

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

ADDRESS (number and street) 601 S Glenoaks Bl #211  
 Check if different than previously reported. (ACC)  
Burbank CA 91502

2. **FEC IDENTIFICATION NUMBER** C00345124  
**3. IS THIS REPORT**  NEW (N) **OR**  AMENDED (A)

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report(Q1)  
 July 15 Quarterly Report(Q2)  
 October 15 Quarterly Report(Q3)  
 January 31 Quarterly Report(YE)  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day **PRE-Election** Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12G)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day **Post -Election** Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 01 01 2006 through 03 31 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 Kinde Durkee

Signature of Treasurer Electronically Filed by Kinde Durkee Date 04 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 437g.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
Hispanic Unity USA PAC-Fed

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date										
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6	<table border="1" style="width: 100%;"><tr><td> </td></tr></table>		<table border="1" style="width: 100%;"><tr><td align="center">1664.26</td></tr></table>	1664.26
Y	Y	Y	Y									
2	0	0	6									
1664.26												
(b) Cash on Hand at Beginning of Reporting Period .....	<table border="1" style="width: 100%;"><tr><td align="center">1664.26</td></tr></table>	1664.26										
1664.26												
(c) Total Receipts (from Line 19) .....	<table border="1" style="width: 100%;"><tr><td align="center">7450.00</td></tr></table>	7450.00	<table border="1" style="width: 100%;"><tr><td align="center">7450.00</td></tr></table>	7450.00								
7450.00												
7450.00												
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	<table border="1" style="width: 100%;"><tr><td align="center">9114.26</td></tr></table>	9114.26	<table border="1" style="width: 100%;"><tr><td align="center">9114.26</td></tr></table>	9114.26								
9114.26												
9114.26												
7. Total Disbursements (from Line 31) .....	<table border="1" style="width: 100%;"><tr><td align="center">6607.85</td></tr></table>	6607.85	<table border="1" style="width: 100%;"><tr><td align="center">6607.85</td></tr></table>	6607.85								
6607.85												
6607.85												
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<table border="1" style="width: 100%;"><tr><td align="center">2506.41</td></tr></table>	2506.41	<table border="1" style="width: 100%;"><tr><td align="center">2506.41</td></tr></table>	2506.41								
2506.41												
2506.41												
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	<table border="1" style="width: 100%;"><tr><td align="center">.00</td></tr></table>	.00										
.00												
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	<table border="1" style="width: 100%;"><tr><td align="center">0.00</td></tr></table>	0.00										
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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name  
Hispanic Unity USA PAC-Fed

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	6

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) .....	2000.00	2000.00
(ii) Unitemized .....	450.00	450.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	2450.00	2450.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	5000.00	5000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	7450.00	7450.00
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) .....	0.00	0.00
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) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	7450.00	7450.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	7450.00	7450.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	4107.85	4107.85
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	4107.85	4107.85
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1000.00	1000.00
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.....	1500.00	1500.00
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))..	6607.85	6607.85
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	6607.85	6607.85

**DETAILED SUMMARY PAGE**  
of Disbursements

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) .....	7450.00	7450.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	7450.00	7450.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	4107.85	4107.85
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	4107.85	4107.85

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 / 13
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)  
Hispanic Unity USA PAC-Fed

Full Name (Last, First, Middle Initial) <b>A. Federico C Sayre</b>		Date of Receipt M M / D D / Y Y Y Y Y 03 / 31 / 2006
Mailing Address 10052 Cowan Heights Dr		<b>Transaction ID: SA11ai00000000414117</b> Amount of Each Receipt this Period 1000.00
City State Zip Code Santa Ana CA 92705	FEC ID number of contributing federal political committee. C	
Name of Employer Law Office Of Federico C. Sayre	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. James Swanson</b>		Date of Receipt M M / D D / Y Y Y Y Y 03 / 31 / 2006
Mailing Address 3 Harvey Ct		<b>Transaction ID: SA11ai00000000414099</b> Amount of Each Receipt this Period 1000.00
City State Zip Code Irvine CA 92612	FEC ID number of contributing federal political committee. C	
Name of Employer UC Irvine	Occupation Professor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	2000.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 7 / 13
	(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) Hispanic Unity USA PAC-Fed
---

Full Name (Last, First, Middle Initial) A. IBEW COPE-Int'l Brotherhood Of Electrical Workers Comm On Pol Educ	
Mailing Address 900 Seventh St NW	
City Washington	State DC
Zip Code 20001	
FEC ID number of contributing federal political committee.	<b>C</b> C00027342
Name of Employer	Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00

Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 0 / 2 0 0 6
Transaction ID: SA11c00000000391609
Amount of Each Receipt this Period 5000.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	5000.00
<b>TOTAL</b> This Period (last page this line number only) .....	5000.00

**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)

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

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NAME OF COMMITTEE (In Full)  
Hispanic Unity USA PAC-Fed

Full Name (Last, First, Middle Initial) <b>A. Durkee &amp; Associates</b>		<b>Transaction ID:</b> SB21b00000000403115 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 6
Mailing Address 601 S. Glenoaks Blvd., # 211		Amount of Each Disbursement this Period 250.00
City Burbank State CA Zip Code 91502	Purpose of Disbursement Accounting Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Purpose of Disbursement Accounting Candidate Name		

Full Name (Last, First, Middle Initial) <b>B. Durkee &amp; Associates</b>		<b>Transaction ID:</b> SB21b00000000403116 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 6
Mailing Address 601 S. Glenoaks Blvd., # 211		Amount of Each Disbursement this Period 250.00
City Burbank State CA Zip Code 91502	Purpose of Disbursement Accounting Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Purpose of Disbursement Accounting Candidate Name		

Full Name (Last, First, Middle Initial) <b>C. Durkee &amp; Associates</b>		<b>Transaction ID:</b> SB21b00000000403117 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 6
Mailing Address 601 S. Glenoaks Blvd., # 211		Amount of Each Disbursement this Period 500.00
City Burbank State CA Zip Code 91502	Purpose of Disbursement Accounting Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Purpose of Disbursement Accounting Candidate Name		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Hispanic Unity USA PAC-Fed

<b>A. Durkee &amp; Associates</b> Full Name (Last, First, Middle Initial) Mailing Address 601 S. Glenoaks Blvd., # 211 City Burbank State CA Zip Code 91502 Purpose of Disbursement Accounting Candidate Name		<b>Transaction ID:</b> SB21b00000000414098 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 0 6 <b>Amount of Each Disbursement this Period:</b> 250.00 Category/Type: 001
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>B. Karen A Hinks</b> Full Name (Last, First, Middle Initial) Mailing Address 6402 St Paul Cir #B City Huntington Beach State CA Zip Code 92647 Purpose of Disbursement Campaign Consulting Fee Candidate Name		<b>Transaction ID:</b> SB21b000000000391644 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 0 6 <b>Amount of Each Disbursement this Period:</b> 500.00 Category/Type: 003
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>C. Karen A Hinks</b> Full Name (Last, First, Middle Initial) Mailing Address 6402 St Paul Cir #B City Huntington Beach State CA Zip Code 92647 Purpose of Disbursement Campaign Consulting Fee Candidate Name		<b>Transaction ID:</b> SB21b000000000394786 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 6 <b>Amount of Each Disbursement this Period:</b> 500.00 Category/Type: 001
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>1250.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 10 / 13

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

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NAME OF COMMITTEE (In Full)  
Hispanic Unity USA PAC-Fed

Full Name (Last, First, Middle Initial) <b>A. Karen A Hinks</b>		<b>Transaction ID:</b> SB21b00000000403118 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 6
Mailing Address 6402 St Paul Cir #B		Amount of Each Disbursement this Period 500.00
City Huntington Beach State CA Zip Code 92647	Purpose of Disbursement Campaign Consulting Fee Candidate Name Category/Type 001	
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. Karen A Hinks</b>		<b>Transaction ID:</b> SB21b00000000414082 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 6
Mailing Address 6402 St Paul Cir #B		Amount of Each Disbursement this Period 500.00
City Huntington Beach State CA Zip Code 92647	Purpose of Disbursement Campaign Consulting Fee Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. Karen A Hinks</b>		<b>Transaction ID:</b> SB21b00000000414097 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 0 6
Mailing Address 6402 St Paul Cir #B		Amount of Each Disbursement this Period 500.00
City Huntington Beach State CA Zip Code 92647	Purpose of Disbursement Campaign Consulting Fee Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# 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 / 13

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

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NAME OF COMMITTEE (In Full)  
Hispanic Unity USA PAC-Fed

Full Name (Last, First, Middle Initial)

**A.** Nationwide Printing Services

Mailing Address 15421 Red Hill Av #B

City Tustin State CA Zip Code 92780

Purpose of Disbursement  
Printing

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21b00000000414095

Date of Disbursement

03 / 21 / 2006

Amount of Each Disbursement this Period

269.85

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

269.85

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

4019.85

**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 / 13

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

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NAME OF COMMITTEE (In Full)  
Hispanic Unity USA PAC-Fed

Full Name (Last, First, Middle Initial) <b>A. Committee To Bring Back Baron</b>		<b>Transaction ID: SB23000000000414096</b> Date of Disbursement M M / D D / Y Y Y Y 03 / 29 / 2006	
Mailing Address PO Box 1071		Amount of Each Disbursement this Period 1000.00	
City Seymour State IN Zip Code 47274	Purpose of Disbursement Contribution Candidate Name Baron Hill	011 Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 09	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

1000.00

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

1000.00

**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 13 / 13

<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)  
Hispanic Unity USA PAC-Fed

Full Name (Last, First, Middle Initial) <b>A. Committee To Elect Paul Krekorian</b>		<b>Transaction ID:</b> SB29000000000414083
Mailing Address 601 S. Glenoaks Blvd., Ste. 211		Date of Disbursement MM / DD / YYYY 03 / 16 / 2006
City Burbank	State CA	Zip Code 91502
Purpose of Disbursement Non-Federal Contribution		Amount of Each Disbursement this Period 1000.00
Candidate Name		011 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. KinderCaminata Inc</b>		<b>Transaction ID:</b> SB290000000000394785
Mailing Address 2323 N Broadway #408		Date of Disbursement MM / DD / YYYY 01 / 19 / 2006
City Santa Ana	State CA	Zip Code 92706
Purpose of Disbursement Contribution		Amount of Each Disbursement this Period 500.00
Candidate Name		012 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	1500.00