

**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 linesCommittee for Hispanic Causes/Building Our Leadership Diversity PAC (CHC BOLD PA-  
Q)

ADDRESS (number and street)

1831 Bay Street SE

☐Check if different  
than previously  
reported. (ACC)

WASHINGTON

DC

20003

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00365536

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

2009

through

12

31

2009

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

Diane Evans

Signature of Treasurer

Electronically Filed by Diane Evans

Date

01

27

2010

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. 12/2004)

# SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

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Write or Type Committee Name

Committee for Hispanic Causes/Building Our Leadership Diversity PAC (CHC BOLD PA-C)

Report Covering the Period:

From:

M M  
0 7D D  
0 1Y Y Y Y  
2 0 0 9

To:

M M  
1 2D D  
3 1Y Y Y Y  
2 0 0 9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>2009</span>		223162.88
(b) Cash on Hand at Beginning of Reporting Period .....	294523.51	
(c) Total Receipts (from Line 19) .....	143500.00	254850.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	438023.51	478012.88
7. Total Disbursements (from Line 31) .....	112792.75	152782.12
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	325230.76	325230.76
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

# **DETAILED SUMMARY PAGE** **OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

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Write or Type Committee Name

Committee for Hispanic Causes/Building Our Leadership Diversity PAC (CHC BOLD PA-C)

Report Covering the Period:

From:

M	M	D	D	Y	Y	W	Y
0	7	0	1	2	0	0	9

To:

M	M	D	D	Y	Y	W	Y
1	2	0	3	2	0	0	9

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) .....	17000.00	31250.00
(ii) Unitemized .....	0.00	100.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	17000.00	31350.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	121500.00	218500.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	138500.00	249850.00
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 .....	5000.00	5000.00
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)) .....	143500.00	254850.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	143500.00	254850.00

## DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

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.....	82792.75	102782.12	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	82792.75	102782.12	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	30000.00	50000.00	
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))..	112792.75	152782.12	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	112792.75	152782.12	

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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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) .....	138500.00	249850.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	138500.00	249850.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	82792.75	102782.12
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	82792.75	102782.12

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

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

FOR LINE NUMBER: PAGE 6 / 43

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Committee for Hispanic Causes/Building Our Leadership Diversity PAC (CHC BOLD PA-C)

**A.**

Full Name (Last, First, Middle Initial)

Eastern Band of Cherokee Indians

Mailing Address P.O. Box 455

City

Cherokee

State

NC

Zip Code

28719

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.6468

Amount of Each Receipt this Period

5000.00

**B.**

Full Name (Last, First, Middle Initial)

Lucas Ferrara

Mailing Address PO Box 3387  
Church Street Station

City

New York

State

NY

Zip Code

10008

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Finkelstein Newman Ferrara  
LLP

Occupation  
Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 9

Transaction ID: SA11AI.6469

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Finkelstein Newman Ferrara LLP

Mailing Address 225 Broadway  
8th Floor

City

New York

State

NY

Zip Code

10007

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 9

Transaction ID: SA11AI.6471

Amount of Each Receipt this Period

1000.00

Partnership Contribution -  
See Below

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

7000.00

**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 / 43

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Committee for Hispanic Causes/Building Our Leadership Diversity PAC (CHC BOLD PA-C)

**A.**

Full Name (Last, First, Middle Initial)

Lucas Ferrara

Mailing Address PO Box 3387  
Church Street Station

City State Zip Code  
New York NY 10008

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Finkelstein Newman Ferrara  
LLP

Occupation  
Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 9

Transaction ID: SA11AI.6471.0

Amount of Each Receipt this Period

200.00

**[MEMO ITEM]**

**B.**

Full Name (Last, First, Middle Initial)

Juan Mensoza

Mailing Address 600 W 150th St.  
Apt. #4

City State Zip Code  
New York NY 10031

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 9

Transaction ID: SA11AI.6484

Amount of Each Receipt this Period

3000.00

**C.**

Full Name (Last, First, Middle Initial)

Jose Rodriguez

Mailing Address 85 4th Avenue  
Apt. #3H

City State Zip Code  
New York NY 10003

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HITN

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 9

Transaction ID: SA11AI.6482

Amount of Each Receipt this Period

1000.00

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

4000.00

**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 / 43

(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)

Committee for Hispanic Causes/Building Our Leadership Diversity PAC (CHC BOLD PA-C)

**A.**

Full Name (Last, First, Middle Initial)

San Manuel Band of Mission Indians

Mailing Address 26569 Community Center Drive

City

Highland

State

CA

Zip Code

92346

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	0	9

Transaction ID: SA11AI.6486

Amount of Each Receipt this Period

5000.00

**B.**

Full Name (Last, First, Middle Initial)

Robert Smittcamp

Mailing Address 5811 N. Forkner Avenue

City

Fresno

State

CA

Zip Code

93711

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lyons Magnus

Occupation

Chairman &amp; CEO

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	1		2	0	0	9

Transaction ID: SA11AI.6466

Amount of Each Receipt this Period

1000.00

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

6000.00

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

17000.00



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

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

FOR LINE NUMBER: PAGE 9 / 43

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Committee for Hispanic Causes/Building Our Leadership Diversity PAC (CHC BOLD PA-C)

**A.**

Full Name (Last, First, Middle Initial)

AIRCRAFT OWNERS AND PILOTS ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 421 Aviation Way

City State Zip Code  
 Frederick MD 21701

FEC ID number of contributing  
federal political committee.

**C** C00131185

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 7 / 0 2 / 2 0 0 9

Transaction ID: SA11C.6406

Amount of Each Receipt this Period

2500.00

**B.**

Full Name (Last, First, Middle Initial)

AIRCRAFT OWNERS AND PILOTS ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 421 Aviation Way

City State Zip Code  
 Frederick MD 21701

FEC ID number of contributing  
federal political committee.

**C** C00131185

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 9 / 3 0 / 2 0 0 9

Transaction ID: SA11C.6418

Amount of Each Receipt this Period

2500.00

**C.**

Full Name (Last, First, Middle Initial)

AMERICAN ASSOCIATION FOR JUSTICE POLITICAL ACTION COMMITTEE (AAJ PAC)

Mailing Address 777 6th Street, NW  
 Suite 209

City State Zip Code  
 Washington DC 20001

FEC ID number of contributing  
federal political committee.

**C** C00024521

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 9 / 1 5 / 2 0 0 9

Transaction ID: SA11C.6410

Amount of Each Receipt this Period

1000.00

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

6000.00

**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 10 / 43

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Committee for Hispanic Causes/Building Our Leadership Diversity PAC (CHC BOLD PAC)

**A.**

Full Name (Last, First, Middle Initial)

AMERICAN ASSOCIATION FOR JUSTICE POLITICAL ACTION COMMITTEE (AAJ PAC)

Mailing Address 777 6th Street, NW  
Suite 209

City State Zip Code  
Washington DC 20001

FEC ID number of contributing  
federal political committee.

**C** C00024521

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 8 / 2 0 0 9

Transaction ID: SA11C.6423

Amount of Each Receipt this Period

2000.00

**B.**

Full Name (Last, First, Middle Initial)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES - P E O P L E, QUALIFIED

Mailing Address 1625 L STREET NW

City State Zip Code  
WASHINGTON DC 20036

FEC ID number of contributing  
federal political committee.

**C** C00011114

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 0 2 / 2 0 0 9

Transaction ID: SA11C.6403

Amount of Each Receipt this Period

2500.00

**C.**

Full Name (Last, First, Middle Initial)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES - P E O P L E, QUALIFIED

Mailing Address 1625 L STREET NW

City State Zip Code  
WASHINGTON DC 20036

FEC ID number of contributing  
federal political committee.

**C** C00011114

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 5 / 2 0 0 9

Transaction ID: SA11C.6415

Amount of Each Receipt this Period

1000.00

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

5500.00

**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 11 / 43

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Committee for Hispanic Causes/Building Our Leadership Diversity PAC (CHC BOLD PA-C)

**A.** Full Name (Last, First, Middle Initial) AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES - P E O P L E, QUALIFIED Date of Receipt

Mailing Address 1625 L STREET NW

City State Zip Code  
 WASHINGTON DC 20036

FEC ID number of contributing federal political committee.

**C** C00011114

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

M M / D D / Y Y Y Y Y  
 1 2 / 1 7 / 2 0 0 9

Transaction ID: SA11C.6452

Amount of Each Receipt this Period

1500.00

**B.** Full Name (Last, First, Middle Initial) AMERICAN FEDERATION OF TEACHERS AFL-CIO COMMITTEE ON POLITICAL EDUCATION

Mailing Address 555 New Jersey Avenue NW

City State Zip Code  
 Washington DC 20001

FEC ID number of contributing federal political committee.

**C** C00028860

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 2 / 1 0 / 2 0 0 9

Transaction ID: SA11C.6433

Amount of Each Receipt this Period

5000.00

**C.** Full Name (Last, First, Middle Initial) AMERICAN OPTOMETRIC ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 1505 Prince Street  
 Suite 300

City State Zip Code  
 Alexandria VA 22314

FEC ID number of contributing federal political committee.

**C** C00024968

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 9 / 3 0 / 2 0 0 9

Transaction ID: SA11C.6417

Amount of Each Receipt this Period

1000.00

**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 12 / 43

(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)

Committee for Hispanic Causes/Building Our Leadership Diversity PAC (CHC BOLD PA-C)

**A.** Full Name (Last, First, Middle Initial) AMERICAN SOCIETY OF ANESTHESIOLOGISTS INCORPORATED POLITICAL ACTION COMMITTEE Date of Receipt

Mailing Address 520 N. NORTHWEST HIGHWAY

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	1	/	2	0	9	

**Transaction ID:** SA11C.6435

Amount of Each Receipt this Period

2500.00									
---------	--	--	--	--	--	--	--	--	--

City	State	Zip Code
PARK RIDGE	IL	60068

FEC ID number of contributing federal political committee.

C	C00255752
---	-----------

Name of Employer

Occupation

Receipt For:

☐ Primary
 ☐ General
 ☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00									
---------	--	--	--	--	--	--	--	--	--

**B.** Full Name (Last, First, Middle Initial) AT&T INC. FEDERAL POLITICAL ACTION COMMITTEE (AT&T FEDERAL PAC) Date of ReceiptMailing Address 175 E. Houston Street  
Room 7-A-50

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	3	0	/	2	0	9	

**Transaction ID:** SA11C.6426

Amount of Each Receipt this Period

2500.00									
---------	--	--	--	--	--	--	--	--	--

City	State	Zip Code
San Antonio	TX	78205

FEC ID number of contributing federal political committee.

C	C00109017
---	-----------

Name of Employer

Occupation

Receipt For:

☐ Primary
 ☐ General
 ☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00									
---------	--	--	--	--	--	--	--	--	--

**C.** Full Name (Last, First, Middle Initial) BOEING COMPANY POLITICAL ACTION COMMITTEE, THE Date of Receipt

Mailing Address 1200 Wilson Blvd

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	6	/	2	0	9	

**Transaction ID:** SA11C.6450

Amount of Each Receipt this Period

5000.00									
---------	--	--	--	--	--	--	--	--	--

City	State	Zip Code
Arlington	VA	22209

FEC ID number of contributing federal political committee.

C	C00142711
---	-----------

Name of Employer

Occupation

Receipt For:

☐ Primary
 ☐ General
 ☐ Other (specify) ▼

Aggregate Year-to-Date ▼

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 13 / 43

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Committee for Hispanic Causes/Building Our Leadership Diversity PAC (CHC BOLD PAC)

**A.**

Full Name (Last, First, Middle Initial)

CHAMBER OF COMMERCE OF THE UNITED STATES OF AMERICA PAC (US CHAMBER PAC)

Mailing Address 1615 H Street Northwest

City

Washington

State

DC

Zip Code

20062

FEC ID number of contributing federal political committee.

**C**

C00082040

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 9

Transaction ID: SA11C.6445

Amount of Each Receipt this Period

1500.00

**B.**

Full Name (Last, First, Middle Initial)

CHARTER COMMUNICATIONS INC. POLITICAL ACTION COMMITTEE

Mailing Address 1919 Pennsylvania Ave. N.W.  
Ste. 200

City

Washington

State

DC

Zip Code

20006

FEC ID number of contributing federal political committee.

**C**

C00426775

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 9

Transaction ID: SA11C.6436

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

CME GROUP, INC. PAC (CME/CBOT/NYMEX PAC)

Mailing Address 20 South Wacker Drive

City

Chicago

State

IL

Zip Code

60606

FEC ID number of contributing federal political committee.

**C**

C00076299

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 8 / 2 0 0 9

Transaction ID: SA11C.6454

Amount of Each Receipt this Period

5000.00

**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 14 / 43

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Committee for Hispanic Causes/Building Our Leadership Diversity PAC (CHC BOLD PA-C)

**A.**

Full Name (Last, First, Middle Initial)  
COMCAST CORP. POLITICAL ACTION COMMITTEE

Mailing Address 1500 Market Street  
35th Floor

City State Zip Code  
Philadelphia PA 19102

FEC ID number of contributing  
federal political committee.

**C** C00248716

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 8 / 2 0 0 9

Transaction ID: SA11C.6453

Amount of Each Receipt this Period

5000.00

**B.**

Full Name (Last, First, Middle Initial)  
ELI LILLY AND COMPANY POLITICAL ACTION COMMITTEE

Mailing Address LILLY CORPORATE CENTER

City State Zip Code  
INDIANAPOLIS IN 46285

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 9

Transaction ID: SA11C.6456

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)  
ENERGY POLITICAL ACTION COMMITTEE OF ENERGY FUTURE HOLDINGS CORP.

Mailing Address 1601 Bryan Street

City State Zip Code  
Dallas TX 75201

FEC ID number of contributing  
federal political committee.

**C** C00226548

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 9

Transaction ID: SA11C.6438

Amount of Each Receipt this Period

2500.00

**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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 43

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Committee for Hispanic Causes/Building Our Leadership Diversity PAC (CHC BOLD PA-C)

**A.**

Full Name (Last, First, Middle Initial)  
FRESENIUS MEDICAL CARE NORTH AMERICA PAC

Mailing Address 1875 'I' Street NW  
Twelfth Floor

City State Zip Code  
Washington DC 20006

FEC ID number of contributing  
federal political committee.

**C** C00401299

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 9

Transaction ID: SA11C.6440

Amount of Each Receipt this Period

5000.00

**B.**

Full Name (Last, First, Middle Initial)  
HILTON WORLDWIDE POLITICAL ACTION COMMITTEE

Mailing Address 7930 JONES BRANCH DRIVE, STE 1100

City State Zip Code  
MCLEAN VA 22102

FEC ID number of contributing  
federal political committee.

**C** C00213074

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 0 / 2 0 0 9

Transaction ID: SA11C.6430

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)  
HUMAN RIGHTS CAMPAIGN PAC

Mailing Address 1640 Rhode Island Avenue NW

City State Zip Code  
Washington DC 20036

FEC ID number of contributing  
federal political committee.

**C** C00235853

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 8 / 2 0 0 9

Transaction ID: SA11C.6422

Amount of Each Receipt this Period

1000.00

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

7000.00

**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 16 / 43

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Committee for Hispanic Causes/Building Our Leadership Diversity PAC (CHC BOLD PA-C)

**A.** Full Name (Last, First, Middle Initial) INTERNATIONAL ASSOCIATION OF FIREFIGHTERS INTERESTED IN REGISTRATION AND EDUCATION

Mailing Address 1750 New York Ave NW

City State Zip Code  
 Washington DC 20006

FEC ID number of contributing federal political committee. **C** C00029447

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11C.6464

Amount of Each Receipt this Period

5000.00

**B.** Full Name (Last, First, Middle Initial) MANTECH INTERNATIONAL CORPORATION POLITICAL ACTION COMMITTEE

Mailing Address 12015 Lee Jackson Highway  
 Suite 841

City State Zip Code  
 Fairfax VA 22033

FEC ID number of contributing federal political committee. **C** C00208983

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 0 1 / 2 0 0 9

Transaction ID: SA11C.6419

Amount of Each Receipt this Period

1000.00

**C.** Full Name (Last, First, Middle Initial) MANTECH INTERNATIONAL CORPORATION POLITICAL ACTION COMMITTEE

Mailing Address 12015 Lee Jackson Highway  
 Suite 841

City State Zip Code  
 Fairfax VA 22033

FEC ID number of contributing federal political committee. **C** C00208983

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 1 / 2 4 / 2 0 0 9

Transaction ID: SA11C.6432

Amount of Each Receipt this Period

4000.00

**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 17 / 43

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Committee for Hispanic Causes/Building Our Leadership Diversity PAC (CHC BOLD PA-C)

**A.**

Full Name (Last, First, Middle Initial)  
MCDONALDS CORPORATION POLITICAL ACTION COMMITTEE

Mailing Address 2111 McDonalds Dr  
Dept 213

City State Zip Code  
OAK BROOK IL 60523

FEC ID number of contributing  
federal political committee. **C** C00063164

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 9

Transaction ID: SA11C.6461

Amount of Each Receipt this Period

2000.00

**B.**

Full Name (Last, First, Middle Initial)  
MICROSOFT CORPORATION POLITICAL ACTION COMMITTEE

Mailing Address 16011 NE 36TH WAY  
BOX 97017

City State Zip Code  
REDMOND WA 98073

FEC ID number of contributing  
federal political committee. **C** C00227546

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11C.6465

Amount of Each Receipt this Period

5000.00

**C.**

Full Name (Last, First, Middle Initial)  
MORTGAGE BANKERS ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 1331 L St NW  
8th Floor

City State Zip Code  
Washington DC 20005

FEC ID number of contributing  
federal political committee. **C** C00004812

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11C.6447

Amount of Each Receipt this Period

5000.00

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

12000.00

**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 18 / 43

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Committee for Hispanic Causes/Building Our Leadership Diversity PAC (CHC BOLD PAC)

**A.** Full Name (Last, First, Middle Initial) NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATAC) Receipt

Mailing Address 1150 17TH STREET NW SUITE 701

City State Zip Code  
 WASHINGTON DC 20036

FEC ID number of contributing federal political committee. **C** C00238725

Name of Employer Occupation

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
 3500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11C.6416

Amount of Each Receipt this Period

1000.00

**B.** Full Name (Last, First, Middle Initial) NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATAC) Receipt

Mailing Address 1150 17TH STREET NW SUITE 701

City State Zip Code  
 WASHINGTON DC 20036

FEC ID number of contributing federal political committee. **C** C00238725

Name of Employer Occupation

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
 4500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 1 / 0 3 / 2 0 0 9

Transaction ID: SA11C.6427

Amount of Each Receipt this Period

1000.00

**C.** Full Name (Last, First, Middle Initial) NATIONAL ASSOCIATION OF REALTORS POLITICAL ACTION COMMITTEE

Mailing Address 430 North Michigan Avenue

City State Zip Code  
 Chicago IL 60611

FEC ID number of contributing federal political committee. **C** C00030718

Name of Employer Occupation

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
 5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 7 / 0 8 / 2 0 0 9

Transaction ID: SA11C.6407

Amount of Each Receipt this Period

5000.00

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

7000.00

**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 19 / 43

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Committee for Hispanic Causes/Building Our Leadership Diversity PAC (CHC BOLD PAC)

**A.** Full Name (Last, First, Middle Initial) NATIONAL CABLE AND TELECOMMUNICATIONS ASSOCIATION POLITICAL ACTION COMMITTEE (NCTAC)

Mailing Address 1724 MASSACHUSETTS AVENUE NW

City State Zip Code  
 WASHINGTON DC 20036

FEC ID number of contributing federal political committee. **C** C00010082

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 2 / 2 8 / 2 0 0 9

Transaction ID: SA11C.6457

Amount of Each Receipt this Period

5000.00

**B.** Full Name (Last, First, Middle Initial) NATIONAL COMMUNITY PHARMACISTS ASSOCIATION - PAC

Mailing Address 100 Daingerfield Road

City State Zip Code  
 Alexandria VA 22314

FEC ID number of contributing federal political committee. **C** C00030809

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 9 / 2 5 / 2 0 0 9

Transaction ID: SA11C.6413

Amount of Each Receipt this Period

1000.00

**C.** Full Name (Last, First, Middle Initial) NATIONAL COMMUNITY PHARMACISTS ASSOCIATION - PAC

Mailing Address 100 Daingerfield Road

City State Zip Code  
 Alexandria VA 22314

FEC ID number of contributing federal political committee. **C** C00030809

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 2 / 1 1 / 2 0 0 9

Transaction ID: SA11C.6434

Amount of Each Receipt this Period

1500.00

**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 20 / 43

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Committee for Hispanic Causes/Building Our Leadership Diversity PAC (CHC BOLD PA-C)

**A.**

Full Name (Last, First, Middle Initial)

NEW YORK LIFE INSURANCE COMPANY POLITICAL ACTION COMMITTEE

Mailing Address 51 Madison Ave.  
Room 1109

City State Zip Code  
New York NY 10010

FEC ID number of contributing  
federal political committee.

**C** C00158881

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 4 / 2 0 0 9

Transaction ID: SA11C.6421

Amount of Each Receipt this Period

5000.00

**B.**

Full Name (Last, First, Middle Initial)

PHYSICAL THERAPY POLITICAL ACTION COMMITTEE

Mailing Address 1111 North Fairfax Street

City State Zip Code  
Alexandria VA 22314

FEC ID number of contributing  
federal political committee.

**C** C00012880

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 6 / 2 0 0 9

Transaction ID: SA11C.6411

Amount of Each Receipt this Period

2500.00

**C.**

Full Name (Last, First, Middle Initial)

POWER POLITICAL ACTION COMMITTEE OF ENERGY FUTURE HOLDINGS CORP.

Mailing Address 1601 Bryan St.  
EP45

City State Zip Code  
Dallas TX 75201

FEC ID number of contributing  
federal political committee.

**C** C00255950

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 9

Transaction ID: SA11C.6442

Amount of Each Receipt this Period

2500.00

**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 21 / 43

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Committee for Hispanic Causes/Building Our Leadership Diversity PAC (CHC BOLD PAC)

**A.**

Full Name (Last, First, Middle Initial)

RAYTHEON COMPANY POLITICAL ACTION COMMITTEE

Mailing Address 870 Winter Street

City

Waltham

State

MA

Zip Code

02451

FEC ID number of contributing  
federal political committee.

**C**

C00097568

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11C.6449

Amount of Each Receipt this Period

5000.00

**B.**

Full Name (Last, First, Middle Initial)

SALT RIVER VALLEY WATER USERS' ASSOCIATION POLITICAL INVOLVEMENT COMMITTEE (SRP)

Mailing Address PO BOX 52025 ISB336

City

PHOENIX

State

AZ

Zip Code

85072

FEC ID number of contributing  
federal political committee.

**C**

C00048579

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 9

Transaction ID: SA11C.6458

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

SERVICE EMPLOYEES INTERNATIONAL UNION COMMITTEE ON POLITICAL EDUCATION (SEIU)

Mailing Address 1313 L Street NW

City

Washington

State

DC

Zip Code

20005

FEC ID number of contributing  
federal political committee.

**C**

C00004036

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 6 / 2 0 0 9

Transaction ID: SA11C.6429

Amount of Each Receipt this Period

5000.00

**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 22 / 43

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Committee for Hispanic Causes/Building Our Leadership Diversity PAC (CHC BOLD PA-C)

**A.**

Full Name (Last, First, Middle Initial)

SOUTHERN COMPANY EMPLOYEES PAC

Mailing Address 241 Ralph McGill Blvd NE Bin 10111  
BIN 10111

City State Zip Code  
Atlanta GA 30308

FEC ID number of contributing  
federal political committee.

**C** C00144774

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 8 / 2 0 0 9

Transaction ID: SA11C.6424

Amount of Each Receipt this Period

5000.00

**B.**

Full Name (Last, First, Middle Initial)

TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Mailing Address 1445 Ross Avenue  
Suite 1400

City State Zip Code  
Dallas TX 75202

FEC ID number of contributing  
federal political committee.

**C** C00119354

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 0 2 / 2 0 0 9

Transaction ID: SA11C.6408

Amount of Each Receipt this Period

2500.00

**C.**

Full Name (Last, First, Middle Initial)

UNITED PARCEL SERVICE INC. POLITICAL ACTION COMMITTEE

Mailing Address 55 Glenlake Parkway N.E.

City State Zip Code  
Atlanta GA 30328

FEC ID number of contributing  
federal political committee.

**C** C00064766

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 9

Transaction ID: SA11C.6444

Amount of Each Receipt this Period

2500.00

**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 23 / 43

(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)

Committee for Hispanic Causes/Building Our Leadership Diversity PAC (CHC BOLD PA-C)

**A.**

Full Name (Last, First, Middle Initial)

VERIZON COMMUNICATION INC GOOD GOVT CLUB

Mailing Address GOOD GOVERNMENT CLUB  
1717 ARCH ST. 47S

City	State	Zip Code
PHILADELPHIA	PA	19103

FEC ID number of contributing  
federal political committee.**C** C00186288

Name of Employer

Occupation

Receipt For:

☐ Primary
 ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	8		2	0	0	9

Transaction ID: SA11C.6463

Amount of Each Receipt this Period

2000.00

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

2000.00

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

121500.00

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 43

(check only one)

<input 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 checked="" type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Committee for Hispanic Causes/Building Our Leadership Diversity PAC (CHC BOLD PA-C)

**A.**

Full Name (Last, First, Middle Initial)

CEDILLO FOR CONGRESS

Mailing Address 1212 S VICTORY BLVD

City

BURBANK

State

CA

Zip Code

91502

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

C00458331

Name of Employer

Occupation

Receipt For: 2009

☐

Primary

☐

General

☒

Other (specify) ▼

Special-General

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	0	9

Transaction ID: SA16.6554

Amount of Each Receipt this Period

5000.00

Refund

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

5000.00

TOTAL 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)

PAGE 25 / 43

<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

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)

Committee for Hispanic Causes/Building Our Leadership Diversity PAC (CHC BOLD PA-C)

<b>A.</b> Full Name (Last, First, Middle Initial) Amtrak	<b>Transaction ID:</b> SB21B.6524 <b>Date of Disbursement</b>																				
Mailing Address 60 Massachusetts Ave., NE	<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>1</td><td>2</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		0	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		0	1		2	0	0	9												
City Washington State DC Zip Code 20002	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Travel	<table border="1"> <tr> <td>1</td><td>6</td><td>6</td><td>3</td><td>.</td><td>0</td><td>0</td> </tr> </table>	1	6	6	3	.	0	0													
1	6	6	3	.	0	0															
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) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Amtrak	<b>Transaction ID:</b> SB21B.6531 <b>Date of Disbursement</b>																				
Mailing Address 60 Massachusetts Ave., NE	<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>1</td><td>2</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		0	3		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		0	3		2	0	0	9												
City Washington State DC Zip Code 20002	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Travel	<table border="1"> <tr> <td>1</td><td>0</td><td>0</td><td>5</td><td>.</td><td>3</td><td>0</td> </tr> </table>	1	0	0	5	.	3	0													
1	0	0	5	.	3	0															
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) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) AT&T Universal Card	<b>Transaction ID:</b> SB21B.6507 <b>Date of Disbursement</b>																				
Mailing Address P.O. Box 183037	<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>1</td><td>1</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		0	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		0	2		2	0	0	9												
City Columbus State OH Zip Code 43218	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Credit Card Payment - See Below	<table border="1"> <tr> <td>1</td><td>7</td><td>5</td><td>5</td><td>.</td><td>2</td><td>0</td> </tr> </table>	1	7	5	5	.	2	0													
1	7	5	5	.	2	0															
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) ▼																				

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

**4423.50**

**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)

PAGE 26 / 43

<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)

Committee for Hispanic Causes/Building Our Leadership Diversity PAC (CHC BOLD PA-C)

<b>A.</b> Full Name (Last, First, Middle Initial) Tortilla Coast	<b>Transaction ID:</b> SB21B.6507.0 <b>Date of Disbursement</b>																				
Mailing Address 400 First St., SE	<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>0</td><td>9</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		1	0		2	0	0	9												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Catering	<table border="1"> <tr> <td colspan="10">422.07</td> </tr> </table>	422.07																			
422.07																					
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) ▼																				
<b>[MEMO ITEM]</b>																					
<b>B.</b> Full Name (Last, First, Middle Initial) Tortilla Coast	<b>Transaction ID:</b> SB21B.6507.1 <b>Date of Disbursement</b>																				
Mailing Address 400 First St., SE	<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>0</td><td>9</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	4		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		2	4		2	0	0	9												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Catering	<table border="1"> <tr> <td colspan="10">412.50</td> </tr> </table>	412.50																			
412.50																					
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) ▼																				
<b>[MEMO ITEM]</b>																					
<b>C.</b> Full Name (Last, First, Middle Initial) Tortilla Coast	<b>Transaction ID:</b> SB21B.6507.2 <b>Date of Disbursement</b>																				
Mailing Address 400 First St., SE	<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>1</td><td>0</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	1		2	0	0	9												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Catering	<table border="1"> <tr> <td colspan="10">470.35</td> </tr> </table>	470.35																			
470.35																					
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) ▼																				
<b>[MEMO ITEM]</b>																					

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

**0.00**

**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)

PAGE 27 / 43

<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)

Committee for Hispanic Causes/Building Our Leadership Diversity PAC (CHC BOLD PA-C)

<b>A.</b> Full Name (Last, First, Middle Initial) Tortilla Coast	<b>Transaction ID:</b> SB21B.6507.3 <b>Date of Disbursement</b>																				
Mailing Address 400 First St., SE	<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>1</td><td>0</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	5		2	0	0	9												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Catering	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>450.38</td> </tr> </table>																				450.38
									450.38												
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) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) DoubleTree Metropolitan Hotel	<b>Transaction ID:</b> SB21B.6522 <b>Date of Disbursement</b>																				
Mailing Address 569 Lexington Avenue	<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>1</td><td>1</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	7		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		1	7		2	0	0	9												
City New York State NY Zip Code 10022	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Catering & Facilities Fee	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>2398.50</td> </tr> </table>																				2398.50
									2398.50												
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) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) DoubleTree Metropolitan Hotel	<b>Transaction ID:</b> SB21B.6533 <b>Date of Disbursement</b>																				
Mailing Address 569 Lexington Avenue	<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>1</td><td>2</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		0	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		0	9		2	0	0	9												
City New York State NY Zip Code 10022	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Catering & Facilities Fee	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>1515.86</td> </tr> </table>																				1515.86
									1515.86												
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) ▼																				

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

**3914.36**

**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)

PAGE 28 / 43

<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)

Committee for Hispanic Causes/Building Our Leadership Diversity PAC (CHC BOLD PA-C)

A.

Full Name (Last, First, Middle Initial)

Evans & Katz LLC

Mailing Address 1831 Bay St., SE

City  
Washington

State  
DC

Zip Code  
20003

Purpose of Disbursement  
Accounting Services

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.6487

Date of Disbursement

07 / 07 / 2009

Amount of Each Disbursement this Period

820.00

B.

Full Name (Last, First, Middle Initial)

Evans & Katz LLC

Mailing Address 1831 Bay St., SE

City  
Washington

State  
DC

Zip Code  
20003

Purpose of Disbursement  
Fundraising Consulting Services

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.6494

Date of Disbursement

08 / 10 / 2009

Amount of Each Disbursement this Period

460.00

C.

Full Name (Last, First, Middle Initial)

Evans & Katz LLC

Mailing Address 1831 Bay St., SE

City  
Washington

State  
DC

Zip Code  
20003

Purpose of Disbursement  
Accounting Services

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.6497

Date of Disbursement

09 / 08 / 2009

Amount of Each Disbursement this Period

160.00

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

1440.00

**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 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)

Committee for Hispanic Causes/Building Our Leadership Diversity PAC (CHC BOLD PA-C)

**A.**

Full Name (Last, First, Middle Initial)

Evans & Katz LLC

Mailing Address 1831 Bay St., SE

City  
Washington

State  
DC

Zip Code  
20003

Purpose of Disbursement  
Accounting Services

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.6499

Date of Disbursement

10 / 07 / 2009

Amount of Each Disbursement this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Evans & Katz LLC

Mailing Address 1831 Bay St., SE

City  
Washington

State  
DC

Zip Code  
20003

Purpose of Disbursement  
Accounting Services

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.6517

Date of Disbursement

11 / 09 / 2009

Amount of Each Disbursement this Period

400.00

**C.**

Full Name (Last, First, Middle Initial)

Evans & Katz LLC

Mailing Address 1831 Bay St., SE

City  
Washington

State  
DC

Zip Code  
20003

Purpose of Disbursement  
Accounting Services

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.6543

Date of Disbursement

12 / 17 / 2009

Amount of Each Disbursement this Period

280.00

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

780.00

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

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NAME OF COMMITTEE (In Full)

Committee for Hispanic Causes/Building Our Leadership Diversity PAC (CHC BOLD PA-C)

A.

Full Name (Last, First, Middle Initial)

Barney Frank

Mailing Address PO Box 260

City  
Newtonville

State  
MA

Zip Code  
02460

Purpose of Disbursement  
Lodging Reimbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.6539

Date of Disbursement

12 / 10 / 2009

Amount of Each Disbursement this Period

460.96

B.

Full Name (Last, First, Middle Initial)

DoubleTree Metropolitan Hotel

Mailing Address 569 Lexington Avenue

City  
New York

State  
NY

Zip Code  
10022

Purpose of Disbursement  
Lodging

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.6539.0

Date of Disbursement

12 / 04 / 2009

Amount of Each Disbursement this Period

460.96

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Sergio Gonazalez

Mailing Address 424 C Street, NE  
Lower Level

City  
Washington

State  
DC

Zip Code  
20002

Purpose of Disbursement  
Reimbursement for Theater Tickets

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.6536

Date of Disbursement

12 / 09 / 2009

Amount of Each Disbursement this Period

619.75

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

1080.71

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 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)

Committee for Hispanic Causes/Building Our Leadership Diversity PAC (CHC BOLD PA-C)

A.

Full Name (Last, First, Middle Initial)

Richard Rodgers Theater

Mailing Address 1450 Broadway, 6th Floor

City State Zip Code  
New York NY 10018

Purpose of Disbursement  
Theater Tickets

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.6536.0

Date of Disbursement

12 / 02 / 2009

Amount of Each Disbursement this Period

517.50

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

HM Consulting

Mailing Address 422 C Street, NE  
Lower Level

City State Zip Code  
Washington DC 20002

Purpose of Disbursement  
Fundraising Consulting Services

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.6488

Date of Disbursement

07 / 07 / 2009

Amount of Each Disbursement this Period

3000.00

C.

Full Name (Last, First, Middle Initial)

HM Consulting

Mailing Address 422 C Street, NE  
Lower Level

City State Zip Code  
Washington DC 20002

Purpose of Disbursement  
Catering Reimbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.6489

Date of Disbursement

07 / 07 / 2009

Amount of Each Disbursement this Period

1650.00

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

4650.00

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 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)

Committee for Hispanic Causes/Building Our Leadership Diversity PAC (CHC BOLD PA-C)

**A.**

Full Name (Last, First, Middle Initial)

Tortilla Coast

Mailing Address 400 First St., SE

City  
Washington

State  
DC

Zip Code  
20003

Purpose of Disbursement  
Catering

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B.6489.0

Date of Disbursement

05 / 21 / 2009

Amount of Each Disbursement this Period

412.50

**[MEMO ITEM]**

**B.**

Full Name (Last, First, Middle Initial)

Tortilla Coast

Mailing Address 400 First St., SE

City  
Washington

State  
DC

Zip Code  
20003

Purpose of Disbursement  
Catering

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B.6489.1

Date of Disbursement

06 / 04 / 2009

Amount of Each Disbursement this Period

412.50

**[MEMO ITEM]**

**C.**

Full Name (Last, First, Middle Initial)

Tortilla Coast

Mailing Address 400 First St., SE

City  
Washington

State  
DC

Zip Code  
20003

Purpose of Disbursement  
Catering

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B.6489.2

Date of Disbursement

06 / 11 / 2009

Amount of Each Disbursement this Period

412.50

**[MEMO ITEM]**

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

0.00

**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)

PAGE 33 / 43

<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)

Committee for Hispanic Causes/Building Our Leadership Diversity PAC (CHC BOLD PA-C)

**A.**

Full Name (Last, First, Middle Initial)

Tortilla Coast

Mailing Address 400 First St., SE

City  
Washington

State  
DC

Zip Code  
20003

Purpose of Disbursement  
Catering

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B.6489.3

Date of Disbursement

06 / 19 / 2009

Amount of Each Disbursement this Period

412.50

**[MEMO ITEM]**

**B.**

Full Name (Last, First, Middle Initial)

HM Consulting

Mailing Address 422 C Street, NE  
Lower Level

City  
Washington

State  
DC

Zip Code  
20002

Purpose of Disbursement  
Fundraising Consulting Services

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B.6496

Date of Disbursement

08 / 18 / 2009

Amount of Each Disbursement this Period

6000.00

**C.**

Full Name (Last, First, Middle Initial)

HM Consulting

Mailing Address 422 C Street, NE  
Lower Level

City  
Washington

State  
DC

Zip Code  
20002

Purpose of Disbursement  
Lodging Reimbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B.6500

Date of Disbursement

10 / 13 / 2009

Amount of Each Disbursement this Period

1500.00

**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 PageFOR 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)

Committee for Hispanic Causes/Building Our Leadership Diversity PAC (CHC BOLD PA-C)

<b>A.</b>	Full Name (Last, First, Middle Initial) W New York Hotel	Transaction ID: SB21B.6500.0 Date of Disbursement 10 / 13 / 2009
	Mailing Address 541 Lexington Avenue	
	City New York State NY Zip Code 10022	Amount of Each Disbursement this Period 1500.00
	Purpose of Disbursement Lodging	
	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) ▼
		[MEMO ITEM]
<b>B.</b>	Full Name (Last, First, Middle Initial) HM Consulting	Transaction ID: SB21B.6503 Date of Disbursement 10 / 13 / 2009
	Mailing Address 422 C Street, NE Lower Level	
	City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period 10167.50
	Purpose of Disbursement Fundraising Consulting Services	
	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) ▼
<b>C.</b>	Full Name (Last, First, Middle Initial) HM Consulting	Transaction ID: SB21B.6513 Date of Disbursement 11 / 02 / 2009
	Mailing Address 422 C Street, NE Lower Level	
	City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period 1698.90
	Purpose of Disbursement Catering Reimbursement	
	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) ▼

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

11866.40

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 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)

Committee for Hispanic Causes/Building Our Leadership Diversity PAC (CHC BOLD PA-C)

**A.**

Full Name (Last, First, Middle Initial)

The Monocle Restaurant

Mailing Address 107 D Street, NE

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Catering

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.6513.0

Date of Disbursement

10 / 02 / 2009

Amount of Each Disbursement this Period

1048.46

[MEMO ITEM]

**B.**

Full Name (Last, First, Middle Initial)

The Monocle Restaurant

Mailing Address 107 D Street, NE

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Catering

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.6513.1

Date of Disbursement

10 / 21 / 2009

Amount of Each Disbursement this Period

650.44

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)

HM Consulting

Mailing Address 422 C Street, NE  
Lower Level

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Reimbursement for Theater Tickets

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.6534

Date of Disbursement

12 / 09 / 2009

Amount of Each Disbursement this Period

2448.00

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

2448.00

**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 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)

Committee for Hispanic Causes/Building Our Leadership Diversity PAC (CHC BOLD PA-C)

**A.**

Full Name (Last, First, Middle Initial)

Richard Rodgers Theater

Mailing Address 1450 Broadway, 6th Floor

City State Zip Code  
New York NY 10018

Purpose of Disbursement  
Theater Tickets

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.6534.0

Date of Disbursement

12 / 09 / 2009

Amount of Each Disbursement this Period

2448.00

**[MEMO ITEM]**

**B.**

Full Name (Last, First, Middle Initial)

HM Consulting

Mailing Address 422 C Street, NE  
Lower Level

City State Zip Code  
Washington DC 20002

Purpose of Disbursement  
Fundraising Consulting Services

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.6544

Date of Disbursement

12 / 17 / 2009

Amount of Each Disbursement this Period

6000.00

**C.**

Full Name (Last, First, Middle Initial)

HM Consulting

Mailing Address 422 C Street, NE  
Lower Level

City State Zip Code  
Washington DC 20002

Purpose of Disbursement  
Catering & Travel Reimbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.6545

Date of Disbursement

12 / 17 / 2009

Amount of Each Disbursement this Period

3072.26

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

9072.26

**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 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)

Committee for Hispanic Causes/Building Our Leadership Diversity PAC (CHC BOLD PA-C)

**A.**

Full Name (Last, First, Middle Initial)

The Monocle Restaurant

Mailing Address 107 D Street, NE

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Catering

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.6545.0

Date of Disbursement

10 / 22 / 2009

Amount of Each Disbursement this Period

887.67

[MEMO ITEM]

**B.**

Full Name (Last, First, Middle Initial)

Amtrak

Mailing Address 60 Massachusetts Ave., NE

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Travel

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.6545.1

Date of Disbursement

12 / 06 / 2009

Amount of Each Disbursement this Period

139.00

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)

R&R Catering

Mailing Address 8004 Alban Road

City Springfield State VA Zip Code 22150

Purpose of Disbursement  
Catering

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.6545.2

Date of Disbursement

11 / 15 / 2009

Amount of Each Disbursement this Period

215.76

[MEMO ITEM]

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

0.00

**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)

PAGE 38 / 43

<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)

Committee for Hispanic Causes/Building Our Leadership Diversity PAC (CHC BOLD PA-C)

<b>A.</b> Full Name (Last, First, Middle Initial) Union Wine & Liquor	<b>Transaction ID:</b> SB21B.6545.3 <b>Date of Disbursement</b>																				
Mailing Address 50 Massachusetts Ave., NE	<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>1</td><td>2</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		0	3		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		0	3		2	0	0	9												
City Washington State DC Zip Code 20002	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Beverages	<table border="1"> <tr> <td colspan="10">252.85</td> </tr> </table>	252.85																			
252.85																					
Candidate Name	[MEMO ITEM]																				
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>B.</b> Full Name (Last, First, Middle Initial) Cipirani	<b>Transaction ID:</b> SB21B.6545.4 <b>Date of Disbursement</b>																				
Mailing Address 781 5th Avenue	<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>1</td><td>2</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		0	6		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		0	6		2	0	0	9												
City New York State NY Zip Code 10022	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Catering	<table border="1"> <tr> <td colspan="10">1409.30</td> </tr> </table>	1409.30																			
1409.30																					
Candidate Name	[MEMO ITEM]																				
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.</b> Full Name (Last, First, Middle Initial) Nederlander Group Sales	<b>Transaction ID:</b> SB21B.6520 <b>Date of Disbursement</b>																				
Mailing Address 1450 Broadway, 6th Floor	<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>1</td><td>1</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		1	0		2	0	0	9												
City New York State NY Zip Code 10018	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Service Fee	<table border="1"> <tr> <td colspan="10">300.00</td> </tr> </table>	300.00																			
300.00																					
Candidate Name	[MEMO ITEM]																				
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) ▼																				

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

**300.00**

**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 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)

Committee for Hispanic Causes/Building Our Leadership Diversity PAC (CHC BOLD PA-C)

**A.**

Full Name (Last, First, Middle Initial)

Perkins Coie

Mailing Address 607 Fourteenth Street N.W.

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Legal Services

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.6495

Date of Disbursement

08 / 10 / 2009

Amount of Each Disbursement this Period

877.50

**B.**

Full Name (Last, First, Middle Initial)

Perkins Coie

Mailing Address 607 Fourteenth Street N.W.

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Legal Services

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.6498

Date of Disbursement

09 / 16 / 2009

Amount of Each Disbursement this Period

195.00

**C.**

Full Name (Last, First, Middle Initial)

Richard Rodgers Theater

Mailing Address 1450 Broadway, 6th Floor

City New York State NY Zip Code 10018

Purpose of Disbursement  
Theater Tickets for Fundraiser

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.6518

Date of Disbursement

11 / 10 / 2009

Amount of Each Disbursement this Period

3045.50

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

4118.00

**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

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(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)

Committee for Hispanic Causes/Building Our Leadership Diversity PAC (CHC BOLD PA-C)

**A.**

Full Name (Last, First, Middle Initial)

Sazon

Mailing Address 105 Reade Street

City  
New York

State  
NY

Zip Code  
10013

Purpose of Disbursement  
Catering

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B.6529

Date of Disbursement

12 / 03 / 2009

Amount of Each Disbursement this Period

2407.60

**B.**

Full Name (Last, First, Middle Initial)

Sazon

Mailing Address 105 Reade Street

City  
New York

State  
NY

Zip Code  
10013

Purpose of Disbursement  
Catering

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B.6542

Date of Disbursement

12 / 14 / 2009

Amount of Each Disbursement this Period

1632.70

**C.**

Full Name (Last, First, Middle Initial)

Tortilla Coast

Mailing Address 400 First St., SE

City  
Washington

State  
DC

Zip Code  
20003

Purpose of Disbursement  
Catering

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B.6504

Date of Disbursement

10 / 26 / 2009

Amount of Each Disbursement this Period

1760.00

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

5800.30

**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 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)

Committee for Hispanic Causes/Building Our Leadership Diversity PAC (CHC BOLD PA-C)

<b>A.</b> Full Name (Last, First, Middle Initial) Tortilla Coast	<b>Transaction ID:</b> SB21B.6532 <b>Date of Disbursement</b>																				
Mailing Address 400 First St., SE	<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>1</td><td>2</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		0	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		0	9		2	0	0	9												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Catering	<table border="1"> <tr> <td>1</td><td>3</td><td>2</td><td>2</td><td>.</td><td>8</td><td>7</td> </tr> </table>	1	3	2	2	.	8	7													
1	3	2	2	.	8	7															
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) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Tower Limousine	<b>Transaction ID:</b> SB21B.6527 <b>Date of Disbursement</b>																				
Mailing Address 2930 Rockaway Avenue Suite 29	<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>1</td><td>2</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		0	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		0	2		2	0	0	9												
City Oceanside State NY Zip Code 11572	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Travel	<table border="1"> <tr> <td>8</td><td>5</td><td>8</td><td>7</td><td>.</td><td>8</td><td>8</td> </tr> </table>	8	5	8	7	.	8	8													
8	5	8	7	.	8	8															
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) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) W New York Hotel	<b>Transaction ID:</b> SB21B.6526 <b>Date of Disbursement</b>																				
Mailing Address 541 Lexington Avenue	<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>1</td><td>2</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		0	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		0	1		2	0	0	9												
City New York State NY Zip Code 10022	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Lodging	<table border="1"> <tr> <td>1</td><td>5</td><td>3</td><td>1</td><td>3</td><td>.</td><td>4</td><td>7</td> </tr> </table>	1	5	3	1	3	.	4	7												
1	5	3	1	3	.	4	7														
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) ▼																				

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

**25224.22**

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

**82617.75**

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

Use separate schedule(s)  
for each category of the  
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(check only one)

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

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NAME OF COMMITTEE (In Full)

Committee for Hispanic Causes/Building Our Leadership Diversity PAC (CHC BOLD PA-C)

<b>A.</b> Full Name (Last, First, Middle Initial) <b>FRIENDS OF JOE BACA</b>	<b>Transaction ID:</b> SB23.6555 <b>Date of Disbursement</b>
Mailing Address 555 Capitol Mall Suite 1425	<div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 2 9 / 2 0 0 9</div> </div>
City Sacramento State CA Zip Code 95814	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution	<div>5000.00</div>
Candidate Name JOE BACA	<div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 43	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) <b>HARRY TEAGUE FOR CONGRESS</b>	<b>Transaction ID:</b> SB23.6559 <b>Date of Disbursement</b>
Mailing Address PO BOX 5153	<div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 2 9 / 2 0 0 9</div> </div>
City HOBBS State NM Zip Code 88241	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution	<div>5000.00</div>
Candidate Name HARRY TEAGUE	<div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NM District: 02	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) <b>JIM COSTA FOR CONGRESS</b>	<b>Transaction ID:</b> SB23.6557 <b>Date of Disbursement</b>
Mailing Address 2037 WEST BULLARD PMB #509	<div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 2 9 / 2 0 0 9</div> </div>
City FRESNO State CA Zip Code 93711	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution	<div>5000.00</div>
Candidate Name JIM COSTA	<div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 20	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

**15000.00**

**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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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Committee for Hispanic Causes/Building Our Leadership Diversity PAC (CHC BOLD PA-C)

**A.** Full Name (Last, First, Middle Initial)  
JOHN SALAZAR FOR CONGRESS

Mailing Address PO BOX 1737

City ALAMOSA State CO Zip Code 81101

Purpose of Disbursement  
Contribution

Candidate Name  
JOHN T SALAZAR

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CO District: 03

Transaction ID: SB23.6558

Date of Disbursement

/   /

Amount of Each Disbursement this Period

5000.00

**B.** Full Name (Last, First, Middle Initial)  
NAPOLITANO FOR CONGRESS

Mailing Address 555 Capitol Mall Suite 1425

City Sacramento State CA Zip Code 95814

Purpose of Disbursement  
Contribution

Candidate Name  
GRACE NAPOLITANO

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 38

Transaction ID: SB23.6560

Date of Disbursement

/   /

Amount of Each Disbursement this Period

5000.00

**C.** Full Name (Last, First, Middle Initial)  
THE REYES COMMITTEE, INC.

Mailing Address 1011 Montana Ave.

City El Paso State TX Zip Code 79901

Purpose of Disbursement  
Contribution

Candidate Name  
SILVESTRE REYES

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: TX District: 16

Transaction ID: SB23.6562

Date of Disbursement

/   /

Amount of Each Disbursement this Period

5000.00

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

15000.00

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

30000.00