

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
CITIZENS FOR WATERS

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	76236.01	375661.01
(b) Total Contribution Refunds (from Line 20(d))	0.00	125.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	76236.01	375536.01
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	54542.88	439974.24
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	54542.88	439974.24
8. Cash on Hand at Close of Reporting Period (from Line 27).....	241381.21	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	25000.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	30046.09	

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 3 (Revised 12/2003)

Write or Type Committee Name

CITIZENS FOR WATERS

Report Covering the Period: From: / / To: / /

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	2770.00	0.00
(ii) Unitemized.....	466.01	0.00
(iii) TOTAL of contributions from individuals ▶	3236.01	64161.01
(b) Political Party Committees.....	0.00	10000.00
(c) Other Political Committees (such as PACs).....	73000.00	301500.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	76236.01	375661.01
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	320.00	6320.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	76556.01	381981.01

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	54542.88	439974.24
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	125.00
(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 20(a), (b), and (c)).....	0.00	125.00
21. OTHER DISBURSEMENTS	0.00	63700.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	54542.88	503799.24

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	219298.08
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	76556.01
25. SUBTOTAL (add Line 23 and Line 24).....	295854.09
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	54542.88
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	241381.21

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 45
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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)
CITIZENS FOR WATERS

A. Full Name (Last, First, Middle Initial)
Marlene Abel

Mailing Address 634 hanley Ave

City Los Angeles State CA Zip Code 90049

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

Name of Employer self Occupation attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **750.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 10 / 2016

Transaction ID : 11AI-9670-I

Amount of Each Receipt this Period
100.00

Memo Item

Earmarked through ACTBLUE. Date recieved by conduit in memo record below.

B. Full Name (Last, First, Middle Initial)
ACTBLUE

Mailing Address PO Box 382110

City Cambridge State MA Zip Code 02238-2110

FEC ID number of contributing federal political committee. **C C00401224**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **13162.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 09 / 2016

Transaction ID : 11AI-9670-I-MEMO

Amount of Each Receipt this Period
100.00

Memo Item

Total earmarked through conduit, PAC limits not affected.

C. Full Name (Last, First, Middle Initial)
Marlene Abel

Mailing Address 634 hanley Ave

City Los Angeles State CA Zip Code 90049

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

Name of Employer self Occupation attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **750.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 19 / 2016

Transaction ID : 11AI-9696-I

Amount of Each Receipt this Period
100.00

Memo Item

Earmarked through ACTBLUE. Date recieved by conduit in memo record below.

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

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

200.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 45
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CITIZENS FOR WATERS

A. Full Name (Last, First, Middle Initial)
ACTBLUE

Mailing Address PO Box 382110

City Cambridge State MA Zip Code 02238-2110

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
13162.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 09 / 2016

Transaction ID : 11AI-9696-I-MEMO

Amount of Each Receipt this Period
100.00

Memo Item

Total earmarked through conduit, PAC limits not affected.

B. Full Name (Last, First, Middle Initial)
Marlene Abel

Mailing Address 634 hanley Ave

City Los Angeles State CA Zip Code 90049

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

Name of Employer Occupation
self attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
750.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 13 / 2016

Transaction ID : 11AI-9730-I

Amount of Each Receipt this Period
100.00

Memo Item

Earmarked through ACTBLUE. Date recieved by conduit in memo record below.

C. Full Name (Last, First, Middle Initial)
ACTBLUE

Mailing Address PO Box 382110

City Cambridge State MA Zip Code 02238-2110

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
13162.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 09 / 2016

Transaction ID : 11AI-9730-I-MEMO

Amount of Each Receipt this Period
100.00

Memo Item

Total earmarked through conduit, PAC limits not affected.

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

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

100.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 45
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CITIZENS FOR WATERS

A. Full Name (Last, First, Middle Initial)
Evelyn Arnold

Mailing Address 415 Old Ranch Rd.

City Seal Beach State CA Zip Code 90740

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

Name of Employer Century 21 Excellence Occupation Realtor/Broker

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 12 / 2016

Transaction ID : 11AI-9693

Amount of Each Receipt this Period
500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Carol Bauer

Mailing Address 3455 W 171st St

City Torrance State CA Zip Code 90504

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

Name of Employer Not employed Occupation Not employed

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
245.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 04 / 2016

Transaction ID : 11AI-9690-I

Amount of Each Receipt this Period
35.00

Memo Item

Earmarked through ACTBLUE. Date received by conduit in memo record below.

C. Full Name (Last, First, Middle Initial)
ACTBLUE

Mailing Address PO Box 382110

City Cambridge State MA Zip Code 02238-2110

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
13162.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 31 / 2016

Transaction ID : 11AI-9690-I-MEMO

Amount of Each Receipt this Period
35.00

Memo Item

Total earmarked through conduit, PAC limits not affected.

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

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

535.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 45
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CITIZENS FOR WATERS

A. Full Name (Last, First, Middle Initial)
Carol Bauer

Mailing Address 3455 W 171st St

City Torrance State CA Zip Code 90504

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

Name of Employer Not employed Occupation Not employed

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **245.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 06 / 2016

Transaction ID : 11AI-9719-I

Amount of Each Receipt this Period
35.00

Memo Item

Earmarked through ACTBLUE. Date received by conduit in memo record below.

B. Full Name (Last, First, Middle Initial)
ACTBLUE

Mailing Address PO Box 382110

City Cambridge State MA Zip Code 02238-2110

FEC ID number of contributing federal political committee. **C C00401224**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **13162.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 29 / 2016

Transaction ID : 11AI-9719-I-MEMO

Amount of Each Receipt this Period
35.00

Memo Item

Total earmarked through conduit, PAC limits not affected.

C. Full Name (Last, First, Middle Initial)
Glenda Glover

Mailing Address 3500 John Merritt Blvd

City Nashville State TN Zip Code 37208

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

Name of Employer None Occupation Homemaker

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 22 / 2016

Transaction ID : 11AI-9709

Amount of Each Receipt this Period
500.00

Memo Item

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

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

535.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 45
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CITIZENS FOR WATERS

A. Full Name (Last, First, Middle Initial)
William Mcdonald

Mailing Address 1361 Granada Ave

City Long Beach State CA Zip Code 90804

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

Name of Employer Not employed Occupation Not employed

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt **01 / 10 / 2016**

Transaction ID : 11AI-9668-I

Amount of Each Receipt this Period **25.00**

Memo Item

Earmarked through ACTBLUE. Date recieved by conduit in memo record below.

B. Full Name (Last, First, Middle Initial)
ACTBLUE

Mailing Address PO Box 382110

City Cambridge State MA Zip Code 02238-2110

FEC ID number of contributing federal political committee. **C C00401224**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **13162.00**

Date of Receipt **01 / 08 / 2016**

Transaction ID : 11AI-9668-I-MEMO

Amount of Each Receipt this Period **25.00**

Memo Item

Total earmarked through conduit, PAC limits not affected.

C. Full Name (Last, First, Middle Initial)
William Mcdonald

Mailing Address 1361 Granada Ave

City Long Beach State CA Zip Code 90804

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

Name of Employer Not employed Occupation Not employed

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt **02 / 19 / 2016**

Transaction ID : 11AI-9694-I

Amount of Each Receipt this Period **25.00**

Memo Item

Earmarked through ACTBLUE. Date recieved by conduit in memo record below.

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

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

50.00

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

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

FOR LINE NUMBER: PAGE 10 OF 45
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
CITIZENS FOR WATERS

A. Full Name (Last, First, Middle Initial)
ACTBLUE

Mailing Address **PO Box 382110**

City **Cambridge** State **MA** Zip Code **02238-2110**

FEC ID number of contributing federal political committee. **C C00401224**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
13162.00

Date of Receipt

Transaction ID : 11AI-9694-I-MEMO

Amount of Each Receipt this Period

Memo Item

Total earmarked through conduit, PAC limits not affected.

B. Full Name (Last, First, Middle Initial)
William Mcdonald

Mailing Address **1361 Granada Ave**

City **Long Beach** State **CA** Zip Code **90804**

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

Name of Employer Occupation
Not employed Not employed

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt

Transaction ID : 11AI-9728-I

Amount of Each Receipt this Period

Memo Item

Earmarked through ACTBLUE. Date recieved by conduit in memo record below.

C. Full Name (Last, First, Middle Initial)
ACTBLUE

Mailing Address **PO Box 382110**

City **Cambridge** State **MA** Zip Code **02238-2110**

FEC ID number of contributing federal political committee. **C C00401224**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
13162.00

Date of Receipt

Transaction ID : 11AI-9728-I-MEMO

Amount of Each Receipt this Period

Memo Item

Total earmarked through conduit, PAC limits not affected.

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 45
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CITIZENS FOR WATERS

A. Full Name (Last, First, Middle Initial)
Lawrence O'Brien

Mailing Address 3410 Que St

City Washington State DC Zip Code 20007

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

Name of Employer The OBC Group LLC Occupation Business Owner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 04 / 2016

Transaction ID : 11AI-9718

Amount of Each Receipt this Period
500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Thomas O'donnell

Mailing Address 10 W Kirke ST

City Chevy Chase State MD Zip Code 20815

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

Name of Employer GGA Occupation Lobbyist

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 20 / 2016

Transaction ID : 11AI-9750-I

Amount of Each Receipt this Period
500.00

Memo Item

Earmarked through ACTBLUE. Date received by conduit in memo record below.

C. Full Name (Last, First, Middle Initial)
ACTBLUE

Mailing Address PO Box 382110

City Cambridge State MA Zip Code 02238-2110

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
13162.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 15 / 2016

Transaction ID : 11AI-9750-I-MEMO

Amount of Each Receipt this Period
500.00

Memo Item

Total earmarked through conduit, PAC limits not affected.

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

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

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 45
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CITIZENS FOR WATERS

A. Full Name (Last, First, Middle Initial)
Maya Rockeymoore

Mailing Address 2014 Madison Ave

City Baltimore State MD Zip Code 21217

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

Name of Employer Global Policy Solutions Occupation Business Owner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 04 / 2016

Transaction ID : 11AI-9689-I

Amount of Each Receipt this Period
 250.00

Memo Item

Earmarked through ACTBLUE. Date recieved by conduit in memo record below.

B. Full Name (Last, First, Middle Initial)
ACTBLUE

Mailing Address PO Box 382110

City Cambridge State MA Zip Code 02238-2110

FEC ID number of contributing federal political committee. **C C00401224**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **13162.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 29 / 2016

Transaction ID : 11AI-9689-I-MEMO

Amount of Each Receipt this Period
 250.00

Memo Item

Total earmarked through conduit, PAC limits not affected.

C. Full Name (Last, First, Middle Initial)
Gene Waddy

Mailing Address 49 Veterans Dr

City South River State NJ Zip Code 8882

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

Name of Employer DIVERSANT Occupation CEO / Owner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **225.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 30 / 2016

Transaction ID : 11AI-9685-I

Amount of Each Receipt this Period
 25.00

Memo Item

Earmarked through ACTBLUE. Date recieved by conduit in memo record below.

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

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

275.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 45
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CITIZENS FOR WATERS

A. Full Name (Last, First, Middle Initial)
ACTBLUE

Mailing Address PO Box 382110

City State Zip Code
Cambridge MA 02238-2110

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
13162.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 21 / 2016

Transaction ID : 11AI-9685-I-MEMO

Amount of Each Receipt this Period
25.00

Memo Item

Total earmarked through conduit, PAC limits not affected.

B. Full Name (Last, First, Middle Initial)
Gene Waddy

Mailing Address 49 Veterans Dr

City State Zip Code
South River NJ 8882

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

Name of Employer Occupation
DIVERSANT CEO / Owner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
225.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 25 / 2016

Transaction ID : 11AI-9712-I

Amount of Each Receipt this Period
25.00

Memo Item

Earmarked through ACTBLUE. Date recieved by conduit in memo record below.

C. Full Name (Last, First, Middle Initial)
ACTBLUE

Mailing Address PO Box 382110

City State Zip Code
Cambridge MA 02238-2110

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
13162.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 21 / 2016

Transaction ID : 11AI-9712-I-MEMO

Amount of Each Receipt this Period
25.00

Memo Item

Total earmarked through conduit, PAC limits not affected.

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

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

25.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 45
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CITIZENS FOR WATERS

A. Full Name (Last, First, Middle Initial)
Gene Waddy

Mailing Address 49 Veterans Dr

City South River State NJ Zip Code 8882

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

Name of Employer **DIVERSANT** Occupation **CEO / Owner**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **225.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 27 / 2016

Transaction ID : 11AI-9759-I

Amount of Each Receipt this Period
25.00

Memo Item

Earmarked through ACTBLUE. Date received by conduit in memo record below.

B. Full Name (Last, First, Middle Initial)
ACTBLUE

Mailing Address PO Box 382110

City Cambridge State MA Zip Code 02238-2110

FEC ID number of contributing federal political committee. **C C00401224**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **13162.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 21 / 2016

Transaction ID : 11AI-9759-I-MEMO

Amount of Each Receipt this Period
25.00

Memo Item

Total earmarked through conduit, PAC limits not affected.

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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

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

25.00

2770.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 45
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CITIZENS FOR WATERS

A. Full Name (Last, First, Middle Initial)
AFLAC INC. PAC

Mailing Address 1932 Wynnton Rd

City Columbus State GA Zip Code 31999

FEC ID number of contributing federal political committee. **C** C00034157

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 10000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 28 / 2016

Transaction ID : 11C-9754

Amount of Each Receipt this Period
 2500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
CULAC the PAC of Credit Union National Association

Mailing Address 601 Pennsylvania Ave NW

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00007880

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 10000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 21 / 2016

Transaction ID : 11C-9743

Amount of Each Receipt this Period
 5000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
DRIVE COMMITTEE

Mailing Address 25 Louisiana Ave NW

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00032979

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 10000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2016

Transaction ID : 11C-9758

Amount of Each Receipt this Period
 5000.00

Memo Item

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

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

12500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 16 OF 45
<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14
			<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
CITIZENS FOR WATERS

A. Full Name (Last, First, Middle Initial)
Deloitte Federal Political Action Committee

Mailing Address P.O. Box 365

City Washington State DC Zip Code 20044

FEC ID number of contributing federal political committee. **C** C00211318

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 23 / 2016

Transaction ID : 11C-9710

Amount of Each Receipt this Period
3000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Depository Trust & Clearing Corporation PAC

Mailing Address 228 S. Washington St. Ste. 115

City Alexandria State VA Zip Code

FEC ID number of contributing federal political committee. **C** C00497917

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
4000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 10 / 2016

Transaction ID : 11C-9724

Amount of Each Receipt this Period
2500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Farmers Insurance PAC

Mailing Address 2350 Kerner Blvd Ste 250

City San Rafael State CA Zip Code 94901

FEC ID number of contributing federal political committee. **C** C00135681

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 11 / 2016

Transaction ID : 11C-9725

Amount of Each Receipt this Period
1000.00

Memo Item

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

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

6500.00

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

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

FOR LINE NUMBER: PAGE 17 OF 45
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
CITIZENS FOR WATERS

A. Full Name (Last, First, Middle Initial)
Food PAC

Mailing Address 2345 Crystal Dr Ste 800

City Arlington State VA Zip Code 22202

FEC ID number of contributing federal political committee. **C** C00014555

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 28 / 2016

Transaction ID : 11C-9747

Amount of Each Receipt this Period
 1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
General Electric Company PAC

Mailing Address 1299 Pennsylvania Ave NW # 1100

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00024869

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 08 / 2016

Transaction ID : 11C-9691

Amount of Each Receipt this Period
 1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
General Electric Company PAC

Mailing Address 1299 Pennsylvania Ave NW # 1100

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00024869

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 18 / 2016

Transaction ID : 11C-9741

Amount of Each Receipt this Period
 2500.00

Memo Item

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

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

4500.00

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

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

FOR LINE NUMBER: PAGE 18 OF 45
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
CITIZENS FOR WATERS

A. Full Name (Last, First, Middle Initial)
General Motors Company PAC (GM PAC)

Mailing Address 25 Massachusetts Ave NW Ste 400

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C C00076810**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 3500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 04 / 2016

Transaction ID : 11C-9717

Amount of Each Receipt this Period
 2500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
INDEPENDENT COMMUNITY BANKERS PAC

Mailing Address 1615 L St NW # 900

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C C00032698**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 29 / 2016

Transaction ID : 11C-9713

Amount of Each Receipt this Period
 1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Mortgage Bankers Association Political Action Committee

Mailing Address 1919 M. Street NW, 5th Floor

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C C00470708**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 30 / 2016

Transaction ID : 11C-9756

Amount of Each Receipt this Period
 2500.00

Memo Item

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

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

6000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 45
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CITIZENS FOR WATERS

A. Full Name (Last, First, Middle Initial)
NACSPAC

Mailing Address 1600 Duke St

City Alexandria State VA Zip Code 22314

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 14 / 2016

Transaction ID : 11C-9726

Amount of Each Receipt this Period
5000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
NATIONAL ASSOCIATION OF BROADCASTERS PAC

Mailing Address 1771 N St.,NW

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00009985

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 20 / 2016

Transaction ID : 11C-9671

Amount of Each Receipt this Period
1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
National Air Traffic Controllers Association PAC

Mailing Address 1325 Massachusetts Ave NW

City Washington State DC Zip Code 20005

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2016

Transaction ID : 11C-9764

Amount of Each Receipt this Period
1000.00

Memo Item

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

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

7000.00

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

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

FOR LINE NUMBER: PAGE 20 OF 45
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
CITIZENS FOR WATERS

A. Full Name (Last, First, Middle Initial)
National Association of Insurance And Financial Advisors Political Action Committee

Mailing Address 2901 Telestar Ct

City Falls Church State VA Zip Code 22042

FEC ID number of contributing federal political committee. **C** C00005249

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 3500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 28 / 2016

Transaction ID : 11C-9746

Amount of Each Receipt this Period
 1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
National Multi Housing Council PAC

Mailing Address 1850 M St NW Ste 540

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00130773

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 10000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2016

Transaction ID : 11C-9765

Amount of Each Receipt this Period
 5000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Nationwide Mutual Insurance Company Financial & Investments PAC

Mailing Address One Nationwide Plaza

City Columbus State OH Zip Code 43215

FEC ID number of contributing federal political committee. **C** C00406215

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 30 / 2016

Transaction ID : 11C-9757

Amount of Each Receipt this Period
 1000.00

Memo Item

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

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

7000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 45
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CITIZENS FOR WATERS

A. Full Name (Last, First, Middle Initial)
Political Action Committee of the International Alliance of Theatrical Stage Employees

Mailing Address 207 W 25th St 4th Floor

City New York State NY Zip Code 10001

FEC ID number of contributing federal political committee. **C** C00344325

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 17 / 2016

Transaction ID : 11C-9739

Amount of Each Receipt this Period
 1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Primerica Political Action Committee

Mailing Address 1001 G St NW

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00521914

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 28 / 2016

Transaction ID : 11C-9752

Amount of Each Receipt this Period
 1500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
SEIU COPE

Mailing Address 1800 Massachusetts Ave NW

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00004036

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 17 / 2016

Transaction ID : 11C-9740

Amount of Each Receipt this Period
 5000.00

Memo Item

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

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

7500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 45
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CITIZENS FOR WATERS

A. Full Name (Last, First, Middle Initial)
Sheet Metal Workers' International Association Political Action League

Mailing Address 1750 New York Ave NW

City Washington State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C** C70001136

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 18 / 2016

Transaction ID : 11C-9742

Amount of Each Receipt this Period
5000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
SigmaPAC

Mailing Address 3930 Pender Dr. Suite 340

City Fairfax State VA Zip Code 22030

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 10 / 2016

Transaction ID : 11C-9723

Amount of Each Receipt this Period
2500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Space Exploration Technologies Corp. PAC

Mailing Address 1 Rocket Rd

City Hawthorne State CA Zip Code 90250

FEC ID number of contributing federal political committee. **C** C00411116

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 29 / 2016

Transaction ID : 11C-9714

Amount of Each Receipt this Period
1000.00

Memo Item

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

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

8500.00

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

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

FOR LINE NUMBER: (check only one)
 11a 12 11b 13a 11c 13b 11d 14 15
 PAGE 23 OF 45

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NAME OF COMMITTEE (In Full)
CITIZENS FOR WATERS

A. Full Name (Last, First, Middle Initial)
State Farm Federal PAC

Mailing Address 1 State Farm Plz., D-2

City Bloomington State IL Zip Code 61710

FEC ID number of contributing federal political committee. **C C00544817**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 8000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 28 / 2016

Transaction ID : 11C-9748

Amount of Each Receipt this Period
 3000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Stepoe & Johnson PAC

Mailing Address 1330 Connecticut Ave., NW

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C C00431858**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 10 / 2016

Transaction ID : 11C-9722

Amount of Each Receipt this Period
 2500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
The Boeing Company Polical Action Committee

Mailing Address 929 Long Bridge Dr

City Arlington State VA Zip Code 22202

FEC ID number of contributing federal political committee. **C C00142711**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 10000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 14 / 2016

Transaction ID : 11C-9727

Amount of Each Receipt this Period
 3000.00

Memo Item

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

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

8500.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)		PAGE 24 OF 45		
<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
CITIZENS FOR WATERS

A. Full Name (Last, First, Middle Initial)
United Food and Commercial Workers International Union ABC

Mailing Address 1775 K St NW

City Washington State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C** C00002766

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 23 / 2016

Transaction ID : 11C-9745

Amount of Each Receipt this Period
 5000.00

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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

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

5000.00

73000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 45
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input checked="" type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CITIZENS FOR WATERS

A. Full Name (Last, First, Middle Initial)
California Bank & Trust

Mailing Address 550 S Hope St

City Los Angeles State CA Zip Code 90071

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date **70.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 12 / 2016

Transaction ID : 15-6588-O

Amount of Each Receipt this Period
70.00

Memo Item
 Bank Fee Refund

B. Full Name (Last, First, Middle Initial)
Tom Griego for Judge 2014

Mailing Address 3700 Wilshire Blvd. Ste. 1050-B

City Los Angeles State CA Zip Code 90010

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date **2250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 21 / 2016

Transaction ID : 15-6571-O

Amount of Each Receipt this Period
250.00

Memo Item
 Slate Mailer: Partial Payment G2014 Election

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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

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

320.00

320.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 45			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
CITIZENS FOR WATERS

Full Name (Last, First, Middle Initial) A. ACTBLUE		Date of Disbursement M M / D D / Y Y Y Y 01 / 10 / 2016
Mailing Address PO Box 382110		Amount of Each Disbursement this Period 6.92
City Cambridge	State MA	
Purpose of Disbursement Credit Card Merchant Fee		Memo Item <input type="checkbox"/>
Candidate Name ACTBLUE		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : 17-4848
State: _____	District: _____	

Full Name (Last, First, Middle Initial) B. ACTBLUE		Date of Disbursement M M / D D / Y Y Y Y 01 / 17 / 2016
Mailing Address PO Box 382110		Amount of Each Disbursement this Period 1.41
City Cambridge	State MA	
Purpose of Disbursement Credit Card Merchant Fee		Memo Item <input type="checkbox"/>
Candidate Name ACTBLUE		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : 17-4857
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C. ACTBLUE		Date of Disbursement M M / D D / Y Y Y Y 01 / 30 / 2016
Mailing Address PO Box 382110		Amount of Each Disbursement this Period 2.58
City Cambridge	State MA	
Purpose of Disbursement Credit Card Merchant Fee		Memo Item <input type="checkbox"/>
Candidate Name ACTBLUE		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : 17-4858
State: _____	District: _____	

SUBTOTAL of Disbursements This Page (optional)	10.91
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 27 OF 45	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
CITIZENS FOR WATERS

Full Name (Last, First, Middle Initial) A. ACTBLUE		Date of Disbursement M M / D D / Y Y Y Y 02 / 04 / 2016
Mailing Address PO Box 382110		Amount of Each Disbursement this Period 12.46
City Cambridge	State MA	
Zip Code 02238-2110	Purpose of Disbursement Credit Card Merchant Fee	<input type="checkbox"/> Memo Item
Candidate Name ACTBLUE	Category/ Type 003	Transaction ID : 17-4862
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. ACTBLUE		Date of Disbursement M M / D D / Y Y Y Y 02 / 07 / 2016
Mailing Address PO Box 382110		Amount of Each Disbursement this Period 0.99
City Cambridge	State MA	
Zip Code 02238-2110	Purpose of Disbursement Credit Card Merchant Fee	<input type="checkbox"/> Memo Item
Candidate Name ACTBLUE	Category/ Type 003	Transaction ID : 17-4863
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. ACTBLUE		Date of Disbursement M M / D D / Y Y Y Y 02 / 19 / 2016
Mailing Address PO Box 382110		Amount of Each Disbursement this Period 8.33
City Cambridge	State MA	
Zip Code 02238-2110	Purpose of Disbursement Credit Card Merchant Fee	<input type="checkbox"/> Memo Item
Candidate Name ACTBLUE	Category/ Type 003	Transaction ID : 17-4866
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	21.78
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 45			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
CITIZENS FOR WATERS

Full Name (Last, First, Middle Initial) A. ACTBLUE			Date of Disbursement MM / DD / YYYY 02 / 25 / 2016		
Mailing Address PO Box 382110			Amount of Each Disbursement this Period 1.59		
City Cambridge	State MA	Zip Code 02238-2110	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Credit Card Merchant Fee		Category/ Type 003			
Candidate Name ACTBLUE		Transaction ID : 17-4868			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: _____	District: _____				

Full Name (Last, First, Middle Initial) B. ACTBLUE			Date of Disbursement MM / DD / YYYY 03 / 03 / 2016		
Mailing Address PO Box 382110			Amount of Each Disbursement this Period 1.19		
City Cambridge	State MA	Zip Code 02238-2110	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Credit Card Merchant Fee		Category/ Type 003			
Candidate Name ACTBLUE		Transaction ID : 17-4872			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: _____	District: _____				

Full Name (Last, First, Middle Initial) C. ACTBLUE			Date of Disbursement MM / DD / YYYY 03 / 06 / 2016		
Mailing Address PO Box 382110			Amount of Each Disbursement this Period 3.17		
City Cambridge	State MA	Zip Code 02238-2110	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Credit Card Merchant Fee		Category/ Type 003			
Candidate Name ACTBLUE		Transaction ID : 17-4880			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: _____	District: _____				

SUBTOTAL of Disbursements This Page (optional)	5.95
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 45			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
CITIZENS FOR WATERS

Full Name (Last, First, Middle Initial) A. ACTBLUE			Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2016
Mailing Address PO Box 382110			Amount of Each Disbursement this Period 7.51
City Cambridge	State MA	Zip Code 02238-2110	
Purpose of Disbursement Credit Card Merchant Fee		Category/ Type 003	<input type="checkbox"/> Memo Item
Candidate Name ACTBLUE			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Transaction ID : 17-4885
State: District:			

Full Name (Last, First, Middle Initial) B. ACTBLUE			Date of Disbursement M M / D D / Y Y Y Y 03 / 20 / 2016
Mailing Address PO Box 382110			Amount of Each Disbursement this Period 20.42
City Cambridge	State MA	Zip Code 02238-2110	
Purpose of Disbursement Credit Card Merchant Fee		Category/ Type 003	<input type="checkbox"/> Memo Item
Candidate Name ACTBLUE			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Transaction ID : 17-4890
State: District:			

Full Name (Last, First, Middle Initial) C. ACTBLUE			Date of Disbursement M M / D D / Y Y Y Y 03 / 27 / 2016
Mailing Address PO Box 382110			Amount of Each Disbursement this Period 1.98
City Cambridge	State MA	Zip Code 02238-2110	
Purpose of Disbursement Credit Card Merchant Fee		Category/ Type 003	<input type="checkbox"/> Memo Item
Candidate Name ACTBLUE			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Transaction ID : 17-4906
State: District:			

SUBTOTAL of Disbursements This Page (optional).....	29.91
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 45			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
CITIZENS FOR WATERS

Full Name (Last, First, Middle Initial) A. AT&T			Date of Disbursement M M / D D / Y Y Y Y 01 / 04 / 2016
Mailing Address P.O. Box 6463			Amount of Each Disbursement this Period 488.43
City Carol Stream	State IL	Zip Code 60197-6463	
Purpose of Disbursement Phone Bill		Category/ Type 001	<input type="checkbox"/> Memo Item
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Transaction ID : 17-4835
State: District:			

Full Name (Last, First, Middle Initial) B. AT&T			Date of Disbursement M M / D D / Y Y Y Y 01 / 20 / 2016
Mailing Address P.O. Box 6463			Amount of Each Disbursement this Period 193.41
City Carol Stream	State IL	Zip Code 60197-6463	
Purpose of Disbursement Phone Bill		Category/ Type 001	<input type="checkbox"/> Memo Item
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Transaction ID : 17-4850
State: District:			

Full Name (Last, First, Middle Initial) C. AT&T			Date of Disbursement M M / D D / Y Y Y Y 02 / 17 / 2016
Mailing Address P.O. Box 6463			Amount of Each Disbursement this Period 188.25
City Carol Stream	State IL	Zip Code 60197-6463	
Purpose of Disbursement Phone Bill		Category/ Type 001	<input type="checkbox"/> Memo Item
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Transaction ID : 17-4865
State: District:			

SUBTOTAL of Disbursements This Page (optional).....	870.09
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 31 OF 45	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
CITIZENS FOR WATERS

Full Name (Last, First, Middle Initial) A. AT&T		Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 2016
Mailing Address P.O. Box 6463		Amount of Each Disbursement this Period 190.25
City Carol Stream	State IL	
Zip Code 60197-6463	Purpose of Disbursement Phone Bill	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type 001	Transaction ID : 17-4884
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Ballons By Dion		Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2016
Mailing Address 9710 3rd Ave.		Amount of Each Disbursement this Period 350.00
City Inglewood	State CA	
Zip Code 90305	Purpose of Disbursement Event Decorations	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type 007	Transaction ID : 17-4877
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Ballons By Dion		Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2016
Mailing Address 9710 3rd Ave.		Amount of Each Disbursement this Period 50.00
City Inglewood	State CA	
Zip Code 90305	Purpose of Disbursement Event Decorations	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type 007	Transaction ID : 17-4878
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	590.25
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 45			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
CITIZENS FOR WATERS

Full Name (Last, First, Middle Initial) A. Fedex			Date of Disbursement M M / D D / Y Y Y Y 03 / 02 / 2016		
Mailing Address PO Box 7221			Amount of Each Disbursement this Period 41.18		
City Pasadena	State CA	Zip Code 91109-7321	<input type="checkbox"/> Memo Item Transaction ID : 17-4871		
Purpose of Disbursement Messenger Service		001 Category/ Type			
Candidate Name					
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:			
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) B. Fedex			Date of Disbursement M M / D D / Y Y Y Y 03 / 08 / 2016		
Mailing Address PO Box 7221			Amount of Each Disbursement this Period 37.50		
City Pasadena	State CA	Zip Code 91109-7321	<input type="checkbox"/> Memo Item Transaction ID : 17-4874		
Purpose of Disbursement OvernightMessenger Service		001 Category/ Type			
Candidate Name					
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:			
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) C. Fedex			Date of Disbursement M M / D D / Y Y Y Y 03 / 29 / 2016		
Mailing Address PO Box 7221			Amount of Each Disbursement this Period 21.27		
City Pasadena	State CA	Zip Code 91109-7321	<input type="checkbox"/> Memo Item Transaction ID : 17-4899		
Purpose of Disbursement Overnite Messenger Service		001 Category/ Type			
Candidate Name					
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:			
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

SUBTOTAL of Disbursements This Page (optional).....	99.95
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 45			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
CITIZENS FOR WATERS

Full Name (Last, First, Middle Initial) A. GOULD & ORELLANA, LLC			Date of Disbursement M M / D D / Y Y Y Y 01 / 20 / 2016		
Mailing Address 249 E. Ocean Blvd. #685			Amount of Each Disbursement this Period 605.26		
City Long Beach	State CA	Zip Code 90802	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Office Expenses		Category/ Type 001			
Candidate Name			Transaction ID : 17-4853		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: _____	District: _____				

Full Name (Last, First, Middle Initial) B. GOULD & ORELLANA, LLC			Date of Disbursement M M / D D / Y Y Y Y 01 / 20 / 2016		
Mailing Address 249 E. Ocean Blvd. #685			Amount of Each Disbursement this Period 3097.50		
City Long Beach	State CA	Zip Code 90802	Memo Item <input type="checkbox"/>		
Purpose of Disbursement PAC Management/ Political Reporting Services		Category/ Type 001			
Candidate Name			Transaction ID : 17-4854		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: _____	District: _____				

Full Name (Last, First, Middle Initial) C. GOULD & ORELLANA, LLC			Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2016		
Mailing Address 249 E. Ocean Blvd. #685			Amount of Each Disbursement this Period 3115.00		
City Long Beach	State CA	Zip Code 90802	Memo Item <input type="checkbox"/>		
Purpose of Disbursement PAC Management/Political Reporting Services		Category/ Type 001			
Candidate Name			Transaction ID : 17-4888		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: _____	District: _____				

SUBTOTAL of Disbursements This Page (optional).....	6817.76
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 34 OF 45	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
CITIZENS FOR WATERS

Full Name (Last, First, Middle Initial) A. GOULD & ORELLANA, LLC			Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2016	
Mailing Address 249 E. Ocean Blvd. #685			Amount of Each Disbursement this Period 524.60	
City Long Beach	State CA	Zip Code 90802		
Purpose of Disbursement Office Expenses		Category/ Type 001		
Candidate Name				
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:		
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) B. Gidda's Home Health Services Inc.			Date of Disbursement M M / D D / Y Y Y Y 01 / 19 / 2016	
Mailing Address 13351 Hawthorne Blvd.			Amount of Each Disbursement this Period 1200.00	
City Hawthorne	State CA	Zip Code 90250		
Purpose of Disbursement Rent/Lease January 2016		Category/ Type 001		
Candidate Name				
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:		
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) C. Gidda's Home Health Services Inc.			Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2016	
Mailing Address 13351 Hawthorne Blvd.			Amount of Each Disbursement this Period 3600.00	
City Hawthorne	State CA	Zip Code 90250		
Purpose of Disbursement Rent/Lease February, March & April 2016		Category/ Type 001		
Candidate Name				
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:		
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Disbursements This Page (optional).....	5324.60
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 45			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
CITIZENS FOR WATERS

Full Name (Last, First, Middle Initial) A. Michael Rhoades			Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2016		
Mailing Address 827 W. 111th St.			Amount of Each Disbursement this Period 500.00		
City Los Angeles	State CA	Zip Code 90044	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Entertainment for Event		Category/ Type 003			
Candidate Name			Transaction ID : 17-4876		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) B. Rolla Group LLC			Date of Disbursement M M / D D / Y Y Y Y 01 / 20 / 2016		
Mailing Address 1220 4th Street NW, #1			Amount of Each Disbursement this Period 5000.00		
City Washington	State DC	Zip Code 20001	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Fundraiser Management Fee		Category/ Type 003			
Candidate Name			Transaction ID : 17-4852		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) c. Rolla Group LLC			Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2016		
Mailing Address 1220 4th Street NW, #1			Amount of Each Disbursement this Period 1265.38		
City Washington	State DC	Zip Code 20001	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Fundraiser Expenses		Category/ Type 003			
Candidate Name			Transaction ID : 17-4893		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....	6765.38
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 45			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
CITIZENS FOR WATERS

Full Name (Last, First, Middle Initial) A. Rolla Group LLC			Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2016		
Mailing Address 1220 4th Street NW, #1			Amount of Each Disbursement this Period 1344.57		
City Washington	State DC	Zip Code 20001	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Fundraiser Expense		Category/ Type 003	Transaction ID : 17-4894		
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) B. Rolla Group LLC			Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2016		
Mailing Address 1220 4th Street NW, #1			Amount of Each Disbursement this Period 1908.91		
City Washington	State DC	Zip Code 20001	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Fundraiser Expenses		Category/ Type 003	Transaction ID : 17-4895		
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) c. Rolla Group LLC			Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2016		
Mailing Address 1220 4th Street NW, #1			Amount of Each Disbursement this Period 5000.00		
City Washington	State DC	Zip Code 20001	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Fundraiser Management Fee		Category/ Type 003	Transaction ID : 17-4896		
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

SUBTOTAL of Disbursements This Page (optional).....	8253.48
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 37 OF 45	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
CITIZENS FOR WATERS

Full Name (Last, First, Middle Initial) A. Secretary of State		Date of Disbursement MM / DD / YYYY 02 / 16 / 2016
Mailing Address State Capitol		Amount of Each Disbursement this Period 1740.00 <input type="checkbox"/> Memo Item Transaction ID : 17-4864
City Sacramento	State CA	
Zip Code 95812	Purpose of Disbursement Nomination Papers	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Southern California Edison		Date of Disbursement MM / DD / YYYY 01 / 21 / 2016
Mailing Address P.O. Box 300		Amount of Each Disbursement this Period 131.72 <input type="checkbox"/> Memo Item Transaction ID : 17-4856
City Rosemead	State CA	
Zip Code 91772	Purpose of Disbursement Electrical Service	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. Southern California Edison		Date of Disbursement MM / DD / YYYY 02 / 04 / 2016
Mailing Address P.O. Box 300		Amount of Each Disbursement this Period 32.16 <input type="checkbox"/> Memo Item Transaction ID : 17-4861
City Rosemead	State CA	
Zip Code 91772	Purpose of Disbursement Electrical Service	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	1903.88
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 38 OF 45	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
CITIZENS FOR WATERS

Full Name (Last, First, Middle Initial) A. Southern California Edison			Date of Disbursement MM / DD / YYYY 03 / 07 / 2016	
Mailing Address P.O. Box 300			Amount of Each Disbursement this Period 30.25	
City Rosemead	State CA	Zip Code 91772	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Electrical Service		Category/ Type 001		
Candidate Name			Transaction ID : 17-4873	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

Full Name (Last, First, Middle Initial) B. The Sugar Collaboration			Date of Disbursement MM / DD / YYYY 02 / 22 / 2016	
Mailing Address 425 Massachusetts Ave. NW			Amount of Each Disbursement this Period 1885.00	
City Washington	State DC	Zip Code 20001	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Event Catering		Category/ Type 003		
Candidate Name			Transaction ID : 17-4867	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

Full Name (Last, First, Middle Initial) C. Verizon Wireless			Date of Disbursement MM / DD / YYYY 03 / 08 / 2016	
Mailing Address P.O. Box 660108			Amount of Each Disbursement this Period 1016.44	
City Dallas	State TX	Zip Code 75266-0108	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Phone Bill		Category/ Type 001		
Candidate Name			Transaction ID : 17-4875	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

SUBTOTAL of Disbursements This Page (optional)	2931.69
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 45			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
CITIZENS FOR WATERS

Full Name (Last, First, Middle Initial) A. Karen Waters		Date of Disbursement MM / DD / YYYY 02 / 04 / 2016
Mailing Address 249 E. Ocean Blvd. #685		Amount of Each Disbursement this Period 500.00
City Long Beach	State CA	
Zip Code 90802	Purpose of Disbursement Slate Mailer Mgmt.Fee (See AO 2004-37)	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type 001	Transaction ID : 17-4860
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Karen Waters		Date of Disbursement MM / DD / YYYY 03 / 31 / 2016
Mailing Address 249 E. Ocean Blvd. #685		Amount of Each Disbursement this Period 1750.00
City Long Beach	State CA	
Zip Code 90802	Purpose of Disbursement Slate Mailer Mgmt.Fee (See AO 2004-37)	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type 004	Transaction ID : 17-4905
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Westin Bonaventure Hotel		Date of Disbursement MM / DD / YYYY 03 / 16 / 2016
Mailing Address 404 S Figueroa St		Amount of Each Disbursement this Period 7836.44
City Los Angeles	State CA	
Zip Code 90071	Purpose of Disbursement Fundraiser Event Reception	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type 003	Transaction ID : 17-4883
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	10086.44
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 40 OF 45	
	<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
CITIZENS FOR WATERS

Full Name (Last, First, Middle Initial) A. California Bank & Trust		Date of Disbursement M M / D D / Y Y Y Y 01 / 12 / 2016
Mailing Address POBox 30833		Amount of Each Disbursement this Period 8540.28
City Salt Lake City	State UT	
Zip Code 84130-0833	Purpose of Disbursement Credit Card Payment	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 002	Transaction ID : 17-3680-W Expenditure purpose details appear in Credit Card Payees reaching disclosure threshold.
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. California Bank & Trust		Date of Disbursement M M / D D / Y Y Y Y 02 / 29 / 2016
Mailing Address POBox 30833		Amount of Each Disbursement this Period 1108.33
City Salt Lake City	State UT	
Zip Code 84130-0833	Purpose of Disbursement Credit Card Payment	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : 17-3694-W Expenditure purpose details appear in Credit Card Payees reaching disclosure threshold.
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. California Bank & Trust		Date of Disbursement M M / D D / Y Y Y Y 03 / 15 / 2016
Mailing Address POBox 30833		Amount of Each Disbursement this Period 1000.00
City Salt Lake City	State UT	
Zip Code 84130-0833	Purpose of Disbursement Credit Card Payment	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : 17-3703-W Expenditure purpose details appear in Credit Card Payees reaching disclosure threshold.
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	10648.61
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 45			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
CITIZENS FOR WATERS

Full Name (Last, First, Middle Initial) A. Bistro		Date of Disbursement M M / D D / Y Y Y Y 02 / 25 / 2016
Mailing Address 15 E. St. NW		Amount of Each Disbursement this Period 1134.10
City Washington State DC Zip Code 20001	Purpose of Disbursement Catering for Fundraiser Event 003 Category/Type	
Candidate Name		<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : 17-4900-P Credit card payee, see Schedule D California Bank & Trust
State: District:		

Full Name (Last, First, Middle Initial) B. McCormick & Schmick's		Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2016
Mailing Address 206 N Rodeo Dr		Amount of Each Disbursement this Period 294.66
City Beverly Hills State CA Zip Code 90210	Purpose of Disbursement Meeting Expense 003 Category/Type	
Candidate Name		<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : 17-4901-P Credit card payee, see Schedule D California Bank & Trust
State: District:		

Full Name (Last, First, Middle Initial) C. Westin Bonaventure Hotel		Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2016
Mailing Address 404 S Figueroa St		Amount of Each Disbursement this Period 6296.39
City Los Angeles State CA Zip Code 90071	Purpose of Disbursement Fundraiser Event 003 Category/Type	
Candidate Name		<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : 17-4902-P Credit card payee, see Schedule D California Bank & Trust
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	54360.68

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **CITIZENS FOR WATERS** Transaction ID : **C9-11-LM**

LOAN SOURCE Full Name (Last, First, Middle Initial) Memo Item African American 2000 and Beyond Election: 2008
 Primary
 General
 Other (specify) ▼

Mailing Address 2092 W. Jefferson Blvd.

City State ZIP Code
 Los Angeles CA 90018

Original Amount of Loan 25000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 25000.00
-------------------------------------	------------------------------------	---

TERMS

Date Incurred M 08 / D 12 / Y 2008	Date Due M 08 / D 12 / Y 2009	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---------------------------------------	----------------------------------	-------------------------------	---

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional).....	<input type="text" value="25000.00"/>
TOTALS This Period (last page in this line only).....	<input type="text" value="25000.00"/>

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)
CITIZENS FOR WATERS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor American Airlines		Nature of Debt (Purpose): Travel Expenses
Mailing Address Los Angeles International Airport		
City State	Zip Code	
Los Angeles CA	90045	

Outstanding Balance Beginning This Period	Transaction ID : D10-875-V	
719.60		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	719.60

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor David Gould Company		Nature of Debt (Purpose): Professional Services: Slate Mailer (See AO 2004-37)
Mailing Address 249 E. Ocean Blvd., #685		
City State	Zip Code	
Long Beach CA	90802	

Outstanding Balance Beginning This Period	Transaction ID : D10-2658-V	
1000.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	1000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Harris & Harris Sound		Nature of Debt (Purpose): Sound for event
Mailing Address 4312 4th Ave.		
City State	Zip Code	
Los Angeles CA	90008	

Outstanding Balance Beginning This Period	Transaction ID : D10-1694-V	
50.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	50.00

1) SUBTOTALS This Period This Page (optional)	1769.60
2) TOTALS This Period (last page this line number only)	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)
CITIZENS FOR WATERS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Rolla Group LLC	Nature of Debt (Purpose): Fundraiser Management Fee
Mailing Address 1220 4th Street NW, #1	
City State Zip Code Washington DC 20001	

Outstanding Balance Beginning This Period 6908.91	Transaction ID : D10-6933-V	
Amount Incurred This Period 17609.95	Payment This Period 14518.86	Outstanding Balance at Close of This Period 10000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor The Harman Press	Nature of Debt (Purpose): Slate Mailer: Printing & Artwork (See AO 2004-37)
Mailing Address 6840 Vineland Ave.	
City State Zip Code North Hollywood CA 91605	

Outstanding Balance Beginning This Period -1000.00	Transaction ID : D10-3068-V	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period -1000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Karen Waters	Nature of Debt (Purpose): Slate Mailer Mgmt fee (See AO 2004-37)
Mailing Address 249 E. Ocean Blvd. #685	
City State Zip Code Long Beach CA 90802	

Outstanding Balance Beginning This Period 500.00	Transaction ID : D10-1148-V	
Amount Incurred This Period 0.00	Payment This Period 500.00	Outstanding Balance at Close of This Period 0.00

1) SUBTOTALS This Period This Page (optional)	9000.00
2) TOTALS This Period (last page this line number only)	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one) 9 10

NAME OF COMMITTEE (In Full)

CITIZENS FOR WATERS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
American Express

Nature of Debt (Purpose):
Various credit card purchases. Purpose appears/appeared on Schedule B Credit Card Payee memo records

Mailing Address Box 0001

City State Zip Code
Los Angeles CA 90096-0001

Outstanding Balance Beginning This Period
6761.71

Transaction ID : D10-1886-W

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period
0.00 0.00 6761.71

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
California Bank & Trust

Nature of Debt (Purpose):
Various credit card purchases. Purpose appears/appeared on Schedule B Credit Card Payee memo records

Mailing Address POBox 30833

City State Zip Code
Salt Lake City UT 84130-0833

Outstanding Balance Beginning This Period
8540.28

Transaction ID : D10-1695-W

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period
11116.73 10648.61 9008.40

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Congressional FCU Visa

Nature of Debt (Purpose):
Various credit card purchases. Purpose appears/appeared on Schedule B Credit Card Payee memo records

Mailing Address PO Box 96099

City State Zip Code
Charlotte NC 28296-0099

Outstanding Balance Beginning This Period
3506.38

Transaction ID : D10-3224-W

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period
0.00 0.00 3506.38

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

19276.49
30046.09
0.00
30046.09