <b>DC</b> Zip Code <b>20000</b>	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement <b>PAC POSTAGE</b>	<div> <div></div> <div>176.00</div> </div>
Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) <b>U.S. POSTMASTER</b>	<b>Transaction ID:</b> SB21B.39665 <b>Date of Disbursement</b>
Mailing Address <b>MAIN POST OFFICE</b>	<div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 1 1 / 2 0 0 9</div> </div>
City <b>WASHINGTON</b> State <b>DC</b> Zip Code <b>20000</b>	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement <b>PAC POSTAGE REPLENISH BRE ACCT</b>	<div> <div></div> <div>200.00</div> </div>
Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) <b>UNITED BANK</b>	<b>Transaction ID:</b> SB21B.39571 <b>Date of Disbursement</b>
Mailing Address <b>4501 DALY DRIVE</b>	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 3 1 / 2 0 0 9</div> </div>
City <b>CHANTILLY</b> State <b>VA</b> Zip Code <b>20151</b>	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement <b>BANK FEES</b>	<div> <div></div> <div>53.81</div> </div>
Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

**429.81**

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 849 / 881

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
CAMPAIGN FOR WORKING FAMILIES

<b>A.</b> Full Name (Last, First, Middle Initial) UNITED BANK	<b>Transaction ID:</b> SB21B.39581 <b>Date of Disbursement</b>
Mailing Address 4501 DALY DRIVE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 1 / 2 0 0 9</div> </div>
City CHANTILLY State VA Zip Code 20151	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement BANK FEES	<div> <div></div> <div>7.50</div> </div>
Candidate Name	<div> <div></div> <div>Category/ Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) UNITED BANK	<b>Transaction ID:</b> SB21B.39584 <b>Date of Disbursement</b>
Mailing Address 4501 DALY DRIVE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 3 1 / 2 0 0 9</div> </div>
City CHANTILLY State VA Zip Code 20151	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement BANK FEES	<div> <div></div> <div>54.52</div> </div>
Candidate Name	<div> <div></div> <div>Category/ Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) UNITED BANK	<b>Transaction ID:</b> SB21B.39595 <b>Date of Disbursement</b>
Mailing Address 4501 DALY DRIVE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 3 0 / 2 0 0 9</div> </div>
City CHANTILLY State VA Zip Code 20151	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement BANK FEES	<div> <div></div> <div>52.21</div> </div>
Candidate Name	<div> <div></div> <div>Category/ Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

**114.23**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 850 / 881

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
CAMPAIGN FOR WORKING FAMILIES

<b>A.</b> Full Name (Last, First, Middle Initial) UNITED BANK	<b>Transaction ID:</b> SB21B.39617 <b>Date of Disbursement</b>																				
Mailing Address 4501 DALY DRIVE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		0	3		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		0	3		2	0	0	9												
City CHANTILLY State VA Zip Code 20151	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement BANK FEES	<table border="1"> <tr> <td>1</td><td>2</td><td>8</td><td>.</td><td>6</td><td>2</td> </tr> </table>	1	2	8	.	6	2														
1	2	8	.	6	2																
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) UNITED BANK	<b>Transaction ID:</b> SB21B.39663 <b>Date of Disbursement</b>																				
Mailing Address 4501 DALY DRIVE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		0	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		0	9		2	0	0	9												
City CHANTILLY State VA Zip Code 20151	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement OFFICE SUPPLIES DEP TICKETS	<table border="1"> <tr> <td>3</td><td>9</td><td>.</td><td>3</td><td>6</td> </tr> </table>	3	9	.	3	6															
3	9	.	3	6																	
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) UNITED BANK	<b>Transaction ID:</b> SB21B.39555 <b>Date of Disbursement</b>																				
Mailing Address 4501 DALY DRIVE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		3	0		2	0	0	9												
City CHANTILLY State VA Zip Code 20151	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement BANK FEES	<table border="1"> <tr> <td>1</td><td>2</td><td>.</td><td>3</td><td>5</td> </tr> </table>	1	2	.	3	5															
1	2	.	3	5																	
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**180.33**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 851 / 881

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

UNITED BANK

Mailing Address 4501 DALY DRIVE

City CHANTILLY State VA Zip Code 20151

Purpose of Disbursement  
BANK FEES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.39621

Date of Disbursement

12 / 01 / 2009

Amount of Each Disbursement this Period

52.92

**B.**

Full Name (Last, First, Middle Initial)

UNITED BANK

Mailing Address 4501 DALY DRIVE

City CHANTILLY State VA Zip Code 20151

Purpose of Disbursement  
BANK FEES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.39556

Date of Disbursement

12 / 31 / 2009

Amount of Each Disbursement this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

UNITED BANK

Mailing Address 4501 DALY DRIVE

City CHANTILLY State VA Zip Code 20151

Purpose of Disbursement  
BANK FEES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.39628

Date of Disbursement

12 / 31 / 2009

Amount of Each Disbursement this Period

136.64

**SUBTOTAL** of Disbursements This Page (optional) .....

209.56

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 852 / 881

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

VERIZON

Mailing Address P.O. BOX 17577

City BALTIMORE State MD Zip Code 21297

Purpose of Disbursement  
TELEPHONE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.39686

Date of Disbursement

/   /

Amount of Each Disbursement this Period

430.48

**B.**

Full Name (Last, First, Middle Initial)

VERIZON

Mailing Address P.O. BOX 17577

City BALTIMORE State MD Zip Code 21297

Purpose of Disbursement  
TELEPHONE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.39702

Date of Disbursement

/   /

Amount of Each Disbursement this Period

431.17

**C.**

Full Name (Last, First, Middle Initial)

VERIZON

Mailing Address P.O. BOX 17577

City BALTIMORE State MD Zip Code 21297

Purpose of Disbursement  
TELEPHONE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.39726

Date of Disbursement

/   /

Amount of Each Disbursement this Period

422.59

**SUBTOTAL** of Disbursements This Page (optional) .....

1284.24

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 853 / 881

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

VERIZON

Mailing Address P.O. BOX 17577

City BALTIMORE State MD Zip Code 21297

Purpose of Disbursement  
TELEPHONE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.39754

Date of Disbursement

/   /

Amount of Each Disbursement this Period

430.02

**B.**

Full Name (Last, First, Middle Initial)

VERIZON

Mailing Address P.O. BOX 17577

City BALTIMORE State MD Zip Code 21297

Purpose of Disbursement  
TELEPHONE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.39770

Date of Disbursement

/   /

Amount of Each Disbursement this Period

431.20

**C.**

Full Name (Last, First, Middle Initial)

VERIZON

Mailing Address P.O. BOX 17577

City BALTIMORE State MD Zip Code 21297

Purpose of Disbursement  
TELEPHONE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.39799

Date of Disbursement

/   /

Amount of Each Disbursement this Period

433.20

**SUBTOTAL** of Disbursements This Page (optional) .....

1294.42

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 854 / 881

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
**CAMPAIGN FOR WORKING FAMILIES**

**A.**

Full Name (Last, First, Middle Initial)  
**DEAN VIRAG**

Mailing Address **14039 WESTWIND LANE**

City **CULPEPER** State **VA** Zip Code **22701**

Purpose of Disbursement  
**WEBSITE SUPPORT**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID: SB21B.39666**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**B.**

Full Name (Last, First, Middle Initial)  
**DEAN VIRAG**

Mailing Address **14039 WESTWIND LANE**

City **CULPEPER** State **VA** Zip Code **22701**

Purpose of Disbursement  
**WEBSITE SUPPORT**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID: SB21B.39690**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**C.**

Full Name (Last, First, Middle Initial)  
**DEAN VIRAG**

Mailing Address **14039 WESTWIND LANE**

City **CULPEPER** State **VA** Zip Code **22701**

Purpose of Disbursement  
**WEBSITE SUPPORT**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID: SB21B.39709**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional) .....

**1500.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 855 / 881

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)  
DEAN VIRAG

Mailing Address 14039 WESTWIND LANE

City State Zip Code  
CULPEPER VA 22701

Purpose of Disbursement  
WEBSITE SUPPORT

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.39738

Date of Disbursement

/   /

Amount of Each Disbursement this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)  
DEAN VIRAG

Mailing Address 14039 WESTWIND LANE

City State Zip Code  
CULPEPER VA 22701

Purpose of Disbursement  
WEBSITE SUPPORT

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.39759

Date of Disbursement

/   /

Amount of Each Disbursement this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)  
DEAN VIRAG

Mailing Address 14039 WESTWIND LANE

City State Zip Code  
CULPEPER VA 22701

Purpose of Disbursement  
WEBSITE SUPPORT

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.39776

Date of Disbursement

/   /

Amount of Each Disbursement this Period

500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

1500.00

**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)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

WASHINGTON INTELLIGENCE BUREAU

Mailing Address 4128 PEPSI PLACE

City CHANTILLY State VA Zip Code 20151

Purpose of Disbursement  
PAC CAGING & DATA PROCESSING SERVICES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.39687

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**B.**

Full Name (Last, First, Middle Initial)

WASHINGTON INTELLIGENCE BUREAU

Mailing Address 4128 PEPSI PLACE

City CHANTILLY State VA Zip Code 20151

Purpose of Disbursement  
PAC CAGING & DATA ENTRY SERVICES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.39703

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**C.**

Full Name (Last, First, Middle Initial)

WASHINGTON INTELLIGENCE BUREAU

Mailing Address 4128 PEPSI PLACE

City CHANTILLY State VA Zip Code 20151

Purpose of Disbursement  
PAC CAGING & DATA ENTRY SERVICES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.39727

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional) .....

**3498.59**

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 857 / 881

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.** Full Name (Last, First, Middle Initial)  
WASHINGTON INTELLIGENCE BUREAU

Mailing Address 4128 PEPSI PLACE

City CHANTILLY State VA Zip Code 20151

Purpose of Disbursement  
PAC CAGING & DATA ENTRY SERVICES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.39756

Date of Disbursement

10 / 28 / 2009

Amount of Each Disbursement this Period

901.07

**B.** Full Name (Last, First, Middle Initial)  
WASHINGTON INTELLIGENCE BUREAU

Mailing Address 4128 PEPSI PLACE

City CHANTILLY State VA Zip Code 20151

Purpose of Disbursement  
PAC CAGING & DATA PROCESSING SERVICES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.39771

Date of Disbursement

11 / 23 / 2009

Amount of Each Disbursement this Period

1339.21

**C.** Full Name (Last, First, Middle Initial)  
WASHINGTON INTELLIGENCE BUREAU

Mailing Address 4128 PEPSI PLACE

City CHANTILLY State VA Zip Code 20151

Purpose of Disbursement  
PAC CAGING & DATA ENTRY SERVICES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.39800

Date of Disbursement

12 / 23 / 2009

Amount of Each Disbursement this Period

904.41

**SUBTOTAL** of Disbursements This Page (optional) .....

3144.69

**TOTAL** This Period (last page this line number only) .....

103377.28

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 858 / 881

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)  
BACHMANN FOR CONGRESS

Mailing Address 6053 Hudson Road Ste 360

City State Zip Code  
Woodbury MN 55125

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
BACHMANN FOR CONGRESS

Office Sought: ☒ House  
☐ Senate  
☐ President

State: MN District: 06

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB23.39807

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**B.**

Full Name (Last, First, Middle Initial)  
DOUG HOFFMAN FOR CONGRESS

Mailing Address 111 RIVER STREET

City State Zip Code  
SARANAC LAKE NY 12983

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
DOUG HOFFMAN FOR CONGRESS

Office Sought: ☒ House  
☐ Senate  
☐ President

State: NY District: 23

Disbursement For: 2009  
☐ Primary ☐ General  
☒ Other (specify) ▼

Special-General

**Transaction ID:** SB23.39808

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**C.**

Full Name (Last, First, Middle Initial)  
MIKE PENCE COMMITTEE

Mailing Address P. O. Box 408

City State Zip Code  
Anderson IN 46015

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
MIKE PENCE COMMITTEE

Office Sought: ☒ House  
☐ Senate  
☐ President

State: IN District: 06

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB23.39809

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional) .....

**8000.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 859 / 881

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)

MIKE PENCE COMMITTEE

Mailing Address P. O. Box 408

City  
Anderson

State  
IN

Zip Code  
46015

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
MIKE PENCE COMMITTEE

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: IN District: 06

Transaction ID: SB23.39810

Date of Disbursement

/   /

Amount of Each Disbursement this Period

3000.00

SUBTOTAL of Disbursements This Page (optional) .....

3000.00

TOTAL This Period (last page this line number only) .....

11000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 860 / 881

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)

ZACH WAMP FOR GOVERNOR

Mailing Address P.O. BOX 23748

City  
CHATTANOOGAState  
TNZip Code  
37422Purpose of Disbursement  
CONTRIBUTION

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.39803

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	5		2	0	0	9

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) .....

1000.00

TOTAL This Period (last page this line number only) .....

1000.00

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 861 / 881

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10NAME OF COMMITTEE (In Full)  
CAMPAIGN FOR WORKING FAMILIES**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
COVINGTON & BURLINGNature of Debt (Purpose):  
LEGAL FEES

Mailing Address 1201 PENNSYLVANIA AVE NW

City State ZIP Code  
WASHINGTON DC 20044

Outstanding Balance Beginning This Period

6023.00

Transaction ID: SD10.34168

Amount Incurred This Period

0.00

Payment This Period

6023.00

Outstanding Balance at Close of This Period

0.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
COVINGTON & BURLINGNature of Debt (Purpose):  
LEGAL FEES

Mailing Address 1201 PENNSYLVANIA AVE NW

City State ZIP Code  
WASHINGTON DC 20044

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.39670

Amount Incurred This Period

337.50

Payment This Period

337.50

Outstanding Balance at Close of This Period

0.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
COVINGTON & BURLINGNature of Debt (Purpose):  
LEGAL FEES

Mailing Address 1201 PENNSYLVANIA AVE NW

City State ZIP Code  
WASHINGTON DC 20044

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.39780

Amount Incurred This Period

3119.00

Payment This Period

3119.00

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional).....

0.00

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** 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 862 / 881

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10NAME OF COMMITTEE (In Full)  
CAMPAIGN FOR WORKING FAMILIES**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
COVINGTON & BURLINGNature of Debt (Purpose):  
LEGAL FEES

Mailing Address 1201 PENNSYLVANIA AVE NW

City State ZIP Code  
WASHINGTON DC 20044

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.39812

Amount Incurred This Period

2641.50

Payment This Period

0.00

Outstanding Balance at Close of This Period

2641.50

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
DESIGN 4 INCNature of Debt (Purpose):  
PAC - GRAPHIC ART/BUMPERS-  
TICKERS

Mailing Address 2020 W BRANDON BLVD #202

City State ZIP Code  
BRANDON FL 33511

Outstanding Balance Beginning This Period

1300.00

Transaction ID: SD10.34169

Amount Incurred This Period

0.00

Payment This Period

1300.00

Outstanding Balance at Close of This Period

0.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
DESIGN 4 INCNature of Debt (Purpose):  
PAC PRINTING PRODUCTION

Mailing Address 2020 W BRANDON BLVD #202

City State ZIP Code  
BRANDON FL 33511

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.39718

Amount Incurred This Period

845.00

Payment This Period

845.00

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional).....

2641.50

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** 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 863 / 881

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10NAME OF COMMITTEE (In Full)  
CAMPAIGN FOR WORKING FAMILIES**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
DIRECTECHNature of Debt (Purpose):  
CAGING AND DATA PROCESSING

Mailing Address 8595 GROVEMONT CIRCLE

City State ZIP Code  
GAITHERSBURG MD 20877

Outstanding Balance Beginning This Period

223.11

Transaction ID: SD10.4694

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

223.11

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
INTEGRAMNature of Debt (Purpose):  
PAC DIRECT MAIL PRODUCTION

Mailing Address 8421 HILLTOP ROAD

City State ZIP Code  
FAIRFAX VA 22031

Outstanding Balance Beginning This Period

3326.03

Transaction ID: SD10.34170

Amount Incurred This Period

0.00

Payment This Period

3326.03

Outstanding Balance at Close of This Period

0.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
INTEGRAMNature of Debt (Purpose):  
PAC DIRECT MAIL PRODUCTION

Mailing Address 8421 HILLTOP ROAD

City State ZIP Code  
FAIRFAX VA 22031

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.39779

Amount Incurred This Period

1995.48

Payment This Period

1995.48

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional).....

223.11

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** 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 864 / 881

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)  
CAMPAIGN FOR WORKING FAMILIES

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
INTEGRAM

Nature of Debt (Purpose):  
PAC DIRECT MAIL PRODUCTION

Mailing Address 8421 HILLTOP ROAD

City State ZIP Code  
FAIRFAX VA 22031

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.39791

Amount Incurred This Period

3095.08

Payment This Period

3095.08

Outstanding Balance at Close of This Period

0.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
MWM DIRECT MARKETING SERVICES

Nature of Debt (Purpose):  
PAC - DIRECT MAIL

Mailing Address 8048 HILLRISE COURT

City State ZIP Code  
ELKRIDGE MD 21075

Outstanding Balance Beginning This Period

2320.90

Transaction ID: SD10.4696

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2320.90

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
THE LUKENS COMPANY

Nature of Debt (Purpose):  
PAC DIRECT MAIL CONSULTING

Mailing Address 2800 SHIRLINGTON ROAD #900

City State ZIP Code  
ARLINGTON VA 22206

Outstanding Balance Beginning This Period

2000.00

Transaction ID: SD10.34171

Amount Incurred This Period

0.00

Payment This Period

2000.00

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional).....

2320.90

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** 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 865 / 881

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10NAME OF COMMITTEE (In Full)  
CAMPAIGN FOR WORKING FAMILIES**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
THE LUKENS COMPANYNature of Debt (Purpose):  
PAC DIRECT MAIL CONSULTING

Mailing Address 2800 SHIRLINGTON ROAD #900

City State ZIP Code  
ARLINGTON VA 22206

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.39745

Amount Incurred This Period

3000.00

Payment This Period

3000.00

Outstanding Balance at Close of This Period

0.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
THE LUKENS COMPANYNature of Debt (Purpose):  
PAC DIRECT MAIL CONSULTING

Mailing Address 2800 SHIRLINGTON ROAD #900

City State ZIP Code  
ARLINGTON VA 22206

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.39793

Amount Incurred This Period

1250.00

Payment This Period

1250.00

Outstanding Balance at Close of This Period

0.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
THE LUKENS COMPANYNature of Debt (Purpose):  
PAC DIRECT MAIL CONSULTING

Mailing Address 2800 SHIRLINGTON ROAD #900

City State ZIP Code  
ARLINGTON VA 22206

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.39794

Amount Incurred This Period

2000.00

Payment This Period

2000.00

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional).....

0.00

2) **TOTALS** This Period (last page this line number only).....

5185.51

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

5185.51

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 866 / 881

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CAMPAIGN FOR WORKING FAMILIES		<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00325076</div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee DESIGN 4 INC.		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 1 0</div> <div><small>D D</small> 2 2</div> <div><small>Y Y Y Y</small> 2 0 0 9</div> </div>	
Mailing Address 106 N. Collins Street		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">25000.00</div>	
<div style="display: flex; justify-content: space-between;"> <div>City Plant City</div> <div>State FL</div> <div>Zip Code 33563</div> </div>		<b>Transaction ID:</b> SE.34190 <hr/> Office Sought: <input checked="" type="checkbox"/> House      State: <u>NY</u> <input type="checkbox"/> Senate      District: <u>23</u> <input type="checkbox"/> Presidential	
Purpose of Expenditure Radio Ad Buy		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	
Name of Federal Candidate supported or Opposed by expenditure: DOUGLAS L HOFFMAN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : <u>Special-General</u> 2009	
		<div style="border: 1px solid black; padding: 2px; display: inline-block;">25000.00</div>	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....	<div style="border: 1px solid black; padding: 2px; display: inline-block;">25000.00</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures .....	<div style="border: 1px solid black; padding: 2px; display: inline-block;">25000.00</div>
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.	
Dorie Velezis _____ Signature	Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 0 1</div> <div><small>D D</small> 2 9</div> <div><small>Y Y Y Y</small> 2 0 1 0</div> </div>

**METHOD OF ALLOCATION FOR:**

- **SHARED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS**
- **SHARED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES** (State, District and Local Party Committees Only)
- **ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE)**(Seperate Segregated Funds And Nonconnected Committees Only)

NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**USE ONLY ONE SECTION, A or B****A. State and Local Party Committees****Fixed Percentage (select one)**

- \_\_\_\_\_ Presidential-Only Election Year (28% Federal)
- \_\_\_\_\_ Presidential and Senate Election Year (36% Federal)
- \_\_\_\_\_ Senate-Only Election Year (21% Federal)
- \_\_\_\_\_ Non-Presidential and Non-Senate Election Year (15% Federal)

**B. Separate Segregated Funds and Nonconnected Committees****Flat Minimum Federal Percentage**If the committee will allocate using the flat minimum percentage of 50% federal funds, check ☒**or**

If the committee is spending more than 50% federal funds, indicate ratio below

Federal.....  %Nonfederal.....  %

This ratio applies to (check all that apply):

Administrative ☒ Generic Voter Drive ☐ Public Communications Referencing Party Only ☐

**METHOD OF ALLOCATION FOR:**

- **SHARED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS**
- **SHARED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES** (State, District and Local Party Committees Only)
- **ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE)**(Seperate Segregated Funds And Nonconnected Committees Only)

NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**USE ONLY ONE SECTION, A or B****A. State and Local Party Committees****Fixed Percentage (select one)**

- \_\_\_\_\_ Presidential-Only Election Year (28% Federal)
- \_\_\_\_\_ Presidential and Senate Election Year (36% Federal)
- \_\_\_\_\_ Senate-Only Election Year (21% Federal)
- \_\_\_\_\_ Non-Presidential and Non-Senate Election Year (15% Federal)

**B. Separate Segregated Funds and Nonconnected Committees****Flat Minimum Federal Percentage**If the committee will allocate using the flat minimum percentage of 50% federal funds, check ☒**or**

If the committee is spending more than 50% federal funds, indicate ratio below

Federal.....  %Nonfederal.....  %

This ratio applies to (check all that apply):

Administrative ☒ Generic Voter Drive ☐ Public Communications Referencing Party Only ☐

**METHOD OF ALLOCATION FOR:**

- **SHARED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS**
- **SHARED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES** (State, District and Local Party Committees Only)
- **ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE)**(Seperate Segregated Funds And Nonconnected Committees Only)

NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**USE ONLY ONE SECTION, A or B****A. State and Local Party Committees****Fixed Percentage (select one)**

- \_\_\_\_\_ Presidential-Only Election Year (28% Federal)
- \_\_\_\_\_ Presidential and Senate Election Year (36% Federal)
- \_\_\_\_\_ Senate-Only Election Year (21% Federal)
- \_\_\_\_\_ Non-Presidential and Non-Senate Election Year (15% Federal)

**B. Separate Segregated Funds and Nonconnected Committees****Flat Minimum Federal Percentage**If the committee will allocate using the flat minimum percentage of 50% federal funds, check ☒**or**

If the committee is spending more than 50% federal funds, indicate ratio below

Federal.....  %Nonfederal.....  %

This ratio applies to (check all that apply):

Administrative ☒ Generic Voter Drive ☐ Public Communications Referencing Party Only ☐

**SCHEDULE H3 (FEC Form 3X)**  
**TRANSFERS FROM NONFEDERAL ACCOUNTS FOR**  
**ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

PAGE 870 / 881

FOR LINE 18a OF FORM 3X

NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

NAME OF ACCOUNT  
 CAMPAIGN FOR WORKI-  
 NG FAMILIES

DATE OF RECEIPT

M M / D D / Y Y Y Y  
 0 7 / 2 7 / 2 0 0 9

TOTAL AMOUNT TRANSFERRED

8625.00

## BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative .....

8625.00

Transaction ID: H3.39831

ii) Generic Voter Drive .....

Transaction ID:

iii) Exempt Activities .....

Transaction ID:

iv) Direct Fundraising (List Activity or Event Identifier)

a) .....

Transaction ID:

b) .....

Transaction ID:

c) Total Amount Transferred for Direct Fundraising .....

v) Direct Candidate Support (List of Activity or Event Identifier)

a) .....

Transaction ID:

b) .....

Transaction ID:

c) Total Amount Transferred For Direct Candidate Support .....

vi) Public Communications Referring Only to Party (Made by PAC)

Transaction ID:

## TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative) .....

TOTAL This Period (Generic Voter Drive) .....

TOTAL This Period (Exempt Activities) .....

TOTAL This Period (Direct Fundraising) .....

TOTAL This Period (Direct Candidate Support) .....

TOTAL This Period (Public Communications Referring Only to Party) .....

TOTAL This Period (Total Amount Transferred) .....

**SCHEDULE H3 (FEC Form 3X)**  
**TRANSFERS FROM NONFEDERAL ACCOUNTS FOR**  
**ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

PAGE 871 / 881

FOR LINE 18a OF FORM 3X

NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

NAME OF ACCOUNT  
 CAMPAIGN FOR WORKI-  
 NG FAMILIES

DATE OF RECEIPT

M M / D D / Y Y Y Y  
 0 8 / 2 4 / 2 0 0 9

TOTAL AMOUNT TRANSFERRED

8625.00

## BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative .....

8625.00

Transaction ID: H3.39832

ii) Generic Voter Drive .....

Transaction ID:

iii) Exempt Activities .....

Transaction ID:

iv) Direct Fundraising (List Activity or Event Identifier)

a) .....

Transaction ID:

b) .....

Transaction ID:

c) Total Amount Transferred for Direct Fundraising .....

v) Direct Candidate Support (List of Activity or Event Identifier)

a) .....

Transaction ID:

b) .....

Transaction ID:

c) Total Amount Transferred For Direct Candidate Support .....

vi) Public Communications Referring Only to Party (Made by PAC)

Transaction ID:

## TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative) .....

TOTAL This Period (Generic Voter Drive) .....

TOTAL This Period (Exempt Activities) .....

TOTAL This Period (Direct Fundraising) .....

TOTAL This Period (Direct Candidate Support) .....

TOTAL This Period (Public Communications Referring Only to Party) .....

TOTAL This Period (Total Amount Transferred) .....

**SCHEDULE H3 (FEC Form 3X)**  
**TRANSFERS FROM NONFEDERAL ACCOUNTS FOR**  
**ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

PAGE 872 / 881

FOR LINE 18a OF FORM 3X

NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

NAME OF ACCOUNT  
 CAMPAIGN FOR WORKI-  
 NG FAMILIES

DATE OF RECEIPT

M M / D D / Y Y Y Y  
 0 9 / 2 5 / 2 0 0 9

TOTAL AMOUNT TRANSFERRED

8625.00

## BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative .....

8625.00

Transaction ID: H3.39833

ii) Generic Voter Drive .....

Transaction ID:

iii) Exempt Activities .....

Transaction ID:

iv) Direct Fundraising (List Activity or Event Identifier)

a) .....

Transaction ID:

b) .....

Transaction ID:

c) Total Amount Transferred for Direct Fundraising .....

v) Direct Candidate Support (List of Activity or Event Identifier)

a) .....

Transaction ID:

b) .....

Transaction ID:

c) Total Amount Transferred For Direct Candidate Support .....

vi) Public Communications Referring Only to Party (Made by PAC)

Transaction ID:

## TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative) .....

TOTAL This Period (Generic Voter Drive) .....

TOTAL This Period (Exempt Activities) .....

TOTAL This Period (Direct Fundraising) .....

TOTAL This Period (Direct Candidate Support) .....

TOTAL This Period (Public Communications Referring Only to Party) .....

TOTAL This Period (Total Amount Transferred) .....



**SCHEDULE H3 (FEC Form 3X)**  
**TRANSFERS FROM NONFEDERAL ACCOUNTS FOR**  
**ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

PAGE 873 / 881  
 FOR LINE 18a OF FORM 3X

NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

NAME OF ACCOUNT  
 CAMPAIGN FOR WORKI-  
 NG FAMILIES

DATE OF RECEIPT

M M / D D / Y Y Y Y  
 1 0 / 2 8 / 2 0 0 9

TOTAL AMOUNT TRANSFERRED

8625.00

## BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative .....

8625.00

Transaction ID: H3.39834

ii) Generic Voter Drive .....

Transaction ID:

iii) Exempt Activities .....

Transaction ID:

iv) Direct Fundraising (List Activity or Event Identifier)

a) .....

Transaction ID:

b) .....

Transaction ID:

c) Total Amount Transferred for Direct Fundraising .....

v) Direct Candidate Support (List of Activity or Event Identifier)

a) .....

Transaction ID:

b) .....

Transaction ID:

c) Total Amount Transferred For Direct Candidate Support .....

vi) Public Communications Referring Only to Party (Made by PAC)

Transaction ID:

## TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative) .....

TOTAL This Period (Generic Voter Drive) .....

TOTAL This Period (Exempt Activities) .....

TOTAL This Period (Direct Fundraising) .....

TOTAL This Period (Direct Candidate Support) .....

TOTAL This Period (Public Communications Referring Only to Party) .....

TOTAL This Period (Total Amount Transferred) .....

**SCHEDULE H3 (FEC Form 3X)**  
**TRANSFERS FROM NONFEDERAL ACCOUNTS FOR**  
**ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

PAGE 874 / 881

FOR LINE 18a OF FORM 3X

NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

NAME OF ACCOUNT  
 CAMPAIGN FOR WORKI-  
 NG FAMILIES

DATE OF RECEIPT

M M / D D / Y Y Y Y  
 1 1 / 2 3 / 2 0 0 9

TOTAL AMOUNT TRANSFERRED

8625.00

## BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative .....

8625.00

Transaction ID: H3.39835

ii) Generic Voter Drive .....

Transaction ID:

iii) Exempt Activities .....

Transaction ID:

iv) Direct Fundraising (List Activity or Event Identifier)

a) .....

Transaction ID:

b) .....

Transaction ID:

c) Total Amount Transferred for Direct Fundraising .....

v) Direct Candidate Support (List of Activity or Event Identifier)

a) .....

Transaction ID:

b) .....

Transaction ID:

c) Total Amount Transferred For Direct Candidate Support .....

vi) Public Communications Referring Only to Party (Made by PAC)

Transaction ID:

## TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative) .....

TOTAL This Period (Generic Voter Drive) .....

TOTAL This Period (Exempt Activities) .....

TOTAL This Period (Direct Fundraising) .....

TOTAL This Period (Direct Candidate Support) .....

TOTAL This Period (Public Communications Referring Only to Party) .....

TOTAL This Period (Total Amount Transferred) .....

**SCHEDULE H3 (FEC Form 3X)**  
**TRANSFERS FROM NONFEDERAL ACCOUNTS FOR**  
**ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

PAGE 875 / 881

FOR LINE 18a OF FORM 3X

NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

NAME OF ACCOUNT  
 CAMPAIGN FOR WORKI-  
 NG FAMILIES

DATE OF RECEIPT

M M / D D / Y Y Y Y  
 1 2 / 2 3 / 2 0 0 9

TOTAL AMOUNT TRANSFERRED

8875.00

## BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative .....

8875.00

Transaction ID: H3.39836

ii) Generic Voter Drive .....

Transaction ID:

iii) Exempt Activities .....

Transaction ID:

iv) Direct Fundraising (List Activity or Event Identifier)

a) .....

Transaction ID:

b) .....

Transaction ID:

c) Total Amount Transferred for Direct Fundraising .....

v) Direct Candidate Support (List of Activity or Event Identifier)

a) .....

Transaction ID:

b) .....

Transaction ID:

c) Total Amount Transferred For Direct Candidate Support .....

vi) Public Communications Referring Only to Party (Made by PAC)

Transaction ID:

## TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative) .....

52000.00

TOTAL This Period (Generic Voter Drive) .....

0.00

TOTAL This Period (Exempt Activities) .....

0.00

TOTAL This Period (Direct Fundraising) .....

0.00

TOTAL This Period (Direct Candidate Support) .....

0.00

TOTAL This Period (Public Communications Referring Only to Party) .....

0.00

TOTAL This Period (Total Amount Transferred) .....

52000.00

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

 PAGE 876 / 881  
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A. Full Name (Last, First, Middle Initial)**

BILL MOELLER

## Mailing Address

2800 SHIRLINGTON ROAD #930

City	State	Zip Code
ARLINGTON	VA	22206

001

 Purpose of Disbursement:  
CONSULTING POLITICAL RESEARCH WRITING
Category/  
Type
 Activity or Event Identifier:  
Administrative

## Type of Allocated Activity:

- ☒
- Administrative
- ☐
- Fundraising
- ☐
- Exempt
- 
- ☐
- Voter Drive
- ☐
- Direct Candidate Support
- 
- ☐
- Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

106250.00

 Date 

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	8	/	2	0	0	9

Transaction ID: H4.39634

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

1375.00

1375.00

2750.00

**B. Full Name (Last, First, Middle Initial)**

Dorie Velezis

## Mailing Address

2800 S. Shirlington Road, #930

City	State	Zip Code
Arlington	VA	22206

001

 Purpose of Disbursement:  
ACCOUNTING SERVICES
Category/  
Type
 Activity or Event Identifier:  
Administrative

## Type of Allocated Activity:

- ☒
- Administrative
- ☐
- Fundraising
- ☐
- Exempt
- 
- ☐
- Voter Drive
- ☐
- Direct Candidate Support
- 
- ☐
- Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

108750.00

 Date 

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	8	/	2	0	0	9

Transaction ID: H4.39638

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

1250.00

1250.00

2500.00

**C. Full Name (Last, First, Middle Initial)**

GARY BAUER

## Mailing Address

2800 SHIRLINGTON ROAD #930

City	State	Zip Code
ARLINGTON	VA	22206

001

 Purpose of Disbursement:  
CONSULTING POLITICAL FUNDRAISING ADMIN
Category/  
Type
 Activity or Event Identifier:  
Administrative

## Type of Allocated Activity:

- ☒
- Administrative
- ☐
- Fundraising
- ☐
- Exempt
- 
- ☐
- Voter Drive
- ☐
- Direct Candidate Support
- 
- ☐
- Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

120750.00

 Date 

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	8	/	2	0	0	9

Transaction ID: H4.39640

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

6000.00

6000.00

12000.00

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

8625.00

8625.00

17250.00

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 877 / 881  
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A. Full Name (Last, First, Middle Initial)**  
GARY BAUER

Mailing Address

2800 SHIRLINGTON ROAD #930

City	State	Zip Code
ARLINGTON	VA	22206

001

**Purpose of Disbursement:**  
CONSULTING POLITICAL FUNDRAISING ADMIN
Category/  
Type
**Activity or Event Identifier:**  
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

132750.00

Date 

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	5	/	2	0	0	9

Transaction ID: H4.39642

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

6000.00

6000.00

12000.00

**B. Full Name (Last, First, Middle Initial)**  
BILL MOELLER

Mailing Address

2800 SHIRLINGTON ROAD #930

City	State	Zip Code
ARLINGTON	VA	22206

001

**Purpose of Disbursement:**  
CONSULTING POLITICAL RESEARCH WRITING
Category/  
Type
**Activity or Event Identifier:**  
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

135500.00

Date 

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	5	/	2	0	0	9

Transaction ID: H4.39644

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

1375.00

1375.00

2750.00

**C. Full Name (Last, First, Middle Initial)**  
Dorie Velezis

Mailing Address

2800 S. Shirlington Road, #930

City	State	Zip Code
Arlington	VA	22206

001

**Purpose of Disbursement:**  
ACCOUNTING SERVICES
Category/  
Type
**Activity or Event Identifier:**  
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

138000.00

Date 

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	5	/	2	0	0	9

Transaction ID: H4.39646

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

1250.00

1250.00

2500.00

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

8625.00

8625.00

17250.00

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

# **SCHEDULE H4 (FEC Form 3X)** **DISBURSEMENT FOR ALLOCATED** **FEDERAL/NONFEDERAL ACTIVITY**

PAGE 878 / 881  
 FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A. Full Name (Last, First, Middle Initial)**  
 GARY BAUER

Mailing Address

2800 SHIRLINGTON ROAD #930

City	State	Zip Code
ARLINGTON	VA	22206

Purpose of Disbursement:	Category/Type
CONSULTING POLITICAL FUNDRAISING ADMIN	

Activity or Event Identifier:  
 Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support  
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

150000.00

Date 

M	M
0	9

 / 

D	D
2	5

 / 

Y	Y	Y	Y
2	0	0	9

Transaction ID: H4.39648

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

6000.00

6000.00

12000.00

**B. Full Name (Last, First, Middle Initial)**  
 BILL MOELLER

Mailing Address

2800 SHIRLINGTON ROAD #930

City	State	Zip Code
ARLINGTON	VA	22206

Purpose of Disbursement:	Category/Type
CONSULTING POLITICAL RESEARCH WRITING	001

Activity or Event Identifier:  
 Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support  
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

152750.00

Date 

M	M
0	9

 / 

D	D
2	5

 / 

Y	Y	Y	Y
2	0	0	9

Transaction ID: H4.39649

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

1375.00

1375.00

2750.00

**C. Full Name (Last, First, Middle Initial)**  
 Dorie Velezis

Mailing Address

2800 S. Shirlington Road, #930

City	State	Zip Code
Arlington	VA	22206

Purpose of Disbursement:	Category/Type
ACCOUNTING SERVICES	

Activity or Event Identifier:  
 Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support  
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

155250.00

Date 

M	M
0	9

 / 

D	D
2	5

 / 

Y	Y	Y	Y
2	0	0	9

Transaction ID: H4.39650

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

1250.00

1250.00

2500.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

8625.00

8625.00

17250.00

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 879 / 881  
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A. Full Name (Last, First, Middle Initial)**  
GARY BAUER

Mailing Address

2800 SHIRLINGTON ROAD #930

City	State	Zip Code
ARLINGTON	VA	22206

001

Purpose of Disbursement:  
CONSULTING POLITICAL FUNDRAISING ADMIN

Category/  
Type

Activity or Event Identifier:  
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

167250.00

Date 

M	M
1	0

 / 

D	D
2	8

 / 

Y	Y	Y	Y
2	0	0	9

Transaction ID: H4.39651

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

6000.00

6000.00

12000.00

**B. Full Name (Last, First, Middle Initial)**  
BILL MOELLER

Mailing Address

2800 SHIRLINGTON ROAD #930

City	State	Zip Code
ARLINGTON	VA	22206

001

Purpose of Disbursement:  
CONSULTING POLITICAL RESEARCH WRITING

Category/  
Type

Activity or Event Identifier:  
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

170000.00

Date 

M	M
1	0

 / 

D	D
2	8

 / 

Y	Y	Y	Y
2	0	0	9

Transaction ID: H4.39652

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

1375.00

1375.00

2750.00

**C. Full Name (Last, First, Middle Initial)**  
Dorie Velezis

Mailing Address

2800 S. Shirlington Road, #930

City	State	Zip Code
Arlington	VA	22206

001

Purpose of Disbursement:  
ACCOUNTING SERVICES

Category/  
Type

Activity or Event Identifier:  
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

172500.00

Date 

M	M
1	0

 / 

D	D
2	8

 / 

Y	Y	Y	Y
2	0	0	9

Transaction ID: H4.39654

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

1250.00

1250.00

2500.00

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

8625.00

8625.00

17250.00

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

# **SCHEDULE H4 (FEC Form 3X)** **DISBURSEMENT FOR ALLOCATED** **FEDERAL/NONFEDERAL ACTIVITY**

PAGE 880 / 881  
 FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A. Full Name (Last, First, Middle Initial)**  
 GARY BAUER

Mailing Address

2800 SHIRLINGTON ROAD #930

City	State	Zip Code
ARLINGTON	VA	22206

001

Purpose of Disbursement:  
 CONSULTING POLITICAL FUNDRAISING ADMIN

Category/  
Type

Activity or Event Identifier:  
 Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

184500.00

Date 

M	M
1	1

 / 

D	D
2	3

 / 

Y	Y	Y	Y
2	0	0	9

Transaction ID: H4.39656

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

6000.00

6000.00

12000.00

**B. Full Name (Last, First, Middle Initial)**  
 BILL MOELLER

Mailing Address

2800 SHIRLINGTON ROAD #930

City	State	Zip Code
ARLINGTON	VA	22206

Category/  
Type

Purpose of Disbursement:  
 CONSULTING POLITICAL RESEARCH WRITING

Activity or Event Identifier:  
 Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

187250.00

Date 

M	M
1	1

 / 

D	D
2	3

 / 

Y	Y	Y	Y
2	0	0	9

Transaction ID: H4.39657

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

1375.00

1375.00

2750.00

**C. Full Name (Last, First, Middle Initial)**  
 Dorie Velezis

Mailing Address

2800 S. Shirlington Road, #930

City	State	Zip Code
Arlington	VA	22206

001

Purpose of Disbursement:  
 ACCOUNTING SERVICES

Category/  
Type

Activity or Event Identifier:  
 Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

189750.00

Date 

M	M
1	1

 / 

D	D
2	3

 / 

Y	Y	Y	Y
2	0	0	9

Transaction ID: H4.39658

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

1250.00

1250.00

2500.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

8625.00

8625.00

17250.00

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT



# **SCHEDULE H4 (FEC Form 3X)** **DISBURSEMENT FOR ALLOCATED** **FEDERAL/NONFEDERAL ACTIVITY**

PAGE 881 / 881  
 FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A. Full Name (Last, First, Middle Initial)**  
 GARY BAUER

Mailing Address

2800 SHIRLINGTON ROAD #930

City	State	Zip Code
ARLINGTON	VA	22206

001

Purpose of Disbursement:  
 CONSULTING POLITICAL FUNDRAISING ADMIN

Category/  
Type

Activity or Event Identifier:  
 Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

202250.00

Date 

M	M
1	2

 / 

D	D
2	3

 / 

Y	Y	Y	Y
2	0	0	9

Transaction ID: H4.39659

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

6250.00

6250.00

12500.00

**B. Full Name (Last, First, Middle Initial)**  
 BILL MOELLER

Mailing Address

2800 SHIRLINGTON ROAD #930

City	State	Zip Code
ARLINGTON	VA	22206

001

Purpose of Disbursement:  
 CONSULTING POLITICAL RESEARCH WRITING

Category/  
Type

Activity or Event Identifier:  
 Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

205000.00

Date 

M	M
1	2

 / 

D	D
2	3

 / 

Y	Y	Y	Y
2	0	0	9

Transaction ID: H4.39660

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

1375.00

1375.00

2750.00

**C. Full Name (Last, First, Middle Initial)**  
 Dorie Velezis

Mailing Address

2800 S. Shirlington Road, #930

City	State	Zip Code
Arlington	VA	22206

001

Purpose of Disbursement:  
 ACCOUNTING SERVICES

Category/  
Type

Activity or Event Identifier:  
 Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

207500.00

Date 

M	M
1	2

 / 

D	D
2	3

 / 

Y	Y	Y	Y
2	0	0	9

Transaction ID: H4.39661

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

1250.00

1250.00

2500.00

## **SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

8875.00

8875.00

17750.00

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

52000.00

52000.00

104000.00