

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 Corbett for Congress

ADDRESS (number and street) 555 Capitol Mall, Suite 1425 Sacramento CA 95814 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C C00502088 3. IS THIS REPORT NEW (N) OR AMENDED (A) CA 15

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) (b) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) Convention (12C) Special (12S) Election on ... in the State of CA (c) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on ... in the State of CA

5. Covering Period 01 / 01 / 2012 through 03 / 31 / 2012

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 Ellen Corbett

Signature of Treasurer Ellen Corbett [Electronically Filed] Date 04 / 13 / 2012

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 table with 8 columns and 1 row. FEC FORM 3 (Revised 02/2003)

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
Corbett for Congress

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	7800.00	169635.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	7800.00	169635.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	51585.51	65791.96
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	51585.51	65791.96
8. Cash on Hand at Close of Reporting Period (from Line 27).....	103947.94	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

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 3 (Revised 12/2003)

Write or Type Committee Name

Corbett for Congress

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	6525.00	142965.00
(ii) Unitemized.....	1275.00	12170.00
(iii) TOTAL of contributions from individuals ▶	7800.00	155135.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	14500.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	7800.00	169635.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	15.00	104.90
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	7815.00	169739.90

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	51585.51	65791.96
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	51585.51	65791.96

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	147718.45
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	7815.00
25. SUBTOTAL (add Line 23 and Line 24).....	155533.45
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	51585.51
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	103947.94

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 34
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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)
Corbett for Congress

A. Full Name (Last, First, Middle Initial)
Shinn-Shyng Chang

Mailing Address 1255 Tolteca Court

City Fremont	State CA	Zip Code 94539
-----------------	-------------	-------------------

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

Name of Employer None	Occupation Retired
--------------------------	-----------------------

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 29 / 2012

Transaction ID : INCA325

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
David T.H. Chen

Mailing Address 2049 Ojibwa Court

City Fremont	State CA	Zip Code 94539
-----------------	-------------	-------------------

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

Name of Employer Tonia Corporation	Occupation Importer
---------------------------------------	------------------------

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 29 / 2012

Transaction ID : INCA326

Amount of Each Receipt this Period
400.00

C. Full Name (Last, First, Middle Initial)
Jae Chun

Mailing Address 515 Kenmore Avenue

City Oakland	State CA	Zip Code 94610
-----------------	-------------	-------------------

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

Name of Employer Royal Ambulance, Inc.	Occupation President
---	-------------------------

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 29 / 2012

Transaction ID : INCA349

Amount of Each Receipt this Period
500.00

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

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

1400.00

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

Form/Schedule: SA11AI

Transaction ID : INCA325

Undesignated contribution; committee will file amended reports to indicate proper designations of contributions per
FEC AO 2009-15

Form/Schedule: SA11AI

Transaction ID: INCA326

Undesignated contribution; committee will file amended reports to indicate proper designations of contributions per
FEC AO 2009-15

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

Form/Schedule: SA11AI

Transaction ID : INCA349

Undesignated contribution; committee will file amended reports to indicate proper designations of contributions per
FEC AO 2009-15

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 34
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Corbett for Congress

A. Full Name (Last, First, Middle Initial)
Philip G. Daly

Mailing Address 957 Bridge Road

City San Leandro State CA Zip Code 94577

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

Name of Employer Alameda County Occupation Attorney

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date **950.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 29 / 2012

Transaction ID : INCA328

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
Robert S. Epstein

Mailing Address 618 Santa Barbara Road

City Berkeley State CA Zip Code 94707

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

Name of Employer Self-Employed Occupation Entrepreneur

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 06 / 2012

Transaction ID : INCA311

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
John M. Feder

Mailing Address 111 Bay Way

City San Rafael State CA Zip Code 94901

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

Name of Employer Rouda, Feder, Tietjen & McGuinn Occupation Attorney

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date **2500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 16 / 2012

Transaction ID : INCA324

Amount of Each Receipt this Period
2500.00

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

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

3550.00

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

Form/Schedule: SA11AI

Transaction ID : INCA328

Undesignated contribution; committee will file amended reports to indicate proper designations of contributions per
FEC AO 2009-15

Form/Schedule: SA11AI

Transaction ID: INCA311

Undesignated contribution; committee will file amended reports to indicate proper designations of contributions per
FEC AO 2009-15

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

Form/Schedule: SA11AI

Transaction ID : INCA324

Undesignated contribution; committee will file amended reports to indicate proper designations of contributions per
FEC AO 2009-15

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 34
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Corbett for Congress

A. Full Name (Last, First, Middle Initial)
Jeremy Pasternak

Mailing Address 338 Funston Avenue

City San Francisco State CA Zip Code 94118

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

Name of Employer Law Offices of Jeremy Pasternak Occupation Attorney

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 12 / 2012

Transaction ID : INCA308

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Gregory E. Sanborn

Mailing Address 702 Windmill Court

City Concord State CA Zip Code 94518

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

Name of Employer The Diablo Group Occupation Managing Principal

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 02 / 2012

Transaction ID : IDTA36

Amount of Each Receipt this Period
75.00

C. Full Name (Last, First, Middle Initial)
ActBlue

Mailing Address P.O. Box 382110

City Cambridge State MA Zip Code 02238

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
12125.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 02 / 2012

Transaction ID : INCA286IDTA36

Amount of Each Receipt this Period
75.00

[MEMO ITEM]

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

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

325.00

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

Form/Schedule: SA11AI

Transaction ID : INCA308

Undesignated contribution; committee will file amended reports to indicate proper designations of contributions per FEC AO 2009-15

Form/Schedule: SA11AI

Transaction ID: IDTA36

Contribution received through conduit ActBlue/Undesignated contribution; committee will file amended reports to indicate proper designations of contributions per FEC AO 2009-15

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

Form/Schedule: SA11AI

Transaction ID : INCA286IDTA36

Total Earmarked through conduit; PAC limit not affected

Form/Schedule:

Transaction ID:

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

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

FOR LINE NUMBER: (check only one)
 11a 12 11b 13a 11c 13b 11d 14 15
 PAGE 14 OF 34

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NAME OF COMMITTEE (In Full)
Corbett for Congress

A. Full Name (Last, First, Middle Initial)
Gregory E. Sanborn

Mailing Address 702 Windmill Court

City Concord State CA Zip Code 94518

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

Name of Employer The Diablo Group Occupation Managing Principal

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 02 / 2012

Transaction ID : IDTA38

Amount of Each Receipt this Period
75.00

B. Full Name (Last, First, Middle Initial)
ActBlue

Mailing Address P.O. Box 382110

City Cambridge State MA Zip Code 02238

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date **12125.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 02 / 2012

Transaction ID : INCA319IDTA38

Amount of Each Receipt this Period
75.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
Gregory E. Sanborn

Mailing Address 702 Windmill Court

City Concord State CA Zip Code 94518

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

Name of Employer The Diablo Group Occupation Managing Principal

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 02 / 2012

Transaction ID : IDTA39

Amount of Each Receipt this Period
75.00

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

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

150.00

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

Form/Schedule: SA11AI

Transaction ID : IDTA38

Contribution received through conduit ActBlue/Undesignated contribution; committee will file amended reports to indicate proper designations of contributions per FEC AO 2009-15

Form/Schedule: SA11AI

Transaction ID: INCA319IDTA38

Total Earmarked through conduit; PAC limit not affected

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

Form/Schedule: SA11AI
Transaction ID : IDTA39

Contribution received throught conduit ActBlue/Undesignated contribution; committee will file amended reports to indicate proper designations of contributions per FEC AO 2009-15

Form/Schedule:
Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 34
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Corbett for Congress

A. Full Name (Last, First, Middle Initial)
ActBlue

Mailing Address P.O. Box 382110

City State Zip Code
Cambridge MA 02238

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
12125.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2012

Transaction ID : INCA345IDTA39

Amount of Each Receipt this Period
75.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
John Sullivan

Mailing Address 17760 Sweetbriar Place

City State Zip Code
Castro Valley CA 94546

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

Name of Employer Occupation
Shamrock Realty Realtor

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 24 / 2012

Transaction ID : INCA307

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Cossette T. Sun

Mailing Address 5895 Jensen Road

City State Zip Code
Castro Valley CA 94552

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

Name of Employer Occupation
Alameda County Law Library Law Librarian

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
1200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 29 / 2012

Transaction ID : INCA340

Amount of Each Receipt this Period
100.00

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

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

1100.00

6525.00

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

Form/Schedule: SA11AI

Transaction ID : INCA345IDTA39

Total Earmarked through conduit; PAC limit not affected

Form/Schedule: SA11AI

Transaction ID: INCA307

Undesignated contribution; committee will file amended reports to indicate proper designations of contributions per
FEC AO 2009-15

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

Form/Schedule: SA11AI

Transaction ID : INCA340

Undesignated contribution; committee will file amended reports to indicate proper designations of contributions per
FEC AO 2009-15

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 34		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)
Corbett for Congress

Full Name (Last, First, Middle Initial) A. ActBlue Technical Services		Date of Disbursement MM / DD / YYYY 01 / 02 / 2012
Mailing Address 14 Arrow Street		Amount of Each Disbursement this Period 2.97 Transaction ID : EXPB287
City Cambridge	State MA	
Zip Code 02138	Purpose of Disbursement Processing Fee	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. ActBlue Technical Services		Date of Disbursement MM / DD / YYYY 03 / 13 / 2012
Mailing Address 14 Arrow Street		Amount of Each Disbursement this Period 2.97 Transaction ID : EXPB320
City Cambridge	State MA	
Zip Code 02138	Purpose of Disbursement Processing Fee	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. ActBlue Technical Services		Date of Disbursement MM / DD / YYYY 03 / 31 / 2012
Mailing Address 14 Arrow Street		Amount of Each Disbursement this Period 2.97 Transaction ID : EXPB353
City Cambridge	State MA	
Zip Code 02138	Purpose of Disbursement Processing Fee	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	8.97
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 34			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Corbett for Congress

Full Name (Last, First, Middle Initial) A. American Express			Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2012		
Mailing Address 200 Vesey Street			Amount of Each Disbursement this Period 245.37		
City New York	State NY	Zip Code 10285	Transaction ID : EXPB312		
Purpose of Disbursement Bank Fee		Category/ Type 001			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: _____	District: _____				

Full Name (Last, First, Middle Initial) B. American Express			Date of Disbursement M M / D D / Y Y Y Y 02 / 06 / 2012		
Mailing Address 200 Vesey Street			Amount of Each Disbursement this Period 338.62		
City New York	State NY	Zip Code 10285	Transaction ID : EXPB321		
Purpose of Disbursement Bank Fee		Category/ Type 001			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: _____	District: _____				

Full Name (Last, First, Middle Initial) C. Autumn Press, Inc.			Date of Disbursement M M / D D / Y Y Y Y 01 / 11 / 2012		
Mailing Address 945 Camelia Street			Amount of Each Disbursement this Period 586.47		
City Berkeley	State CA	Zip Code 94710	Transaction ID : EXPB292		
Purpose of Disbursement Fundraising Printing		Category/ Type 003			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: _____	District: _____				

SUBTOTAL of Disbursements This Page (optional)	1170.46
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 34			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Corbett for Congress

Full Name (Last, First, Middle Initial) A. Autumn Press, Inc.			Date of Disbursement MM / DD / YYYY 02 / 13 / 2012		
Mailing Address 945 Camelia Street			Amount of Each Disbursement this Period 441.76		
City Berkeley	State CA	Zip Code 94710	Transaction ID : EXPB313		
Purpose of Disbursement Campaign Stickers & Endorsement Cards		Category/ Type 006			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) B. Brantly Pierce Fundraising			Date of Disbursement MM / DD / YYYY 01 / 04 / 2012		
Mailing Address 1723 Francisco Street			Amount of Each Disbursement this Period 3860.00		
City Berkeley	State CA	Zip Code 94703	Transaction ID : EXPB255		
Purpose of Disbursement Fundraising Consulting		Category/ Type 003			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) c. Brantly Pierce Fundraising			Date of Disbursement MM / DD / YYYY 01 / 04 / 2012		
Mailing Address 1723 Francisco Street			Amount of Each Disbursement this Period 1750.00		
City Berkeley	State CA	Zip Code 94703	Transaction ID : EXPB253		
Purpose of Disbursement Fundraising Consulting		Category/ Type 003			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....	6051.76
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 23 OF 34	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Corbett for Congress

Full Name (Last, First, Middle Initial) A. Brantly Pierce Fundraising			Date of Disbursement M M / D D / Y Y Y Y 01 / 18 / 2012
Mailing Address 1723 Francisco Street			Amount of Each Disbursement this Period 3500.00 Transaction ID : EXPB302
City Berkeley	State CA	Zip Code 94703	
Purpose of Disbursement Fundraising Consulting		Candidate Name	Category/ Type 003
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

Full Name (Last, First, Middle Initial) B. Brantly Pierce Fundraising			Date of Disbursement M M / D D / Y Y Y Y 01 / 18 / 2012
Mailing Address 1723 Francisco Street			Amount of Each Disbursement this Period 1024.00 Transaction ID : EXPB300
City Berkeley	State CA	Zip Code 94703	
Purpose of Disbursement Fundraising Consulting		Candidate Name	Category/ Type 003
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

Full Name (Last, First, Middle Initial) c. Brantly Pierce Fundraising			Date of Disbursement M M / D D / Y Y Y Y 01 / 18 / 2012
Mailing Address 1723 Francisco Street			Amount of Each Disbursement this Period 1125.00 Transaction ID : EXPB298
City Berkeley	State CA	Zip Code 94703	
Purpose of Disbursement Fundraising Consulting		Candidate Name	Category/ Type 003
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

SUBTOTAL of Disbursements This Page (optional).....	5649.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 34			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Corbett for Congress

A. Brantly Pierce Fundraising

Full Name (Last, First, Middle Initial)
Mailing Address 1723 Francisco Street

City Berkeley State CA Zip Code 94703

Purpose of Disbursement Fundraising Supplies

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 01 / 18 / 2012

Amount of Each Disbursement this Period: 124.99

Transaction ID : EXPB305

Category/Type: 003

B. Margaret Collins

Full Name (Last, First, Middle Initial)
Mailing Address 3300 13th Street

City Sacramento State CA Zip Code 95818

Purpose of Disbursement Copies

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 03 / 21 / 2012

Amount of Each Disbursement this Period: 17.13

Transaction ID : EXPB323

Category/Type: 001

c. Ellen Corbett

Full Name (Last, First, Middle Initial)
Mailing Address 850 Cary Drive

City San Leandro State CA Zip Code 94577

Purpose of Disbursement Travel Expenses

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 02 / 28 / 2012

Amount of Each Disbursement this Period: 416.56

Transaction ID : EXPB316

Category/Type: 002

SUBTOTAL of Disbursements This Page (optional) 558.68

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 25 OF 34	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Corbett for Congress

Full Name (Last, First, Middle Initial) A. Hilton Hotel		Date of Disbursement MM / DD / YYYY 02 / 28 / 2012
Mailing Address One Park Blvd.		Amount of Each Disbursement this Period 416.56
City San Diego	State CA	
Zip Code 92101	Purpose of Disbursement Travel Expenses	Transaction ID : EDTB2EXPB316
Candidate Name	002 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. Ellen Corbett		Date of Disbursement MM / DD / YYYY 02 / 28 / 2012
Mailing Address 850 Cary Drive		Amount of Each Disbursement this Period 431.60
City San Leandro	State CA	
Zip Code 94577	Purpose of Disbursement Travel Expenses	Transaction ID : EXPB315
Candidate Name	002 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Southwest Airlines		Date of Disbursement MM / DD / YYYY 02 / 28 / 2012
Mailing Address 6900 Airport Blvd.		Amount of Each Disbursement this Period 431.60
City Sacramento	State CA	
Zip Code 95837	Purpose of Disbursement Travel Expenses	Transaction ID : EDTB1EXPB315
Candidate Name	002 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	431.60
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 26 OF 34	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Corbett for Congress

Full Name (Last, First, Middle Initial) A. Deborah Dudley & Associates		Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2012
Mailing Address 8072 Warner Avenue		Amount of Each Disbursement this Period 244.10 Transaction ID : EXPB258
City Huntington Beach	State CA	
Zip Code 92647	Purpose of Disbursement Fundraising Travel Expenses	Category/ Type 003
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Deborah Dudley & Associates		Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2012
Mailing Address 8072 Warner Avenue		Amount of Each Disbursement this Period 3500.00 Transaction ID : EXPB262
City Huntington Beach	State CA	
Zip Code 92647	Purpose of Disbursement Fundraising Consulting	Category/ Type 003
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. Deborah Dudley & Associates		Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2012
Mailing Address 8072 Warner Avenue		Amount of Each Disbursement this Period 3500.00 Transaction ID : EXPB264
City Huntington Beach	State CA	
Zip Code 92647	Purpose of Disbursement Fundraising Consulting	Category/ Type 003
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	7244.10
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 27 OF 34	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Corbett for Congress

Full Name (Last, First, Middle Initial) A. Deborah Dudley & Associates		Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2012
Mailing Address 8072 Warner Avenue		Amount of Each Disbursement this Period 3500.00 Transaction ID : EXPB260
City Huntington Beach	State CA	
Zip Code 92647	Purpose of Disbursement Fundraising Consulting	Category/ Type 003
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Deborah Dudley & Associates		Date of Disbursement M M / D D / Y Y Y Y 03 / 02 / 2012
Mailing Address 8072 Warner Avenue		Amount of Each Disbursement this Period 2500.00 Transaction ID : EXPB317
City Huntington Beach	State CA	
Zip Code 92647	Purpose of Disbursement Fundraising Consulting	Category/ Type 003
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. Goodwin Simon Strategic Research, Inc.		Date of Disbursement M M / D D / Y Y Y Y 01 / 10 / 2012
Mailing Address P.O. Box 366		Amount of Each Disbursement this Period 16850.00 Transaction ID : EXPB288
City Culver City	State CA	
Zip Code 90232	Purpose of Disbursement Polling	Category/ Type 005
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	22850.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 34		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)
Corbett for Congress

Full Name (Last, First, Middle Initial) A. Olson Hagel & Fishburn, LLP		Date of Disbursement M M / D D / Y Y Y Y 01 / 13 / 2012
Mailing Address 555 Capitol Mall, Suite 1425		Amount of Each Disbursement this Period 2716.21 Transaction ID : EXPB294
City Sacramento	State CA	
Zip Code 95814	Purpose of Disbursement Legal & Reporting Services	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Olson Hagel & Fishburn, LLP		Date of Disbursement M M / D D / Y Y Y Y 02 / 15 / 2012
Mailing Address 555 Capitol Mall, Suite 1425		Amount of Each Disbursement this Period 2476.18 Transaction ID : EXPB314
City Sacramento	State CA	
Zip Code 95814	Purpose of Disbursement Legal & Reporting Services	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Olson Hagel & Fishburn, LLP		Date of Disbursement M M / D D / Y Y Y Y 03 / 15 / 2012
Mailing Address 555 Capitol Mall, Suite 1425		Amount of Each Disbursement this Period 843.35 Transaction ID : EXPB322
City Sacramento	State CA	
Zip Code 95814	Purpose of Disbursement Legal & Reporting Services	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	6035.74
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 34			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Corbett for Congress

Full Name (Last, First, Middle Initial) A. Pfeiffer Design		Date of Disbursement MM / DD / YYYY 02 / 03 / 2012
Mailing Address 1156 Menlo Drive		Amount of Each Disbursement this Period 923.37 Transaction ID : EXPB309
City Altadena	State CA	
Zip Code 91001	Purpose of Disbursement Office Supplies	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. US Bank		Date of Disbursement MM / DD / YYYY 01 / 01 / 2012
Mailing Address 621 Capitol Mall, Suite 800		Amount of Each Disbursement this Period 428.44 Transaction ID : EXPB285
City Sacramento	State CA	
Zip Code 95814	Purpose of Disbursement Bank Fee	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. US Bank		Date of Disbursement MM / DD / YYYY 02 / 01 / 2012
Mailing Address 621 Capitol Mall, Suite 800		Amount of Each Disbursement this Period 108.45 Transaction ID : EXPB310
City Sacramento	State CA	
Zip Code 95814	Purpose of Disbursement Bank Fee	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	1460.26
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 30 OF 34	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Corbett for Congress

Full Name (Last, First, Middle Initial) A. US Bank		Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2012
Mailing Address 621 Capitol Mall, Suite 800		Amount of Each Disbursement this Period 35.00
City Sacramento State CA Zip Code 95814	Purpose of Disbursement Bank Fee Category/Type 001	
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Transaction ID : EXPB318

Full Name (Last, First, Middle Initial) B.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement	Category/Type	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement	Category/Type	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	35.00
TOTAL This Period (last page this line number only).....	51495.51

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one) 9 10

NAME OF COMMITTEE (In Full)

Corbett for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Autumn Press, Inc.

Mailing Address 945 Camelia Street

City State Zip Code
 Berkeley CA 94710

Nature of Debt (Purpose):
 Fundraising Printing

Outstanding Balance Beginning This Period **Transaction ID : PAYD291**
 586.47

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period
 0.00 586.47 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Brantly Pierce Fundraising

Mailing Address 1723 Francisco Street

City State Zip Code
 Berkeley CA 94703

Nature of Debt (Purpose):
 Fundraising Consulting

Outstanding Balance Beginning This Period **Transaction ID : PAYD251**
 1750.00

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period
 0.00 1750.00 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Brantly Pierce Fundraising

Mailing Address 1723 Francisco Street

City State Zip Code
 Berkeley CA 94703

Nature of Debt (Purpose):
 Fundraising Consulting

Outstanding Balance Beginning This Period **Transaction ID : PAYD252**
 3860.00

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period
 0.00 3860.00 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).....	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	0.00

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)
Corbett for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Brantly Pierce Fundraising		Nature of Debt (Purpose): Fundraising Consulting
Mailing Address 1723 Francisco Street		
City	State	Zip Code
Berkeley	CA	94703

Outstanding Balance Beginning This Period	Transaction ID : PAYD295	
<input type="text" value="1125.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="1125.00"/>	<input type="text" value="0.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Brantly Pierce Fundraising		Nature of Debt (Purpose): Fundraising Consulting
Mailing Address 1723 Francisco Street		
City	State	Zip Code
Berkeley	CA	94703

Outstanding Balance Beginning This Period	Transaction ID : PAYD296	
<input type="text" value="1024.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="1024.00"/>	<input type="text" value="0.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Brantly Pierce Fundraising		Nature of Debt (Purpose): Fundraising Consulting
Mailing Address 1723 Francisco Street		
City	State	Zip Code
Berkeley	CA	94703

Outstanding Balance Beginning This Period	Transaction ID : PAYD297	
<input type="text" value="3500.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="3500.00"/>	<input type="text" value="0.00"/>

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

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)
Corbett for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Brantly Pierce Fundraising		Nature of Debt (Purpose): Fundraising Supplies
Mailing Address 1723 Francisco Street		
City	State	Zip Code
Berkeley	CA	94703

Outstanding Balance Beginning This Period	Transaction ID : PAYD304	
<input type="text" value="124.99"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="124.99"/>	<input type="text" value="0.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Deborah Dudley & Associates		Nature of Debt (Purpose): Fundraising Travel Expenses
Mailing Address 8072 Warner Avenue		
City	State	Zip Code
Huntington Beach	CA	92647

Outstanding Balance Beginning This Period	Transaction ID : PAYD242	
<input type="text" value="244.10"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="244.10"/>	<input type="text" value="0.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Deborah Dudley & Associates		Nature of Debt (Purpose): Fundraising Consulting
Mailing Address 8072 Warner Avenue		
City	State	Zip Code
Huntington Beach	CA	92647

Outstanding Balance Beginning This Period	Transaction ID : PAYD243	
<input type="text" value="3500.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="3500.00"/>	<input type="text" value="0.00"/>

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

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)

Corbett for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Deborah Dudley & Associates

Mailing Address 8072 Warner Avenue

City State Zip Code
Huntington Beach CA 92647

Nature of Debt (Purpose):
Fundraising Consulting

Outstanding Balance Beginning This Period **3500.00** Transaction ID : **PAYD244**

Amount Incurred This Period **0.00** Payment This Period **3500.00** Outstanding Balance at Close of This Period **0.00**

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Deborah Dudley & Associates

Mailing Address 8072 Warner Avenue

City State Zip Code
Huntington Beach CA 92647

Nature of Debt (Purpose):
Fundraising Consulting

Outstanding Balance Beginning This Period **3500.00** Transaction ID : **PAYD245**

Amount Incurred This Period **0.00** Payment This Period **3500.00** Outstanding Balance at Close of This Period **0.00**

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

Outstanding Balance Beginning This Period

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)	0.00
2) TOTALS This Period (last page this line number only)	0.00
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) ▶	0.00