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# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

1. NAME OF COMMITTEE (in full) **TAKE BACK RED CALIFORNIA** TYPE OR PRINT  
Example: If typing, type over the lines. **12FE4M5**

ADDRESS (number and street) **21 CONVENT COURT**  
 Check if different than previously reported. (ACG)  
**SAN RAFAEL CA 94901**

2. FEC IDENTIFICATION NUMBER **C00421388** CITY STATE ZIP CODE

3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

### 4. TYPE OF REPORT (Choose One)

#### (a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- Feb 20 (M2)
  - May 20 (M5)
  - Aug 20 (M8)
  - Nov 20 (M11) (Non-Election Year Only)
  - Mar 20 (M3)
  - Jun 20 (M6)
  - Sep 20 (M9)
  - Dec 20 (M12) (Non-Election Year Only)
  - Apr 20 (M4)
  - Jul 20 (M7)
  - Oct 20 (M10)
  - Jan 31 (YE)

- (c) 12-Day PRE-Election Report for the:
- Primary (12P)
  - General (12G)
  - Runoff (12R)
  - Convention (12C)
  - Special (12S)

Election on \_\_\_\_\_ in the State of \_\_\_\_\_

- (d) 30-Day POST-Election Report for the:
- General (30G)
  - Runoff (30R)
  - Special (30S)

Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period **6/4/2006** through **6/30/2006**

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 **MARY W. HUBERT**

Signature of Treasurer *Mary W. Hubert*

Date **07 15 2006**

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 5437g.

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

26029140031

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

**TAKE BACK RED CALIFORNIA**

Report Covering the Period: From: **04 01 2006** To: **06 30 2006**

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <b>0000</b>		<b>0000</b>
(b) Cash on Hand at Beginning of Reporting Period.....	<b>00</b>	
(c) Total Receipts (from Line 19) .....	<b>699900</b>	<b>699900</b>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<b>699900</b>	<b>699900</b>
7. Total Disbursements (from Line 31).....	<b>69905</b>	<b>69905</b>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<b>629905</b>	<b>629905</b>
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D) .....	<b>0</b>	
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D) .....	<b>0</b>	

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

26039140032

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

**TAKE BACK RED CALIFORNIA**

Report Covering the Period:

From:

**04 01 2006**

To:

**06 30 2006**

**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).....

**3400.00**

**3400.00**

(ii) Unitemized.....

**2200.00**

**2200.00**

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

**5600.00**

**5600.00**

(b) Political Party Committees.....

**899.00**

**899.00**

(c) Other Political Committees

(such as PACs).....

**500.00**

**500.00**

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5).....▶

**6999.00**

**6999.00**

12. Transfers From Affiliated/Other

Party Committees.....

**0**

**0**

13. All Loans Received.....

**0**

**0**

14. Loan Repayments Received.....

**0**

**0**

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

**0**

**0**

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

**0**

**0**

17. Other Federal Receipts

(Dividends, Interest, etc.).....

**0**

**0**

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

**0**

**0**

(b) Levin Funds (from Schedule H5).....

**0**

**0**

(c) Total Transfers (add 18(a) and 18(b))..

**0**

**0**

19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c)).....▶

**6999.00**

**6999.00**

20. Total Federal Receipts

(subtract Line 18(c) from Line 19).....▶

**6999.00**

**6999.00**

28039140033

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

**II. Disbursements**

**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0	0
(ii) Non-Federal Share .....	0	0
(b) Other Federal Operating Expenditures .....	66205	66205
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	66205	66205
22. Transfers to Affiliated/Other Party Committees .....	0	0
23. Contributions to Federal Candidates/Committees and Other Political Committees .....	0	0
24. Independent Expenditures (use Schedule E) .....	0	0
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F) .....	0	0
26. Loan Repayments Made .....	0	0
27. Loans Made .....	0	0
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0	0
(b) Political Party Committees .....	0	0
(c) Other Political Committees (such as PACs) .....	0	0
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0	0
29. Other Disbursements .....	700	700
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0	0
(ii) "Levin" Share .....	0	0
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0	0
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0	0
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	66905	66905
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) .....	66905	66905

26039140034

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

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

FOR LINE NUMBER:		PAGE		OF 4	
<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"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17	<input type="checkbox"/> 18

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)

**TAKE BACK RED CALIFORNIA**

A. Full Name (Last, First, Middle Initial)  
**ROODER, SUSAN**

Mailing Address  
**39 RIDGE RD**

City **FAIRFAX** State **CA** Zip Code **94930**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**4,000.00**

Date of Receipt

**06 ' 19 ' 2006**

Amount of Each Receipt this Period

**3,000.00**

B. Full Name (Last, First, Middle Initial)  
**ROODER, SUSAN**

Mailing Address  
**39 RIDGE RD**

City **FAIRFAX** State **CA** Zip Code **94930**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**4,000.00**

Date of Receipt

**06 ' 27 ' 2006**

Amount of Each Receipt this Period

**1,000.00**

C. Full Name (Last, First, Middle Initial)  
**NADEZ, ANN H.**

Mailing Address  
**6 STAR BOARD CT**

City **MILL VALLEY** State **CA** Zip Code **94941**

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

Name of Employer **SELF** Occupation **ARTIST**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**500.00**

Date of Receipt

**06 ' 07 ' 2006**

Amount of Each Receipt this Period

**5,000.00**

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

**9,000.00**

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

**9,000.00**

26039140035



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

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

FOR LINE NUMBER:  
(check only one)

PAGE 2 OF 4

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

**TAKE BACK RED CALIFORNIA**

Full Name (Last, First, Middle Initial)

A. **COYOTE, PETER**

Mailing Address

**775 E. BLITHEDALE**

City

**MILL VALLEY**

State

**CA**

Zip Code

**94941**

FEC ID number of contributing federal political committee.

**C**

Name of Employer

**SELF**

Occupation

**WRITER/ARTIST**

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

**25000**

Date of Receipt

**05 ' 25 ' 2006**

Amount of Each Receipt this Period

**25000**

Full Name (Last, First, Middle Initial)

B. **SCHROEDER, SALLY R**

Mailing Address

**10 PASEO MIRASOL**

City

**TIBURON**

State

**CA**

Zip Code

**94920**

FEC ID number of contributing federal political committee.

**C**

Name of Employer

**UCSF**

Occupation

**PHYSICIAN**

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

**25000**

Date of Receipt

**06 ' 03 ' 2006**

Amount of Each Receipt this Period

**25000**

Full Name (Last, First, Middle Initial)

C. **RENAUD, MARY**

Mailing Address

**150 MADRONE RD**

City

**FAIRFAX**

State

**CA**

Zip Code

**94930**

FEC ID number of contributing federal political committee.

**C**

Name of Employer

**SELF**

Occupation

**BOOK EDITOR**

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

**25000**

Date of Receipt

**06 ' 19 ' 2006**

Amount of Each Receipt this Period

**25000**

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

**75000**

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

**75000**

28039140036

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 3 OF 4	
	<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)  
**TAKE BACK RED CALIFORNIA**

A. Full Name (Last, First, Middle Initial)  
**FULLER, BROCK & ALISON C**

Mailing Address  
**304 N. SAN PEDRO COURT**

City State Zip Code  
**SAN RAFAEL CA 94903**

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

Name of Employer Occupation  
**RETIRED RETIRED**

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
**250.00**

Date of Receipt  
**09 ' 22 ' 2006**

Amount of Each Receipt this Period  
**250.00**

B. Full Name (Last, First, Middle Initial)  
**ANDERSON, JAMES P.**

Mailing Address  
**355 WILLOW AV**

City State Zip Code  
**CORTE MADERA CA 94925**

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

Name of Employer Occupation  
**RETIRED RETIRED**

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
**250.00**

Date of Receipt  
**06 ' 16 ' 2006**

Amount of Each Receipt this Period  
**250.00**

C. Full Name (Last, First, Middle Initial)  
**CRECELIVS, KATHERINE L.**

Mailing Address  
**PO BOX 967**

City State Zip Code  
**NOVATO CA 94948**

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

Name of Employer Occupation  
**SELF REAL ESTATE DEV. CONS.**

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
**250.00**

Date of Receipt  
**09 ' 30 ' 2006**

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).....▶

26039140037

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

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

FOR LINE NUMBER: PAGE 4 OF 4  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**TAKE BACK RED CALIFORNIA**

A. Full Name (Last, First, Middle Initial)  
**COURY, DAVID F**

Mailing Address  
**3312 PARADISE DR**

City State Zip Code  
**TIBURON CA 94920**

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**500.00**

Date of Receipt  
**06 ' 27 ' 2006**

Amount of Each Receipt this Period  
**500.00**

B. Full Name (Last, First, Middle Initial)  
**HUBERTS, MARY K JAY**

Mailing Address  
**21 CONVENT COURT**

City State Zip Code  
**SAN RAFAEL CA 94901**

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

Name of Employer Occupation  
**SELF CONSULTANT**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**250.00**

Date of Receipt  
**06 ' 01 ' 2006**

Amount of Each Receipt this Period  
**250.00**

C. Full Name (Last, First, Middle Initial)  
**NELSON, CAROL**

Mailing Address  
**427 MILLER CREEK ROAD**

City State Zip Code  
**SAN RAFAEL CA 94903**

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

Name of Employer Occupation  
**RETIRED RETIRED**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**250.00**

Date of Receipt  
**06 ' 16 ' 2006**

Amount of Each Receipt this Period  
**250.00**

SUBTOTAL of Receipts This Page (optional) ..... **1,050.00**

TOTAL This Period (last page this line number only) ..... **3,400.00**

26039140038



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

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

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NAME OF COMMITTEE (In Full)  
**TAKE BACK RED CALIFORNIA**

**A.** Full Name (Last, First, Middle Initial)  
**PAC FOR A CHANGE**

Date of Receipt: **06 / 06 / 2006**

Mailing Address: **777 S. FIGUEROA ST**

City: **Los Angeles** State: **CA** Zip Code: **90017**

FEC ID number of contributing federal political committee: **C00342048**

Amount of Each Receipt this Period: **25000**

Name of Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Receipt For:  Primary  General  Other (specify) \_\_\_\_\_

Aggregate Year-to-Date: **25000**

**B.** Full Name (Last, First, Middle Initial)  
**DEA MARIN**

Date of Receipt: **05 / 31 / 2006**

Mailing Address: **PO BOX 4285**

City: **SAN RAFAEL** State: **CA** Zip Code: **94913**

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

Amount of Each Receipt this Period: **25000**

Name of Employer: **PAC** Occupation: **PAC**

Receipt For:  Primary  General  Other (specify) \_\_\_\_\_

Aggregate Year-to-Date: **25000**

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

Date of Receipt: \_\_\_\_\_

Mailing Address

City State Zip Code

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

Amount of Each Receipt this Period

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) \_\_\_\_\_

Aggregate Year-to-Date

**SUBTOTAL** of Receipts This Page (optional) **50000**

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

25039140039

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

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

FOR LINE NUMBER:		PAGE	OF
<input type="checkbox"/> 11a	<input checked="" 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)  
**TAKE BACK RED CALIFORNIA**

Full Name (Last, First, Middle Initial)  
A. **14th ASSEMBLY DISTRICT DEMOCRATIC COMMITTEE**

Date of Receipt  
**AS 31 2006**

Mailing Address  
**PO BOX 4285**  
City **SAN RAFAEL** State **CA** Zip Code **94913**

Amount of Each Receipt this Period  
**899.00**

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) **OPERATING SUPPORT**  
Aggregate Year-to-Date **899.00**

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

Date of Receipt

Mailing Address  
City State Zip Code

Amount of Each Receipt this Period

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) **OPERATING SUPPORT**  
Aggregate Year-to-Date

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

Date of Receipt

Mailing Address  
City State Zip Code

Amount of Each Receipt this Period

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) **OPERATING SUPPORT**  
Aggregate Year-to-Date

SUBTOTAL of Receipts This Page (optional) **899.00**  
TOTAL This Period (last page this line number only) **899.00**

26039140040

**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 OF

21b  22  23  24  25  26  
 27  28a  28b  28c  29  30b

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NAME OF COMMITTEE (In Full)

TAKE BACK RED CALIFORNIA

Full Name (Last, First, Middle Initial)

A. ...

Mailing Address

21 CONVENT COURT

City

SAN RAFAEL

State

CA

Zip Code

94901

Purpose of Disbursement

POSTAGE & OFFICE SUPPLIES

Candidate Name

21b

Category/  
Type

Date of Disbursement

06 / 16 / 2006

Amount of Each Disbursement this Period

367.05

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B. BORNSTEIN, LYNN A

Mailing Address

170 VISTA GRANDE

City

GREENBRAE

State

CA

Zip Code

94901

Purpose of Disbursement

SITE RENTAL

Candidate Name

21b

Category/  
Type

Date of Disbursement

06 / 16 / 2006

Amount of Each Disbursement this Period

295.00

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C. ...

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Date of Disbursement

06 / 30 / 2006

Amount of Each Disbursement this Period

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

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

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

662.05

25039140041

N/A

**SCHEDULE C-1 (FEC Form 3X)  
LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS**

Federal Election Commission, Washington, D.C. 20463

Supplementary for  
Information found on  
Page \_\_\_ of Schedule C

NAME OF COMMITTEE (In Full) <b>TAKE BACK RED CALIFORNIA</b>	FEC IDENTIFICATION NUMBER <b>C00421388</b>
--	---

LENDING INSTITUTION (LENDER) Full Name	Amount of Loan	Interest Rate (APR) %
	Mailing Address	Date Incurred or Established
City	State	Zip Code
	Date Due	

A. Has loan been restructured?  No  Yes      If yes, date originally incurred

B. If line of credit,  
Amount of this Draw:      Total Outstanding Balance:

C. Are other parties secondarily liable for the debt incurred?  
 No  Yes (Endorsers and guarantors must be reported on Schedule C.)

D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral?  
 No  Yes If yes, specify: \_\_\_\_\_

What is the value of this collateral?  
\_\_\_\_\_

Does the lender have a perfected security interest in it?  No  Yes

E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan?  No  Yes If yes, specify: \_\_\_\_\_

What is the estimated value?  
\_\_\_\_\_

A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).

Date account established: \_\_\_\_\_

Location of account: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.

G. COMMITTEE TREASURER Typed Name Signature	DATE
---	------

H. Attach a signed copy of the loan agreement.

I. TO BE SIGNED BY THE LENDING INSTITUTION:  
 I. To the best of this Institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above.  
 II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness.  
 III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.

AUTHORIZED REPRESENTATIVE Typed Name Signature	Title	DATE
--	-------	------

25039140042

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

N/A

NAME OF COMMITTEE (In Full)  
**TAKE BACK RED CALIFORNIA**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of Debt (Purpose):
Mailing Address		
City	State	

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

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of Debt (Purpose):
Mailing Address		
City	State	

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

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of Debt (Purpose):
Mailing Address		
City	State	

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).....▶	
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)▶	

25039140043



**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

N/A

PAGE OF  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>TAKE BACK RED CALIFORNIA</b>	FEC IDENTIFICATION NUMBER <b>C00421388</b>
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle Initial) of Payee	Date
Mailing Address	
City State Zip Code	Amount
Purpose of Expenditure	Category/Type
Name of Federal Candidate Supported or Opposed by Expenditure:	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought	Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee	Date
Mailing Address	
City State Zip Code	Amount
Purpose of Expenditure	Category/Type
Name of Federal Candidate Supported or Opposed by Expenditure:	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought	Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

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

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

Signature \_\_\_\_\_ Date  /  /

25039140044

**SCHEDULE H2 (FEC Form 3X)  
ALLOCATION RATIOS**

N/A

PAGE OF

NAME OF COMMITTEE (In Full)  
**TAKE BACK RED CALIFORNIA**

**RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE SUPPORT  
ACTIVITIES APPEARING ON THIS REPORT.**

Methods of allocation:  
 I. FUNDRAISING activities are allocated using the "funds received method" where the federal proportion of expenses must equal the federal proportion of monies raised.  
 II. Shared DIRECT CANDIDATE SUPPORT activities are allocated according to benefit expected to be derived, where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity. For PACs Only: Direct candidate support includes public communications or voter drives that refer to both federal and nonfederal candidates, regardless of whether there is a reference to a political party. Such expenses are allocated using a time/space method.

25039140045

ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % [ ] %	NONFEDERAL % [ ] %
ACTIVITY OR EVENT IDENTIFIER _____ ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % [ ] %	NONFEDERAL % [ ] %
ACTIVITY OR EVENT IDENTIFIER _____ ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % [ ] %	NONFEDERAL % [ ] %
ACTIVITY OR EVENT IDENTIFIER _____ ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % [ ] %	NONFEDERAL % [ ] %
ACTIVITY OR EVENT IDENTIFIER _____ ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % [ ] %	NONFEDERAL % [ ] %
ACTIVITY OR EVENT IDENTIFIER _____ ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % [ ] %	NONFEDERAL % [ ] %

SCHEDULE H1 (FEC Form 3X)

N/A

METHOD OF ALLOCATION FOR:

- ALLOCATED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS
- ALLOCATED 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) (Separate Segregated Funds And Nonconnected Committees Only)

NAME OF COMMITTEE (In Full)  
TAKE BACK RED CALIFORNIA

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

25039140046

**SCHEDULE H3 (FEC Form 3X)  
 TRANSFERS FROM NONFEDERAL ACCOUNTS FOR  
 ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

N/A

PAGE OF  
 FOR LINE 18B OF FORM 3X

NAME OF COMMITTEE (In Full)  
 TAKE BACK RED CALIFORNIA

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
	MM / DD / YYYY	

**BREAKDOWN OF TRANSFER RECEIVED**

- i) Total Administrative .....
- ii) Generic Voter Drive .....
- iii) Exempt Activities .....
- iv) Direct Fundraising (List Activity or Event Identifier)
  - a) \_\_\_\_\_
  - b) \_\_\_\_\_
  - c) Total Amount Transferred For Direct Fundraising .....
- v) Direct Candidate Support (List Activity or Event Identifier)
  - a) \_\_\_\_\_
  - b) \_\_\_\_\_
  - c) Total Amount Transferred For Direct Candidate Support .....
- vi) Public Communications Referring Only to Party (Made by PAC) .....

**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) .....

26039140047

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENTS FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

NIA

PAGE        OF         
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

TAKE BACK RFD CALIFORNIA

<b>A. Full Name (Last, First, Middle Initial)</b>			<b>Allocated Activity or Event:</b>		
Mailing Address			<input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt		
City	State	Zip Code	<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support		
Purpose of Disbursement:			<input type="checkbox"/> Public Comm (ref to party only) by PAC		
Activity or Event Identifier:		Category/ Type	Allocated Activity or Event Year-To-Date		
			Date <input type="text"/> / <input type="text"/> / <input type="text"/>		
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
<input type="text"/>			<input type="text"/>		<input type="text"/>

<b>B. Full Name (Last, First, Middle Initial)</b>			<b>Allocated Activity or Event:</b>		
Mailing Address			<input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt		
City	State	Zip Code	<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support		
Purpose of Disbursement:			<input type="checkbox"/> Public Comm (ref to party only) by PAC		
Activity or Event Identifier:		Category/ Type	Allocated Activity or Event Year-To-Date		
			Date <input type="text"/> / <input type="text"/> / <input type="text"/>		
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
<input type="text"/>			<input type="text"/>		<input type="text"/>

<b>C. Full Name (Last, First, Middle Initial)</b>			<b>Allocated Activity or Event:</b>		
Mailing Address			<input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt		
City	State	Zip Code	<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support		
Purpose of Disbursement:			<input type="checkbox"/> Public Comm (ref to party only) by PAC		
Activity or Event Identifier:		Category/ Type	Allocated Activity or Event Year-To-Date		
			Date <input type="text"/> / <input type="text"/> / <input type="text"/>		
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
<input type="text"/>			<input type="text"/>		<input type="text"/>

**SUBTOTAL of Allocated Federal and NonFederal Activity This Page**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text"/>		<input type="text"/>		<input type="text"/>

**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
<input type="text"/>		<input type="text"/>		<input type="text"/>

20039140048



**SCHEDULE L (FEC Form 3X)  
AGGREGATION PAGE: LEVIN FUNDS**

NIA

NAME OF COMMITTEE (In Full) <b>TAKE BACK RED CALIFORNIA</b>
NAME OF ACCOUNT

	COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE
<b>1. RECEIPTS FROM PERSONS</b> (a) Itemized ..... <small>(Use Schedule L-A)</small>  (b) Unitemized .....  (c) Total .....	<div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div>	<div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div>
<b>2. OTHER RECEIPTS</b> .....	<div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div>	<div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div>
<b>3. TOTAL RECEIPTS</b> ..... <small>(Add Lines 1c and 2)</small>	<div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div>	<div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div>
<b>4. TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT</b> <small>(Use Schedule L-B)</small> (a) Voter Registration ..... (b) Voter ID ..... (c) GOTV ..... (d) Generic Campaign ..... (e) Total .....	<div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div>	<div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div>
<b>5. OTHER DISBURSEMENTS</b> .....	<div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div>	<div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div>
<b>6. TOTAL DISBURSEMENTS</b> ..... <small>(Add Lines 4e and 5)</small>	<div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div>	<div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div>
<b>7. BEGINNING CASH ON HAND</b> ..... <small>(for Column B, use cash as of January 1st)</small>	<div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div>	<div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div>
<b>8. RECEIPTS</b> ..... <small>(from Line 3)</small>	<div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div>	<div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div>
<b>9. SUBTOTAL</b> ..... <small>(Add Lines 7 and 8)</small>	<div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div>	<div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div>
<b>10. DISBURSEMENTS</b> ..... <small>(From Line 6)</small>	<div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div>	<div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div>
<b>11. ENDING CASH ON HAND</b> ..... <small>(Subtract Line 10 From Line 9)</small>	<div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div>	<div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div>

11/1/03

20030140049

11/1/03

**SCHEDULE L-A (FEC Form 3X)  
ITEMIZED RECEIPTS OF LEVIN FUNDS**

N/A

Use separate schedule(s) for each category of the Aggregation Page	PAGE	OF
	FOR LINE NUMBER: (check only one)	<input type="checkbox"/> 1a

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)  
**TAKE BACK RED CALIFORNIA**

<b>A.</b>	Full Name (Last, First, Middle Initial) / Full Organization Name	Date of Receipt
	Mailing Address	<input type="text"/>
	City State Zip Code	Amount of Each Receipt this Period
	Name of Employer or Principal Place of Business	<input type="text"/>
	Occupation	Aggregate Year-to-Date
	<input type="text"/>	<input type="text"/>
<b>B.</b>	Full Name (Last, First, Middle Initial) / Full Organization Name	Date of Receipt
	Mailing Address	<input type="text"/>
	City State Zip Code	Amount of Each Receipt this Period
	Name of Employer or Principal Place of Business	<input type="text"/>
	Occupation	Aggregate Year-to-Date
	<input type="text"/>	<input type="text"/>
<b>C.</b>	Full Name (Last, First, Middle Initial) / Full Organization Name	Date of Receipt
	Mailing Address	<input type="text"/>
	City State Zip Code	Amount of Each Receipt this Period
	Name of Employer or Principal Place of Business	<input type="text"/>
	Occupation	Aggregate Year-to-Date
	<input type="text"/>	<input type="text"/>
<b>D.</b>	Full Name (Last, First, Middle Initial) / Full Organization Name	Date of Receipt
	Mailing Address	<input type="text"/>
	City State Zip Code	Amount of Each Receipt this Period
	Name of Employer or Principal Place of Business	<input type="text"/>
	Occupation	Aggregate Year-to-Date
	<input type="text"/>	<input type="text"/>

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

20039140050

N/A

**SCHEDULE L-B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS  
OF LEVIN FUNDS**

Use separate schedule(s) for each category of the Aggregation Page	FOR LINE NUMBER: (check only one)	PAGE	OF
	<input type="checkbox"/> 4a <input type="checkbox"/> 4b	<input type="checkbox"/> 4c <input type="checkbox"/> 4d	<input type="checkbox"/> 5

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)  
**TAKE BACK RED CALIFORNIA**

**A.**

Full Name (Last, First, Middle Initial) / Full Organization Name

Mailing Address

City State Zip Code

Purpose of Disbursement

Date of Disbursement

Amount of Each Disbursement this Period

**B.**

Full Name (Last, First, Middle Initial) / Full Organization Name

Mailing Address

City State Zip Code

Purpose of Disbursement

Date of Disbursement

Amount of Each Disbursement this Period

**C.**

Full Name (Last, First, Middle Initial) / Full Organization Name

Mailing Address

City State Zip Code

Purpose of Disbursement

Date of Disbursement

Amount of Each Disbursement this Period

**D.**

Full Name (Last, First, Middle Initial) / Full Organization Name

Mailing Address

City State Zip Code

Purpose of Disbursement

Date of Disbursement

Amount of Each Disbursement this Period

**E.**

Full Name (Last, First, Middle Initial) / Full Organization Name

Mailing Address

City State Zip Code

Purpose of Disbursement

Date of Disbursement

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) ▶

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

25039140051

**Federal Election Commission**  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
 The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input checked="" type="checkbox"/> Overnight Delivery Service (Specify): <i>Fedex</i>	Shipping Date <i>7/16/06</i>
Next Business Day Delivery <input checked="" type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

*fc*  
**PREPARER**  
 (3/2005)

*7/18/06*  
**DATE PREPARED**

26039140052