

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)

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Joe Baca

A.	Full Name (Last, First, Middle Initial) Baca, Jr., Friends of Joe Mailing Address P.O. Box 402 City Rialto State CA Zip Code 92377 Purpose of Disbursement Contribution to Non Federal Committee Candidate Name Baca, Jr., Friends of Joe 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) ▼	Transaction ID: EXP.B.7197 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 1 0 Amount of Each Disbursement this Period 5000.00
B.	Full Name (Last, First, Middle Initial) Bocchieri for Congress Mailing Address 50 E Street, SE City Washington State DC Zip Code 20003 Purpose of Disbursement Contribution Candidate Name Bocchieri for Congress Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 16 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: EXP.B.7194 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 1 0 Amount of Each Disbursement this Period 1000.00
C.	Full Name (Last, First, Middle Initial) Boyd for Congress Mailing Address P.O. Box 15703 City Tallahassee State FL Zip Code 32317 Purpose of Disbursement Contribution Candidate Name Boyd for Congress Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 02 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: EXP.B.7187 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 4 / 2 0 1 0 Amount of Each Disbursement this Period 2000.00

SUBTOTAL of Disbursements This Page (optional)	8000.00
TOTAL This Period (last page this line number only)	