

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
CITIZENS FOR A BETTER AMERICA (R) (CFABA.ORG)

ADDRESS (number and street) P.O. BOX 7647
 Check if different than previously reported. (ACC)
VAN NUYS CA 91409 7647

2. **FEC IDENTIFICATION NUMBER** C00278333
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)
CITY STATE ZIP CODE

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on 11 07 2006 in the State of CA

5. Covering Period 10 01 2006 through 11 27 2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer ROBERT COLACO, SENIOR TREASURER

Signature of Treasurer Electronically Filed by ROBERT COLACO, SENIOR TREASURER Date 12 07 2006

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
CITIZENS FOR A BETTER AMERICA (R) (CFABA.ORG)

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
1	1

D	D
2	7

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		42.95
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period	143.08									
(c) Total Receipts (from Line 19)	285.00	1533.17								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	428.08	1576.12								
7. Total Disbursements (from Line 31)	416.25	1564.29								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	11.83	11.83								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	1.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	9870.31									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name

CITIZENS FOR A BETTER AMERICA (R) (CFABA.ORG)

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
1	1

D	D
2	7

Y	Y	Y	Y
2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(i) Itemized (use Schedule A)	85.00	754.00
(ii) Unitemized	85.00	754.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5)	85.00	754.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	200.00	527.00
14. Loan Repayments Received	0.00	20.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	232.17
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	285.00	1533.17
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	285.00	1533.17

DETAILED SUMMARY PAGE

of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	416.25	1259.88
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	416.25	1259.88
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	303.41
27. Loans Made.....	0.00	1.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	416.25	1564.29
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	416.25	1564.29

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	85.00	754.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	85.00	754.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	416.25	1259.88
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	232.17
38. Net Operating Expenditures (subtract Line 37 from Line 36)	416.25	1027.71

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 6 / 28	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	
<input checked="" type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
CITIZENS FOR A BETTER AMERICA (R) (CFABA.ORG)

A. Full Name (Last, First, Middle Initial)
GAIL COLACO

Mailing Address P.O. BOX 7647

City State Zip Code
VAN NUYS CA 91409-7647

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
222.00

Date of Receipt

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

Transaction ID: SA13.5168

Amount of Each Receipt this Period
200.00

SUBTOTAL of Receipts This Page (optional)	▶	200.00
TOTAL This Period (last page this line number only)	▶	200.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CITIZENS FOR A BETTER AMERICA (R) (CFABA.ORG)

Full Name (Last, First, Middle Initial) A. CHASE/BANK ONE VISA CC 2050		Transaction ID: SB21B.5170	
Mailing Address PO BOX 94014		Date of Disbursement 10 / 13 / 2006	
City PALATINE	State IL	Zip Code 60094	Amount of Each Disbursement this Period 86.00
Purpose of Disbursement CC PAYMENT.		001 Category/ Type	
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. CHASE/BANK ONE VISA CC 2050		Transaction ID: SB21B.5183	
Mailing Address PO BOX 94014		Date of Disbursement 11 / 16 / 2006	
City PALATINE	State IL	Zip Code 60094	Amount of Each Disbursement this Period 83.00
Purpose of Disbursement CC PAYMENT.		001 Category/ Type	
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. FIRST BANKCARD VISA CC 2020		Transaction ID: SB21B.5171	
Mailing Address PO BOX 2814		Date of Disbursement 10 / 13 / 2006	
City OMAHA,	State NE	Zip Code 68103-2814	Amount of Each Disbursement this Period 25.00
Purpose of Disbursement FIN CHG		001 Category/ Type	
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)	194.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
CITIZENS FOR A BETTER AMERICA (R) (CFABA.ORG)

Full Name (Last, First, Middle Initial) A. FIRST BANKCARD VISA CC 2020		Transaction ID: SB21B.5180 Date of Disbursement
Mailing Address PO BOX 2814		<input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/>
City OMAHA,	State NE	Zip Code 68103-2814
Purpose of Disbursement STATE FARM INS	<input type="text" value="001"/> Category/ Type	
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:		
		Amount of Each Disbursement this Period <input type="text" value="23.00"/>

Full Name (Last, First, Middle Initial) B. FIRST BANKCARD VISA CC 2030		Transaction ID: SB21B.5172 Date of Disbursement
Mailing Address PO BOX 2814		<input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/>
City OMAHA	State NE	Zip Code 68103-2814
Purpose of Disbursement FIN CHG	<input type="text" value="001"/> Category/ Type	
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:		
		Amount of Each Disbursement this Period <input type="text" value="25.00"/>

Full Name (Last, First, Middle Initial) C. FIRST BANKCARD VISA CC 2030		Transaction ID: SB21B.5182 Date of Disbursement
Mailing Address PO BOX 2814		<input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/>
City OMAHA	State NE	Zip Code 68103-2814
Purpose of Disbursement INTERNET HOSTING.	<input type="text" value="001"/> Category/ Type	
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:		
		Amount of Each Disbursement this Period <input type="text" value="24.00"/>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="72.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="266.00"/>

SCHEDULE C (FEC Form 3X)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 9 / 28 FOR LINE 13 OF FORM 3X
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NAME OF COMMITTEE (In Full)
 CITIZENS FOR A BETTER AMERICA (R) (CFABA.ORG)

Transaction ID: SC/10.4928

LOAN SOURCE Full Name (Last, First, Middle Initial) CHASE/BANK ONE VISA CC 2050	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO BOX 94014	
City PALATINE State IL ZIP Code 60094	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
101.30	0.00	101.30

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M M 03 D D 15 Y Y Y Y 2005		% (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>

SUBTOTALS This Period This Page (optional) ▶	<input style="width: 100%;" type="text" value="101.30"/>
TOTALS This Period (last page in this line only) ▶	<input style="width: 100%;" type="text"/>
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE C (FEC Form 3X)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 10 / 28 FOR LINE 13 OF FORM 3X
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NAME OF COMMITTEE (In Full)
CITIZENS FOR A BETTER AMERICA (R) (CFABA.ORG)

Transaction ID: SC/10.30

LOAN SOURCE Full Name (Last, First, Middle Initial) GAIL COLACO	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address P.O. BOX 7647	
City VAN NUYS State CA ZIP Code 91409-7647	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
943.59	562.29	381.30

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M M 03 D D 31 Y Y Y Y 1996	NONE	NONE % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>

SUBTOTALS This Period This Page (optional) ▶	<input style="width: 100%;" type="text" value="381.30"/>
TOTALS This Period (last page in this line only) ▶	<input style="width: 100%;" type="text"/>

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

SCHEDULE C (FEC Form 3X)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 11 / 28 FOR LINE 13 OF FORM 3X
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NAME OF COMMITTEE (In Full)
CITIZENS FOR A BETTER AMERICA (R) (CFABA.ORG)

Transaction ID: SC/10.4295

LOAN SOURCE Full Name (Last, First, Middle Initial) GAIL COLACO	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address P.O. BOX 7647	
City VAN NUYS State CA ZIP Code 91409-7647	

Original Amount of Loan <div style="border: 1px solid black; width: 100%; height: 20px; text-align: right; padding-right: 5px;">300.00</div>	Cumulative Payment To Date <div style="border: 1px solid black; width: 100%; height: 20px; text-align: right; padding-right: 5px;">0.00</div>	Balance Outstanding at Close of This Period <div style="border: 1px solid black; width: 100%; height: 20px; text-align: right; padding-right: 5px;">300.00</div>
---	--	---

TERMS

Date Incurred <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 0 8</div> <div style="border: 1px solid black; padding: 2px;">D D 1 9</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 0 2</div> </div>	Date Due <div style="border: 1px solid black; padding: 2px; width: 100%;">NONE</div>	Interest Rate <div style="border: 1px solid black; padding: 2px; width: 100%;">NONE % (apr)</div>	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	---	--	---

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

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <div style="border: 1px solid black; width: 100%; height: 20px;"></div>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <div style="border: 1px solid black; width: 100%; height: 20px;"></div>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <div style="border: 1px solid black; width: 100%; height: 20px;"></div>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <div style="border: 1px solid black; width: 100%; height: 20px;"></div>

SUBTOTALS This Period This Page (optional)	<div style="border: 1px solid black; width: 100%; height: 20px; text-align: right; padding-right: 5px;">300.00</div>
TOTALS This Period (last page in this line only)	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE C (FEC Form 3X)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 12 / 28 FOR LINE 13 OF FORM 3X
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NAME OF COMMITTEE (In Full)
 CITIZENS FOR A BETTER AMERICA (R) (CFABA.ORG)

Transaction ID: SC/10.4330

LOAN SOURCE Full Name (Last, First, Middle Initial) GAIL COLACO	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address P.O. BOX 7647	
City VAN NUYS State CA ZIP Code 91409-7647	

Original Amount of Loan <div style="border: 1px solid black; text-align: right; padding: 2px;">170.00</div>	Cumulative Payment To Date <div style="border: 1px solid black; text-align: right; padding: 2px;">0.00</div>	Balance Outstanding at Close of This Period <div style="border: 1px solid black; text-align: right; padding: 2px;">170.00</div>
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TERMS

Date Incurred <table style="font-size: small;"> <tr><td>M</td><td>M</td></tr> <tr><td>1</td><td>0</td></tr> </table>	M	M	1	0	Date Due <table style="font-size: small;"> <tr><td>D</td><td>D</td></tr> <tr><td>3</td><td>0</td></tr> </table>	D	D	3	0	Interest Rate <table style="font-size: small;"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>2</td><td>0</td><td>0</td><td>2</td></tr> </table>	Y	Y	Y	Y	2	0	0	2	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
M	M																		
1	0																		
D	D																		
3	0																		
Y	Y	Y	Y																
2	0	0	2																

NONE % (apr)

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

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <div style="border: 1px solid black; width: 100px; height: 15px;"></div>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <div style="border: 1px solid black; width: 100px; height: 15px;"></div>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <div style="border: 1px solid black; width: 100px; height: 15px;"></div>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <div style="border: 1px solid black; width: 100px; height: 15px;"></div>

SUBTOTALS This Period This Page (optional)	<div style="border: 1px solid black; text-align: right; padding: 2px;">170.00</div>
TOTALS This Period (last page in this line only)	<div style="border: 1px solid black; width: 100%; height: 15px;"></div>
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE C (FEC Form 3X)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 13 / 28 FOR LINE 13 OF FORM 3X
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NAME OF COMMITTEE (In Full)
 CITIZENS FOR A BETTER AMERICA (R) (CFABA.ORG)

Transaction ID: SC/10.5089

LOAN SOURCE Full Name (Last, First, Middle Initial) GAIL COLACO	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address P.O. BOX 7647	
City VAN NUYS State CA ZIP Code 91409-7647	

Original Amount of Loan 22.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 22.00
----------------------------------	------------------------------------	--

TERMS	Date Incurred M M D D Y Y Y Y 0 1 2 5 2 0 0 6	Date Due	Interest Rate % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source	
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>

SUBTOTALS This Period This Page (optional)	<input style="width: 100%;" type="text" value="22.00"/>
TOTALS This Period (last page in this line only)	<input style="width: 100%;" type="text"/>
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE C (FEC Form 3X)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 14 / 28 FOR LINE 13 OF FORM 3X
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NAME OF COMMITTEE (In Full)
 CITIZENS FOR A BETTER AMERICA (R) (CFABA.ORG)

Transaction ID: SC/10.5168

LOAN SOURCE Full Name (Last, First, Middle Initial) GAIL COLACO	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address P.O. BOX 7647	
City VAN NUYS State CA ZIP Code 91409-7647	

Original Amount of Loan 200.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 200.00
-----------------------------------	------------------------------------	---

TERMS

Date Incurred M M D D Y Y Y Y 1 0 1 1 2 0 0 6	Date Due _____	Interest Rate _____ % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: _____
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: _____
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: _____
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: _____

SUBTOTALS This Period This Page (optional) ▶	200.00
TOTALS This Period (last page in this line only) ▶	
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE C (FEC Form 3X)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 15 / 28 FOR LINE 13 OF FORM 3X
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NAME OF COMMITTEE (In Full)
 CITIZENS FOR A BETTER AMERICA (R) (CFABA.ORG)

Transaction ID: SC/10.13

LOAN SOURCE Full Name (Last, First, Middle Initial) ROBERT COLACO	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address P.O. BOX 7647	
City VAN NUYS State CA ZIP Code 91409-7647	

Original Amount of Loan 1115.44	Cumulative Payment To Date 820.44	Balance Outstanding at Close of This Period 295.00
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TERMS

Date Incurred MM DD YY 12 16 1992	Date Due NONE	Interest Rate NONE % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source	
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>

SUBTOTALS This Period This Page (optional)	<input style="width: 100%;" type="text" value="295.00"/>
TOTALS This Period (last page in this line only)	<input style="width: 100%;" type="text"/>
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE C (FEC Form 3X)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 16 / 28 FOR LINE 13 OF FORM 3X
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NAME OF COMMITTEE (In Full)
CITIZENS FOR A BETTER AMERICA (R) (CFABA.ORG)

Transaction ID: SC/10.22

LOAN SOURCE Full Name (Last, First, Middle Initial) ROBERT COLACO	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address P.O. BOX 7647	
City VAN NUYS State CA ZIP Code 91409-7647	

Original Amount of Loan <div style="border: 1px solid black; width: 100%; height: 20px; text-align: center;">1618.57</div>	Cumulative Payment To Date <div style="border: 1px solid black; width: 100%; height: 20px; text-align: center;">0.00</div>	Balance Outstanding at Close of This Period <div style="border: 1px solid black; width: 100%; height: 20px; text-align: center;">1618.57</div>
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TERMS

Date Incurred MM DD YY 06 01 1995	Date Due NONE	Interest Rate NONE % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <div style="border: 1px solid black; width: 100%; height: 20px;"></div>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <div style="border: 1px solid black; width: 100%; height: 20px;"></div>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <div style="border: 1px solid black; width: 100%; height: 20px;"></div>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <div style="border: 1px solid black; width: 100%; height: 20px;"></div>

SUBTOTALS This Period This Page (optional)	<div style="border: 1px solid black; width: 100%; height: 20px; text-align: center;">1618.57</div>
TOTALS This Period (last page in this line only)	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>

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

SCHEDULE C (FEC Form 3X)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 17 / 28 FOR LINE 13 OF FORM 3X
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NAME OF COMMITTEE (In Full)
 CITIZENS FOR A BETTER AMERICA (R) (CFABA.ORG)

Transaction ID: SC/10.26

LOAN SOURCE Full Name (Last, First, Middle Initial) ROBERT COLACO	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address P.O. BOX 7647	
City VAN NUYS State CA ZIP Code 91409-7647	

Original Amount of Loan 1242.57	Cumulative Payment To Date 210.00	Balance Outstanding at Close of This Period 1032.57
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TERMS

Date Incurred MM DD YY 12 01 1995	Date Due NONE	Interest Rate NONE % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>

SUBTOTALS This Period This Page (optional)	<input style="width: 100%;" type="text" value="1032.57"/>
TOTALS This Period (last page in this line only)	<input style="width: 100%;" type="text"/>
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE C (FEC Form 3X)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 18 / 28 FOR LINE 13 OF FORM 3X
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NAME OF COMMITTEE (In Full)
 CITIZENS FOR A BETTER AMERICA (R) (CFABA.ORG)

Transaction ID: SC/10.5116

LOAN SOURCE Full Name (Last, First, Middle Initial) ROBERT COLACO	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address P.O. BOX 7647	
City VAN NUYS State CA ZIP Code 91409-7647	

Original Amount of Loan 200.00	Cumulative Payment To Date 120.00	Balance Outstanding at Close of This Period 80.00
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TERMS

Date Incurred	Date Due	Interest Rate	Secured:																
<table style="font-size: small;"> <tr><td>M</td><td>M</td></tr> <tr><td>0</td><td>6</td></tr> </table>	M	M	0	6	<table style="font-size: small;"> <tr><td>D</td><td>D</td></tr> <tr><td>1</td><td>6</td></tr> </table>	D	D	1	6	<table style="font-size: small;"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>2</td><td>0</td><td>0</td><td>6</td></tr> </table>	Y	Y	Y	Y	2	0	0	6	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
M	M																		
0	6																		
D	D																		
1	6																		
Y	Y	Y	Y																
2	0	0	6																

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

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>

SUBTOTALS This Period This Page (optional) ▶	<input style="width: 100%; text-align: right;" type="text" value="80.00"/>
TOTALS This Period (last page in this line only) ▶	<input style="width: 100%;" type="text"/>
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE C (FEC Form 3X)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 19 / 28 FOR LINE 13 OF FORM 3X
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NAME OF COMMITTEE (In Full)
CITIZENS FOR A BETTER AMERICA (R) (CFABA.ORG)

Transaction ID: SC/10.21

LOAN SOURCE Full Name (Last, First, Middle Initial) EDITH JESKE	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 33206 CROWN VALLEY ROAD	
City ACTON State CA ZIP Code 93550	

Original Amount of Loan <div style="border: 1px solid black; text-align: center; width: 100%; height: 20px;">566.76</div>	Cumulative Payment To Date <div style="border: 1px solid black; text-align: center; width: 100%; height: 20px;">0.00</div>	Balance Outstanding at Close of This Period <div style="border: 1px solid black; text-align: center; width: 100%; height: 20px;">566.76</div>
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TERMS

Date Incurred MM DD YYYY 01 20 1995	Date Due NONE	Interest Rate NONE % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <div style="border: 1px solid black; width: 100%; height: 20px;"></div>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <div style="border: 1px solid black; width: 100%; height: 20px;"></div>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <div style="border: 1px solid black; width: 100%; height: 20px;"></div>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <div style="border: 1px solid black; width: 100%; height: 20px;"></div>

SUBTOTALS This Period This Page (optional)	<div style="border: 1px solid black; width: 100%; height: 20px;">566.76</div>
TOTALS This Period (last page in this line only)	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE C (FEC Form 3X)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 20 / 28 FOR LINE 13 OF FORM 3X
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NAME OF COMMITTEE (In Full)
 CITIZENS FOR A BETTER AMERICA (R) (CFABA.ORG)

Transaction ID: SC/10.4927

LOAN SOURCE Full Name (Last, First, Middle Initial) PROVIDIAN BANK VISA CC 2040	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO BOX 660548	
City DALLAS State TX ZIP Code 75266-0548	

Original Amount of Loan 1058.20	Cumulative Payment To Date 264.71	Balance Outstanding at Close of This Period 793.49
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TERMS

Date Incurred MM DD YY YY YY 03 18 2005	Date Due	Interest Rate	Secured:
		% (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>

SUBTOTALS This Period This Page (optional)	<input style="width: 100%;" type="text" value="793.49"/>
TOTALS This Period (last page in this line only)	<input style="width: 100%;" type="text"/>
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE C (FEC Form 3X)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 21 / 28 FOR LINE 13 OF FORM 3X
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NAME OF COMMITTEE (In Full)
CITIZENS FOR A BETTER AMERICA (R) (CFABA.ORG)

Transaction ID: SC/10.20

LOAN SOURCE Full Name (Last, First, Middle Initial) DAVID SHEMANSKI	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 24819 ALDERBROOK	
City NEWHALL State CA ZIP Code 91321	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
802.35	15.00	787.35

TERMS

Date Incurred	Date Due	Interest Rate	Secured:																
<table style="font-size: small;"> <tr><td>M</td><td>M</td></tr> <tr><td>0</td><td>1</td></tr> </table>	M	M	0	1	<table style="font-size: small;"> <tr><td>D</td><td>D</td></tr> <tr><td>0</td><td>1</td></tr> </table>	D	D	0	1	<table style="font-size: small;"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>1</td><td>9</td><td>9</td><td>5</td></tr> </table>	Y	Y	Y	Y	1	9	9	5	NONE
M	M																		
0	1																		
D	D																		
0	1																		
Y	Y	Y	Y																
1	9	9	5																
		NONE % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																

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

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>

SUBTOTALS This Period This Page (optional) ▶	<input style="width: 100%;" type="text" value="787.35"/>
TOTALS This Period (last page in this line only) ▶	<input style="width: 100%;" type="text" value="6348.34"/>
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE C (FEC Form 3X)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 22 / 28 FOR LINE 13 OF FORM 3X
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NAME OF COMMITTEE (In Full)
CITIZENS FOR A BETTER AMERICA (R) (CFABA.ORG)

Transaction ID: SC/9.5102

LOAN SOURCE Full Name (Last, First, Middle Initial) CITIZENS FOR A BETTER AMERICA (R) (CFABA.ORG)	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address P.O. BOX 7647	
City VAN NUYS State CA ZIP Code 91409-7647	

Original Amount of Loan <div style="border: 1px solid black; width: 100%; height: 20px; text-align: right; padding-right: 5px;">1.00</div>	Cumulative Payment To Date <div style="border: 1px solid black; width: 100%; height: 20px; text-align: right; padding-right: 5px;">0.00</div>	Balance Outstanding at Close of This Period <div style="border: 1px solid black; width: 100%; height: 20px; text-align: right; padding-right: 5px;">1.00</div>
---	--	---

TERMS

Date Incurred <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 0 2</div> <div style="border: 1px solid black; padding: 2px;">D D 1 4</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 0 6</div> </div>	Date Due <div style="border: 1px solid black; width: 100%; height: 20px;"></div>	Interest Rate <div style="border: 1px solid black; width: 100%; height: 20px;"></div> % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	---	--	---

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

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <div style="border: 1px solid black; width: 100%; height: 20px;"></div>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <div style="border: 1px solid black; width: 100%; height: 20px;"></div>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <div style="border: 1px solid black; width: 100%; height: 20px;"></div>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <div style="border: 1px solid black; width: 100%; height: 20px;"></div>

SUBTOTALS This Period This Page (optional)	<div style="border: 1px solid black; width: 100%; height: 20px; text-align: right; padding-right: 5px;">1.00</div>
TOTALS This Period (last page in this line only)	<div style="border: 1px solid black; width: 100%; height: 20px; text-align: right; padding-right: 5px;">1.00</div>

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 3X)

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 A BETTER AMERICA (R) (CFABA.ORG)

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor BANK OF AMERICA VISA CC 2002	Nature of Debt (Purpose): VEHICLE EXPENSES
Mailing Address P. O. BOX 53132	
City State ZIP Code PHOENIX AZ 85072-3132	

Outstanding Balance Beginning This Period 147.76	Transaction ID: SD10.4389	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 147.76

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor BANK OF AMERICA VISA CC 2002	Nature of Debt (Purpose): ADDITIONAL INCURRED.
Mailing Address P. O. BOX 53132	
City State ZIP Code PHOENIX AZ 85072-3132	

Outstanding Balance Beginning This Period 95.75	Transaction ID: SD10.4822	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 95.75

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor CHASE/BANK ONE VISA CC 2050	Nature of Debt (Purpose): BALANCE AS OF START OF PERIOD.
Mailing Address PO BOX 94014	
City State ZIP Code PALATINE IL 60094	

Outstanding Balance Beginning This Period 1136.05	Transaction ID: SD10.4593	
Amount Incurred This Period 0.00	Payment This Period 169.00	Outstanding Balance at Close of This Period 967.05

1) SUBTOTALS This Period This Page (optional).....	▶	1210.56
2) TOTALS This Period (last page this line number only).....	▶	
3) TOTALS 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 3X)

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 A BETTER AMERICA (R) (CFABA.ORG)

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor CHASE/BANK ONE VISA CC 2050	Nature of Debt (Purpose): ADDITIONAL INCURRED.
Mailing Address PO BOX 94014	
City State ZIP Code PALATINE IL 60094	

Outstanding Balance Beginning This Period 42.27	Transaction ID: SD10.4706	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 42.27

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor CHASE/BANK ONE VISA CC 2050	Nature of Debt (Purpose): ADDITIONAL INCURRED.
Mailing Address PO BOX 94014	
City State ZIP Code PALATINE IL 60094	

Outstanding Balance Beginning This Period 37.82	Transaction ID: SD10.4786	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 37.82

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor GAIL COLACO	Nature of Debt (Purpose): Trademark and Government Fees
Mailing Address P.O. BOX 7647	
City State ZIP Code VAN NUYS CA 91409-7647	

Outstanding Balance Beginning This Period 330.00	Transaction ID: SD10.4179	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 330.00

1) SUBTOTALS This Period This Page (optional).....	410.09
2) TOTALS This Period (last page this line number only).....	
3) TOTALS 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 3X)

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 A BETTER AMERICA (R) (CFABA.ORG)

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor FIRST BANKCARD VISA CC 2020	Nature of Debt (Purpose): BALANCE AT PERIOD END.
Mailing Address PO BOX 2814	
City State ZIP Code OMAHA, NE 68103-2814	

Outstanding Balance Beginning This Period <input type="text" value="225.45"/>	Transaction ID: SD10.4519	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="48.00"/>	Outstanding Balance at Close of This Period <input type="text" value="177.45"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor FIRST BANKCARD VISA CC 2020	Nature of Debt (Purpose): ADDITIONAL INCURRED.
Mailing Address PO BOX 2814	
City State ZIP Code OMAHA, NE 68103-2814	

Outstanding Balance Beginning This Period <input type="text" value="78.48"/>	Transaction ID: SD10.4704	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="78.48"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor FIRST BANKCARD VISA CC 2020	Nature of Debt (Purpose): ADDITIONAL INCURRED.
Mailing Address PO BOX 2814	
City State ZIP Code OMAHA, NE 68103-2814	

Outstanding Balance Beginning This Period <input type="text" value="120.51"/>	Transaction ID: SD10.4782	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="120.51"/>

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="376.44"/>
2) TOTALS This Period (last page this line number only).....	<input type="text"/>
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

SCHEDULE D (FEC Form 3X)

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 A BETTER AMERICA (R) (CFABA.ORG)

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor FIRST BANKCARD VISA CC 2030	Nature of Debt (Purpose): BALANCE AT PERIOD END.
Mailing Address PO BOX 2814	
City State ZIP Code OMAHA NE 68103-2814	

Outstanding Balance Beginning This Period 436.86	Transaction ID: SD10.4520	
Amount Incurred This Period 0.00	Payment This Period 49.00	Outstanding Balance at Close of This Period 387.86

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor FIRST BANKCARD VISA CC 2030	Nature of Debt (Purpose): ADDITIONAL INCURRED.
Mailing Address PO BOX 2814	
City State ZIP Code OMAHA NE 68103-2814	

Outstanding Balance Beginning This Period 11.13	Transaction ID: SD10.4703	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 11.13

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor FIRST BANKCARD VISA CC 2030	Nature of Debt (Purpose): ADDITIONAL INCURRED.
Mailing Address PO BOX 2814	
City State ZIP Code OMAHA NE 68103-2814	

Outstanding Balance Beginning This Period 38.96	Transaction ID: SD10.4784	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 38.96

1) SUBTOTALS This Period This Page (optional).....	437.95
2) TOTALS This Period (last page this line number only).....	
3) TOTALS 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 3X)

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 A BETTER AMERICA (R) (CFABA.ORG)

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor PROVIDIAN BANK VISA CC 2040	Nature of Debt (Purpose): PURCHASES MADE ON CREDIT CARD.
Mailing Address PO BOX 660548	
City State ZIP Code DALLAS TX 75266-0548	

Outstanding Balance Beginning This Period 916.68	Transaction ID: SD10.4705	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 916.68

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor PROVIDIAN BANK VISA CC 2040	Nature of Debt (Purpose): ADDITIONAL INCURRED.
Mailing Address PO BOX 660548	
City State ZIP Code DALLAS TX 75266-0548	

Outstanding Balance Beginning This Period 47.97	Transaction ID: SD10.4785	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 47.97

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor SBC-PHONE SERVICE	Nature of Debt (Purpose): INCOMING PHONE SERVICE.
Mailing Address PAYMENT CENTER	
City State ZIP Code SAC CA 95887-0001	

Outstanding Balance Beginning This Period 74.09	Transaction ID: SD10.4735	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 74.09

1) SUBTOTALS This Period This Page (optional).....	1038.74
2) TOTALS This Period (last page this line number only).....	
3) TOTALS 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 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 28 / 28	
	FOR LINE NUMBER: (check only one)	<input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
CITIZENS FOR A BETTER AMERICA (R) (CFABA.ORG)

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor SBC-PHONE SERVICE			Nature of Debt (Purpose): ADDITIONAL INCURRED.
Mailing Address PAYMENT CENTER			
City SAC	State CA	ZIP Code 95887-0001	

Outstanding Balance Beginning This Period		Transaction ID: SD10.4783	
48.19			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	48.19	

1) SUBTOTALS This Period This Page (optional).....	48.19
2) TOTALS This Period (last page this line number only).....	3521.97
3) TOTALS 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)	