

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
NEW MAJORITY CALIFORNIA FEDERAL PAC

ADDRESS (number and street) 591 REDWOOD HIGHWAY, BUILDING 4000
MILL VALLEY CA 94941
 Check if different than previously reported. (ACC)

2. **FEC IDENTIFICATION NUMBER** C00387274
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 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 JASON D. KAUNE

Signature of Treasurer Electronically Filed by JASON D. KAUNE Date 01 15 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									
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FEC FORM 3X
(Rev. 12/2004)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
NEW MAJORITY CALIFORNIA FEDERAL PAC

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"/>		12665.10
(b) Cash on Hand at Beginning of Reporting Period	28289.13	
(c) Total Receipts (from Line 19)	67000.00	84500.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	95289.13	97165.10
7. Total Disbursements (from Line 31)	29131.30	31007.27
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	66157.83	66157.83
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	616.09	

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
NEW MAJORITY CALIFORNIA FEDERAL PAC

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	7

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	67000.00	84500.00
(i) Itemized (use Schedule A)	0.00	0.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	67000.00	84500.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	67000.00	84500.00
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))	67000.00	84500.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	67000.00	84500.00

DETAILED SUMMARY PAGE

of Disbursements

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	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	3631.30	5507.27
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	3631.30	5507.27
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	25500.00	25500.00
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.....	0.00	0.00
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))..	29131.30	31007.27
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	29131.30	31007.27

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)	67000.00	84500.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	67000.00	84500.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	3631.30	5507.27
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	3631.30	5507.27

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 20
(check only one)
 11a 11b 11c 12
 13 14 15 16 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)
NEW MAJORITY CALIFORNIA FEDERAL PAC

A. Full Name (Last, First, Middle Initial)
DAN PALMER

Mailing Address **233 WILSHIRE BOULEVARD SUITE 800**

City **SANTA MONICA** State **CA** Zip Code **90401**

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

Name of Employer **PALMER INVESTMENTS** Occupation **PRESIDENT**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **5000.00**

Date of Receipt **07 / 03 / 2007**
Transaction ID: INC.A.308
 Amount of Each Receipt this Period **5000.00**

B. Full Name (Last, First, Middle Initial)
ZEE M. ALLRED

Mailing Address **190 SAN SEBASTIAN**

City **NEWPORT BEACH** State **CA** Zip Code **92660**

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

Name of Employer **POOL WATER PRODUCTS** Occupation **CEO**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **5000.00**

Date of Receipt **08 / 20 / 2007**
Transaction ID: INC.A.312
 Amount of Each Receipt this Period **2500.00**

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

Mailing Address **356 PINECREST**

City **LAGUNA BEACH** State **CA** Zip Code **92651**

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

Name of Employer **NEXT SOLUTIONS, INC.** Occupation **CONSULTANT**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **5000.00**

Date of Receipt **08 / 20 / 2007**
Transaction ID: INC.A.313
 Amount of Each Receipt this Period **5000.00**

SUBTOTAL of Receipts This Page (optional) ► **12500.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 20
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
NEW MAJORITY CALIFORNIA FEDERAL PAC

A. Full Name (Last, First, Middle Initial)
ROBERT YELLIN

Mailing Address **2010 YACHT RESOLUTE**

City **NEWPORT BEACH** State **CA** Zip Code **92660**

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

Name of Employer **CALPROTECTION** Occupation **CEO**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **5000.00**

Date of Receipt **08 / 20 / 2007**
Transaction ID: INC.A.314
 Amount of Each Receipt this Period **2500.00**

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

Mailing Address **4000 MACARTHUR BLVD. (WEST TOWER)**

City **NEWPORT BEACH** State **CA** Zip Code **92660**

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

Name of Employer **CONEXANT SYSTEMS, INC.** Occupation **CEO**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **5000.00**

Date of Receipt **09 / 19 / 2007**
Transaction ID: INC.A.334
 Amount of Each Receipt this Period **2500.00**

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

Mailing Address **8 SANTA RIDA**

City **IRVINE** State **CA** Zip Code **92606**

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

Name of Employer **RIORDAN, LEWIS & HADEN, INC.** Occupation **FINANCE**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **5000.00**

Date of Receipt **09 / 19 / 2007**
Transaction ID: INC.A.335
 Amount of Each Receipt this Period **2500.00**

SUBTOTAL of Receipts This Page (optional) ► **7500.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 20
(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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NAME OF COMMITTEE (In Full)
NEW MAJORITY CALIFORNIA FEDERAL PAC

A. Full Name (Last, First, Middle Initial)
G. WILLIAM VAN DE WEGHE, JR.
Mailing Address 3733 WARNER ST.
City SAN DIEGO State CA Zip Code 92106
FEC ID number of contributing federal political committee. **C**

Date of Receipt: 10 / 01 / 2007
Transaction ID: INC.A.338
Amount of Each Receipt this Period: 1000.00

Name of Employer: RA CAPITOL ADVISORS Occupation: INVESTMENT BANKER
Receipt For: Primary General Other (specify) Aggregate Year-to-Date: 2000.00

B. Full Name (Last, First, Middle Initial)
CLIFFORD CUMMINGS
Mailing Address 3377 VALENCIA AVE
City SAN BERNADINO State CA Zip Code 92404
FEC ID number of contributing federal political committee. **C**

Date of Receipt: 10 / 18 / 2007
Transaction ID: INC.A.341
Amount of Each Receipt this Period: 5000.00

Name of Employer: TOYOTA OF SAN BERNADINO Occupation: EXECUTIVE
Receipt For: Primary General Other (specify) Aggregate Year-to-Date: 5000.00

C. Full Name (Last, First, Middle Initial)
ZEE M. ALLRED
Mailing Address 190 SAN SEBASTIAN
City NEWPORT BEACH State CA Zip Code 92660
FEC ID number of contributing federal political committee. **C**

Date of Receipt: 11 / 16 / 2007
Transaction ID: INC.A.344
Amount of Each Receipt this Period: 2500.00

Name of Employer: POOL WATER PRODUCTS Occupation: CEO
Receipt For: Primary General Other (specify) Aggregate Year-to-Date: 5000.00

SUBTOTAL of Receipts This Page (optional) **8500.00**

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 20
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
NEW MAJORITY CALIFORNIA FEDERAL PAC

A. Full Name (Last, First, Middle Initial)
MARY ANN BROWN

Mailing Address **288 CHIQUITA ST.**

City **LAGUNA BEACH** State **CA** Zip Code **92651**

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

Name of Employer **PACIFIC LIFE INSURANCE** Occupation **INSURANCE EXEC/ACTUARY**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2500.00**

Date of Receipt MM / DD / YYYY
11 / 16 / 2007
Transaction ID: INC.A.345
 Amount of Each Receipt this Period **2500.00**

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

Mailing Address **2010 YACHT RESOLUTE**

City **NEWPORT BEACH** State **CA** Zip Code **92660**

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

Name of Employer **CALPROTECTION** Occupation **CEO**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **5000.00**

Date of Receipt MM / DD / YYYY
11 / 16 / 2007
Transaction ID: INC.A.346
 Amount of Each Receipt this Period **2500.00**

C. Full Name (Last, First, Middle Initial)
ROCCO J. FABIANO

Mailing Address **PO BOX 9635**

City **RANCHO SANTA FE** State **CA** Zip Code **92067**

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

Name of Employer **ACC CONSUMER FINANCE** Occupation **CHAIRMAN**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **5000.00**

Date of Receipt MM / DD / YYYY
12 / 10 / 2007
Transaction ID: INC.A.350
 Amount of Each Receipt this Period **5000.00**

SUBTOTAL of Receipts This Page (optional) ► **10000.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 20
(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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NAME OF COMMITTEE (In Full)
NEW MAJORITY CALIFORNIA FEDERAL PAC

A.

Full Name (Last, First, Middle Initial)
SARA GIACOBBI

Mailing Address 6255 LA PINTURA DRIVE

City LA JOLLA State CA Zip Code 92037

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

Name of Employer XELO Occupation PRINCIPAL

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 12 / 10 / 2007
Transaction ID: INC.A.351
 Amount of Each Receipt this Period: 5000.00

B.

Full Name (Last, First, Middle Initial)
KENNETH E. OLSON

Mailing Address 404 TORREY POINT RD.

City DEL MAR State CA Zip Code 92014

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

Name of Employer UCSD Occupation INSTRUCTOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 12 / 10 / 2007
Transaction ID: INC.A.352
 Amount of Each Receipt this Period: 5000.00

C.

Full Name (Last, First, Middle Initial)
G. WILLIAM VAN DE WEGHE, JR.

Mailing Address 3733 WARNER ST.

City SAN DIEGO State CA Zip Code 92106

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

Name of Employer RA CAPITOL ADVISORS Occupation INVESTMENT BANKER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt: 12 / 10 / 2007
Transaction ID: INC.A.353
 Amount of Each Receipt this Period: 1000.00

SUBTOTAL of Receipts This Page (optional) ► 11000.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 20
(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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NAME OF COMMITTEE (In Full)
NEW MAJORITY CALIFORNIA FEDERAL PAC

A.

Full Name (Last, First, Middle Initial)
DWIGHT DECKER

Mailing Address 4000 MACARTHUR BLVD. (WEST TOWER)

City State Zip Code
NEWPORT BEACH CA 92660

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

Name of Employer Occupation
CONEXANT SYSTEMS, INC. CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
MM / DD / YYYY
12 / 18 / 2007

Transaction ID: INC.A.357

Amount of Each Receipt this Period
2500.00

B.

Full Name (Last, First, Middle Initial)
KATHRYN MOORE

Mailing Address 88 LINDA ISLE

City State Zip Code
NEWPORT BEACH CA 92660

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

Name of Employer Occupation
NONE HOMEMAKER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
MM / DD / YYYY
12 / 18 / 2007

Transaction ID: INC.A.356

Amount of Each Receipt this Period
5000.00

C.

Full Name (Last, First, Middle Initial)
JOHN R. SAUNDERS

Mailing Address 4525 MACARTHUR BLVD., SUITE A

City State Zip Code
NEWPORT BEACH CA 92660

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

Name of Employer Occupation
SAUNDERS PROPERTY CO. OWNER/REAL ESTATE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
MM / DD / YYYY
12 / 18 / 2007

Transaction ID: INC.A.359

Amount of Each Receipt this Period
5000.00

SUBTOTAL of Receipts This Page (optional) ► **12500.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 12 / 20	
	(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"/> 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)
NEW MAJORITY CALIFORNIA FEDERAL PAC

A.	Full Name (Last, First, Middle Initial) JOANNE TREMPALA		Date of Receipt	
	Mailing Address 1215 DOLPHIN TERRACE		M M / D D / Y Y Y Y 1 2 / 1 8 / 2 0 0 7	
	City	State	Zip Code	Transaction ID: INC.A.355
	CORONA DEL MAR	CA	92625	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
	C		5000.00	
Name of Employer NONE		Occupation HOMEMAKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 5000.00		

SUBTOTAL of Receipts This Page (optional)	5000.00
TOTAL This Period (last page this line number only)	67000.00

**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 / 20

<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)
NEW MAJORITY CALIFORNIA FEDERAL PAC

A.	Full Name (Last, First, Middle Initial) NIELSEN, MERKSAMER, PARRINELLO, MUELLER & NAYLOR, LLP <hr/> Mailing Address 1415 L STREET, SUITE 1200 <hr/> City SACRAMENTO State CA Zip Code 95814 <hr/> Purpose of Disbursement LEGAL & ACCOUNTING FEES Candidate Name 001 Category/Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: EXP.B.363 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 3 / 2 0 0 7 <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: right;">505.41</div>
B.	Full Name (Last, First, Middle Initial) NIELSEN, MERKSAMER, PARRINELLO, MUELLER & NAYLOR, LLP <hr/> Mailing Address 1415 L STREET, SUITE 1200 <hr/> City SACRAMENTO State CA Zip Code 95814 <hr/> Purpose of Disbursement LEGAL & ACCOUNTING FEES Candidate Name 001 Category/Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: EXP.B.310 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 3 / 2 0 0 7 <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: right;">318.55</div>
C.	Full Name (Last, First, Middle Initial) NIELSEN, MERKSAMER, PARRINELLO, MUELLER & NAYLOR, LLP <hr/> Mailing Address 1415 L STREET, SUITE 1200 <hr/> City SACRAMENTO State CA Zip Code 95814 <hr/> Purpose of Disbursement LEGAL & ACCOUNTING FEES Candidate Name 001 Category/Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: EXP.B.316 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 0 / 2 0 0 7 <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: right;">755.25</div>

SUBTOTAL of Disbursements This Page (optional) ▶	<div style="border: 1px solid black; padding: 5px;">1579.21</div>
TOTAL This Period (last page this line number only) ▶	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>

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)
NEW MAJORITY CALIFORNIA FEDERAL PAC

A. Full Name (Last, First, Middle Initial)
NIELSEN, MERKSAMER, PARRINELLO, MUELLER & NAYLOR, LLP

Transaction ID: EXP.B.340

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	3	/	2	0	0	7

Mailing Address 1415 L STREET, SUITE 1200

Amount of Each Disbursement this Period

318.48

City State Zip Code
SACRAMENTO CA 95814

Purpose of Disbursement
LEGAL & ACCOUNTING FEES

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

B. Full Name (Last, First, Middle Initial)
NIELSEN, MERKSAMER, PARRINELLO, MUELLER & NAYLOR, LLP

Transaction ID: EXP.B.342

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	2	/	2	0	0	7

Mailing Address 1415 L STREET, SUITE 1200

Amount of Each Disbursement this Period

705.25

City State Zip Code
SACRAMENTO CA 95814

Purpose of Disbursement
LEGAL & ACCOUNTING FEES

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

C. Full Name (Last, First, Middle Initial)
NIELSEN, MERKSAMER, PARRINELLO, MUELLER & NAYLOR, LLP

Transaction ID: EXP.B.348

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	1	/	2	0	0	7

Mailing Address 1415 L STREET, SUITE 1200

Amount of Each Disbursement this Period

576.80

City State Zip Code
SACRAMENTO CA 95814

Purpose of Disbursement
LEGAL & ACCOUNTING FEES

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ▶

1600.53

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

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**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)

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<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)
NEW MAJORITY CALIFORNIA FEDERAL PAC

A.

Full Name (Last, First, Middle Initial)
NIELSEN, MERKSAMER, PARRINELLO, MUELLER & NAYLOR, LLP

Transaction ID: EXP.B.360

Date of Disbursement

Mailing Address 1415 L STREET, SUITE 1200

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	0		2	0	0	7

City State Zip Code
SACRAMENTO CA 95814

Amount of Each Disbursement this Period

451.56

Purpose of Disbursement
LEGAL & ACCOUNTING FEES

001
Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

451.56

TOTAL This Period (last page this line number only)

3631.30

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)

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<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)
NEW MAJORITY CALIFORNIA FEDERAL PAC

<p>A.</p> <p>Full Name (Last, First, Middle Initial) ED ROYCE FOR CONGRESS</p> <p>Mailing Address P.O. BOX 2525</p> <p>City ORANGE State CA Zip Code 92859</p> <p>Purpose of Disbursement</p> <p>Candidate Name ED ROYCE</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 40</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: EXP.B.318 Date of Disbursement 09 / 10 / 2007</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) CATHY MCMORRIS FOR CONGRESS</p> <p>Mailing Address PO BOX 137</p> <p>City SPOKANE State WA Zip Code 99210</p> <p>Purpose of Disbursement</p> <p>Candidate Name CATHY MCMORRIS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 05</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: EXP.B.320 Date of Disbursement 09 / 19 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) COLEMAN FOR SENATE 08</p> <p>Mailing Address 680 TRANSFER ROAD, STE. A</p> <p>City SAINT PAUL State NM Zip Code 55114</p> <p>Purpose of Disbursement</p> <p>Candidate Name NORM COLEMAN</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MN District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: EXP.B.332 Date of Disbursement 09 / 26 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

7000.00

TOTAL 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)

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<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)
NEW MAJORITY CALIFORNIA FEDERAL PAC

A. Full Name (Last, First, Middle Initial) COLLINS FOR SENATE <hr/> Mailing Address PO BOX 1096 <hr/> City BANGOR State ME Zip Code 04402 <hr/> Purpose of Disbursement <hr/> Candidate Name SUSAN M. COLLINS <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ME District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: EXP.B.328 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 7
	Amount of Each Disbursement this Period 2500.00
	011 Category/ Type
B. Full Name (Last, First, Middle Initial) COLLINS FOR SENATE <hr/> Mailing Address PO BOX 1096 <hr/> City BANGOR State ME Zip Code 04402 <hr/> Purpose of Disbursement <hr/> Candidate Name SUSAN M. COLLINS <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ME District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: EXP.B.329 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 7
	Amount of Each Disbursement this Period 2500.00
	011 Category/ Type
C. Full Name (Last, First, Middle Initial) DREIER FOR CONGRESS <hr/> Mailing Address PO BOX 505 <hr/> City UPLAND State CA Zip Code 91785 <hr/> Purpose of Disbursement <hr/> Candidate Name DAVID DREIER <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 26 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: EXP.B.324 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 7
	Amount of Each Disbursement this Period 2500.00
	011 Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	7500.00
TOTAL 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 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)
NEW MAJORITY CALIFORNIA FEDERAL PAC

A.	Full Name (Last, First, Middle Initial) FRIENDS OF DAVE REICHERT	Transaction ID: EXP.B.333 Date of Disbursement 09 / 26 / 2007
	Mailing Address PO BOX 53322	Amount of Each Disbursement this Period 1000.00
	City BELLEVUE State WA Zip Code 98015	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name DAVE REICHERT	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 08	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) GARY MILLER FOR CONGRESS	Transaction ID: EXP.B.325 Date of Disbursement 09 / 26 / 2007
	Mailing Address 721S BREA CANYON ROAD, STE. 7	Amount of Each Disbursement this Period 2500.00
	City DIAMOND BAR State CA Zip Code 91789	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name GARY MILLER	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 42	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) ISSA FOR CONGRESS	Transaction ID: EXP.B.327 Date of Disbursement 09 / 26 / 2007
	Mailing Address P.O. BOX 760	Amount of Each Disbursement this Period 2500.00
	City VISTA State CA Zip Code 92805	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name DARRELL ISSA	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 49	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	6000.00
TOTAL 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)

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<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)
NEW MAJORITY CALIFORNIA FEDERAL PAC

A. Full Name (Last, First, Middle Initial)
LEWIS FOR CONGRESS COMMITTEE

Mailing Address P.O. BOX 247

City REDLANDS State CA Zip Code 92373

Purpose of Disbursement

Category/
Type

Candidate Name
JERRY LEWIS

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: CA District: 41

Transaction ID: EXP.B.323
Date of Disbursement

/ /

Amount of Each Disbursement this Period

B. Full Name (Last, First, Middle Initial)
MARY BONO FOR CONGRESS

Mailing Address PO BOX 3370

City PALM SPRINGS State CA Zip Code 92263

Purpose of Disbursement

Category/
Type

Candidate Name
MARY BONO

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: CA District: 45

Transaction ID: EXP.B.326
Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) ►

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

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 20 / 20
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
NEW MAJORITY CALIFORNIA FEDERAL PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor NIELSEN, MERKSAMER, PARRINELLO, MUELLER & NAYLOR, LLP	Nature of Debt (Purpose): LEGAL & ACCOUNTING FEES
Mailing Address 1415 L STREET, SUITE 1200	
City State ZIP Code SACRAMENTO CA 95814	

Outstanding Balance Beginning This Period 505.41	Transaction ID: PAY:D:305	
Amount Incurred This Period 0.00	Payment This Period 505.41	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor NIELSEN, MERKSAMER, PARRINELLO, MUELLER & NAYLOR, LLP	Nature of Debt (Purpose): LEGAL & ACCOUNTING FEES
Mailing Address 1415 L STREET, SUITE 1200	
City State ZIP Code SACRAMENTO CA 95814	

Outstanding Balance Beginning This Period 0.00	Transaction ID: PAY:D:362	
Amount Incurred This Period 616.09	Payment This Period 0.00	Outstanding Balance at Close of This Period 616.09

1) SUBTOTALS This Period This Page (optional).....	616.09
2) TOTALS This Period (last page this line number only).....	616.09
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	616.09