

**FEC  
FORM 3X**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

RECEIVED  
FEC MAIL CENTER

2008 FEB -1 PM 1: 57

Office Use Only

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

Take Back Red California

ADDRESS (number and street)

21 Convent Court

Check if different than previously reported. (ACC)

San Rafael

CA

94901

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

C00421388

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

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

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

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

- (c) 12-Day PRE-Election Report for the:
- |   |  |                                       |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P)    | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12G) |                                       |

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

- (d) 30-Day Post -Election Report for the:
- |  |                                       |  |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

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

5. Covering Period 07 01 2007 through 12 31 2007

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

Filed

*Mary W. Hubert*

Date

01 30 2008

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

Office Use Only

**FEC FORM 3X**  
(Rev. 02/2003)

28039614246

**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:    To:

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <input type="text" value="2007"/>		2996.01
(b) Cash on Hand at Beginning of Reporting Period .....	991.93	
(c) Total Receipts (from Line 19) .....	7996.72	12599.79
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	8988.65	15595.80
7. Total Disbursements (from Line 31) .....	2128.52	8735.67
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	6860.13	6860.13
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

**For further information contact:**

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

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

28039614247

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name  
Take Back Red California

Report Covering the Period: From: 

M	M
07	

D	D
01	

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
12	

D	D
31	

Y	Y	Y	Y
2	0	0	7

28039614248

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) .....	1084.16	1314.16
(ii) Unitemized .....	4052.56	7075.63
(iii) TOTAL (add Lines 11(a)(i) and (ii)) .....	5136.72	8389.79
(b) Political Party Committees .....	325.00	1025.00
(c) Other Political Committees (such as PACs) .....	410.00	810.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	5871.72	10224.79
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	125.00	375.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	2000.00	2000.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	2000.00	2000.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	7996.72	12599.79
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	5996.72	10599.79

**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) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	3136.51
(ii) Non-Federal Share.....	0.00	2375.00
(b) Other Federal Operating Expenditures.....	380.52	1026.16
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	380.52	6537.67
22. Transfers to Affiliated/Other Party Committees.....	794.00	994.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E).....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... ➤	0.00	0.00
29. Other Disbursements.....	954.00	1204.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share.....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds.....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	2128.52	8735.67
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	2128.52	6360.67

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**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	5871.72	10224.79
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	5871.72	10224.79
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	380.52	4162.67
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	125.00	375.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	255.52	3787.67

28039614250

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

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

FOR LINE NUMBER: PAGE 6 / 15

(check only one)

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

Full Name (Last, First, Middle Initial)  
A. Mary W. Hubert  
Mailing Address 21 Convent Court  
City San Rafael State CA Zip Code 94901  
FEC ID number of contributing federal political committee. C  
Name of Employer N/A Occupation Volunteer  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 355.16

Date of Receipt  
09 / 28 / 2007  
Transaction ID: SA11A1.4668  
Amount of Each Receipt this Period  
100.16  
Event admission

Full Name (Last, First, Middle Initial)  
B. Mary W. Hubert  
Mailing Address 21 Convent Court  
City San Rafael State CA Zip Code 94901  
FEC ID number of contributing federal political committee. C  
Name of Employer N/A Occupation Volunteer  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 380.16

Date of Receipt  
09 / 28 / 2007  
Transaction ID: SA11A1.4677  
Amount of Each Receipt this Period  
25.00  
Event admission

Full Name (Last, First, Middle Initial)  
C. Mary W. Hubert  
Mailing Address 21 Convent Court  
City San Rafael State CA Zip Code 94901  
FEC ID number of contributing federal political committee. C  
Name of Employer N/A Occupation Volunteer  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 430.16

Date of Receipt  
10 / 23 / 2007  
Transaction ID: SA11A1.4670  
Amount of Each Receipt this Period  
50.00  
Event admission

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

175.16

28039614251

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

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

FOR LINE NUMBER:		PAGE 7 / 15					
(check only one)							
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
	13		14		15		16
							17

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NAME OF COMMITTEE (In Full)  
Take Back Red California

Full Name (Last, First, Middle Initial)  
**A.** Richard Jacobs  
Mailing Address get this  
City State Zip Code  
get this  
FEC ID number of contributing federal political committee. **C**  
Name of Employer get this Occupation get this  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
11 / 02 / 2007  
Transaction ID: SA11A1.4671  
Amount of Each Receipt this Period  
500.00  
Event sponsor

Full Name (Last, First, Middle Initial)  
**B.** Bar at Taste of the Red Counties  
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 none Occupation none  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
409.00

Date of Receipt  
MM / DD / YYYY  
10 / 21 / 2007  
Transaction ID: SA11A1.4730  
Amount of Each Receipt this Period  
409.00  
Cash bar receipts

SUBTOTAL of Receipts This Page (optional) .....	▶	909.00
TOTAL This Period (last page this line number only) .....	▶	1084.16

28039614252

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

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

FOR LINE NUMBER: PAGE 8 / 15

(check only one)

<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. 6th Assembly District Democratic Assembly Committee		Date of Receipt 09 / 28 / 2007
Mailing Address PO Box 1604		Transaction ID: SA11B.4679
City Mill Valley	State CA	Zip Code 94942
FEC ID number of contributing federal political committee. C 1274770		Amount of Each Receipt this Period 75.00
Name of Employer	Occupation	To transfer to state account
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 75.00	

Full Name (Last, First, Middle Initial) B. Democratic Central Committee of Marin		Date of Receipt 09 / 28 / 2007
Mailing Address PO Box 436		Transaction ID: SA11B.4680
City Mill Valley	State CA	Zip Code 94942
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer	Occupation	To transfer to state committee
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

28039614253

SUBTOTAL of Receipts This Page (optional) .....	▶	325.00
TOTAL This Period (last page this line number only) .....	▶	325.00



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

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

FOR LINE NUMBER: PAGE 9 / 15

(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Take Back Red California**

Full Name (Last, First, Middle Initial) <b>A. Brockbank for City Council</b>		Date of Receipt MM / DD / YYYY <b>09 / 28 / 2007</b>
Mailing Address <b>101 Lucas Valley Road, Suite 380</b>		Transaction ID: <b>SA11C.4732</b>
City <b>San Rafael</b>	State <b>CA</b>	Zip Code <b>94903</b>
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period <b>50.00</b>	
Name of Employer	Occupation	Event
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>50.00</b>	

Full Name (Last, First, Middle Initial) <b>B. Brockbank for City Council</b>		Date of Receipt MM / DD / YYYY <b>10 / 23 / 2007</b>
Mailing Address <b>101 Lucas Valley Road, Suite 380</b>		Transaction ID: <b>SA11C.4734</b>
City <b>San Rafael</b>	State <b>CA</b>	Zip Code <b>94903</b>
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period <b>50.00</b>	
Name of Employer	Occupation	Event admission
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>100.00</b>	

Full Name (Last, First, Middle Initial) <b>C. DFA Marin</b>		Date of Receipt MM / DD / YYYY <b>09 / 28 / 2007</b>
Mailing Address <b>P O Box 4285</b>		Transaction ID: <b>SA11C.4683</b>
City <b>San rafael</b>	State <b>CA</b>	Zip Code <b>94913</b>
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period <b>250.00</b>	
Name of Employer	Occupation	To transfer to state committee
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>450.00</b>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>350.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

28039614254

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

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

FOR LINE NUMBER: (check only one)		PAGE 10 / 15	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Take Back Red California

Full Name (Last, First, Middle Initial)  
A. Sonoma County DFA

Date of Receipt

Mailing Address 3167 Santa Rosa Ave.

MM / DD / YYYY  
08 / 02 / 2007

City	State	Zip Code
Santa Rosa	CA	95407

Transaction ID: SA11C.4735

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

Amount of Each Receipt this Period

60.00

Name of Employer	Occupation
------------------	------------

Receipt For:  
 Primary  
 General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
60.00

28039614255

SUBTOTAL of Receipts This Page (optional) .....	▶	60.00
TOTAL This Period (last page this line number only) .....	▶	410.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)						PAGE 11 / 15
	<input type="checkbox"/> 21b <input type="checkbox"/> 27	<input checked="" type="checkbox"/> 22 <input type="checkbox"/> 28a	<input type="checkbox"/> 23 <input type="checkbox"/> 28b	<input type="checkbox"/> 24 <input type="checkbox"/> 28c	<input type="checkbox"/> 25 <input type="checkbox"/> 29	<input type="checkbox"/> 26 <input type="checkbox"/> 30b	

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NAME OF COMMITTEE (In Full)  
Take Back Red California

Full Name (Last, First, Middle Initial) <b>A. Butte County Democratic Party Central Committee</b>	Transaction ID: SB22.4712 Date of Disbursement 11 / 09 / 2007
Mailing Address	Amount of Each Disbursement this Period 43.00
City State Zip Code	Purpose of Disbursement Contribution
Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	
State: District:	

Full Name (Last, First, Middle Initial) <b>B. Calaveras County Democratic Central Committee</b>	Transaction ID: SB22.4700 Date of Disbursement 11 / 09 / 2007
Mailing Address	Amount of Each Disbursement this Period 43.00
City State Zip Code	Purpose of Disbursement Contribution
Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	
State: District:	

Full Name (Last, First, Middle Initial) <b>C. El Dorado County Central Committee</b>	Transaction ID: SB22.4709 Date of Disbursement 11 / 09 / 2007
Mailing Address POB 445	Amount of Each Disbursement this Period 43.00
City State Zip Code Placerville CA	Purpose of Disbursement Contribution
Candidate Name	011 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 Other (specify) ▼	
State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	129.00
<b>TOTAL</b> This Period (last page this line number only) .....	

28039614256

**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 12 / 15

<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Take Back Red California

Full Name (Last, First, Middle Initial) <b>A. Madera County Democratic Central Committee</b>		Transaction ID: SB22.4704 Date of Disbursement																				
Mailing Address		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>11</td><td></td><td></td><td>09</td><td></td><td></td><td>2007</td><td></td><td></td><td></td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	11			09			2007			
M	M	/	D	D	/	Y	Y	Y	Y													
11			09			2007																
City	State	Zip Code																				
Purpose of Disbursement Contribution		011 Category/ Type																				
Candidate Name																						
Office Sought:	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:																					

Amount of Each Disbursement this Period  
43.00

Full Name (Last, First, Middle Initial) <b>B. Placer County Democratic Central Committee</b>		Transaction ID: SB22.4708 Date of Disbursement																				
Mailing Address POB 423		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>11</td><td></td><td></td><td>09</td><td></td><td></td><td>2007</td><td></td><td></td><td></td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	11			09			2007			
M	M	/	D	D	/	Y	Y	Y	Y													
11			09			2007																
City	State	Zip Code																				
Roseville	CA	95678																				
Purpose of Disbursement Contribution		011 Category/ Type																				
Candidate Name																						
Office Sought:	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:																					

Amount of Each Disbursement this Period  
43.00

Full Name (Last, First, Middle Initial) <b>C. San Joaquin County Democratic Central Committee</b>		Transaction ID: SB22.4710 Date of Disbursement																				
Mailing Address		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>11</td><td></td><td></td><td>09</td><td></td><td></td><td>2007</td><td></td><td></td><td></td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	11			09			2007			
M	M	/	D	D	/	Y	Y	Y	Y													
11			09			2007																
City	State	Zip Code																				
Purpose of Disbursement Contribution		011 Category/ Type																				
Candidate Name																						
Office Sought:	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:																					

Amount of Each Disbursement this Period  
43.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	129.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

28039614257

**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 13 / 15

<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

NAME OF COMMITTEE (In Full)  
Take Back Red California

Full Name (Last, First, Middle Initial) <b>A. Siskiyou County Democratic Central Committee</b>	Transaction ID: SB22.4706 Date of Disbursement 11 / 09 / 2007
Mailing Address	Amount of Each Disbursement this Period 43.00
City State Zip Code	Purpose of Disbursement Contribution
Purpose of Disbursement Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. Take Back Red California</b>	Transaction ID: SB22.4691 Date of Disbursement 07 / 30 / 2007
Mailing Address 21 Convent Court	Amount of Each Disbursement this Period 450.00
City San Rafael State CA Zip Code 94901	Purpose of Disbursement Transfer state funds deposited in error
Purpose of Disbursement Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. Trinity County Democratic Central Committee</b>	Transaction ID: SB22.4702 Date of Disbursement 11 / 09 / 2007
Mailing Address	Amount of Each Disbursement this Period 43.00
City State Zip Code	Purpose of Disbursement Contribution
Purpose of Disbursement Candidate Name	011 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>536.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>794.00</b>

28039614258

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Take Back Red California

**A.** Full Name (Last, First, Middle Initial)  
Linda Knighton

Mailing Address 257 Ramona St.

City Pittsburg State CA Zip Code 94565

Purpose of Disbursement Catering

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: SB29.4692  
Date of Disbursement  
10 / 02 / 2007

Amount of Each Disbursement this Period  
375.00

003  
Category/  
Type

**B.** Full Name (Last, First, Middle Initial)  
Linda Knighton

Mailing Address 257 Ramona St.

City Pittsburg State CA Zip Code 94565

Purpose of Disbursement catering

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: SB29.4694  
Date of Disbursement  
10 / 22 / 2007

Amount of Each Disbursement this Period  
275.00

Category/  
Type

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

Mailing Address 3200 Payne Ave., WestPark Apt. 423

City San Jose State CA Zip Code 05117

Purpose of Disbursement Edit video for DVD

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: SB29.4695  
Date of Disbursement  
11 / 08 / 2007

Amount of Each Disbursement this Period  
304.00

001  
Category/  
Type

SUBTOTAL of Disbursements This Page (optional) .....	954.00
TOTAL This Period (last page this line number only) .....	954.00

28039614259

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

NAME OF COMMITTEE (In Full)  
 Take Back Red California

NAME OF ACCOUNT Take Back Red California	DATE OF RECEIPT MM / DD / YYYY 09 / 28 / 2007	TOTAL AMOUNT TRANSFERRED 2000.00
---	---	-------------------------------------

**BREAKDOWN OF TRANSFER RECEIVED**

i) Total Administrative .....	0.00	Transaction ID: H3.4688
ii) Generic Voter Drive .....		Transaction ID:
iii) Exempt Activities .....		Transaction ID:
iv) Direct Fundraising (List Activity or Event Identifier)		
a) _____		Transaction ID:
b) _____		Transaction ID:
c) Total Amount Transferred for Direct Fundraising .....		
v) Direct Candidate Support (List of Activity or Event Identifier)		
a) _____		Transaction ID:
b) _____		Transaction ID:
c) Total Amount Transferred For Direct Candidate Support .....		
vi) Public Communications Referring Only to Party (Made by PAC)		Transaction ID:

**TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED**

TOTAL This Period (Administrative) .....	0.00
TOTAL This Period (Generic Voter Drive) .....	0.00
TOTAL This Period (Exempt Activities) .....	0.00
TOTAL This Period (Direct Fundraising) .....	0.00
TOTAL This Period (Direct Candidate Support) .....	0.00
TOTAL This Period (Public Communications Referring Only to Party) .....	0.00
TOTAL This Period (Total Amount Transferred) .....	2000.00

28039614260

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 checked="" type="checkbox"/> USPS Express Mail	Postmarked 1/31/08
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input 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


2/1/08  
**PREPARER** **DATE PREPARED**  
 (3/2005)

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