

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For 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
Mary Bono Mack Committee

ADDRESS (number and street) P.O. Box 3370
 Check if different than previously reported. (ACC)
Palm Springs CA 92263

2. **FEC IDENTIFICATION NUMBER** C00332890
CITY **STATE** **ZIP CODE**
STATE **DISTRICT**
3. **IS THIS REPORT** **NEW (N)** **OR** **AMENDED (A)**
CA 45

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 Year-End Report (YE)
 Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on in the State of
(c) 30-Day **POST**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on in the State of

5. Covering Period 11 28 2006 through 12 31 2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Meredith Kelley

Signature of Treasurer Electronically Filed by Meredith Kelley Date 05 22 2008

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

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Mary Bono Mack Committee

Report Covering the Period: From:

M	M
1	1

D	D
2	8

Y	Y	Y	Y
2	0	0	6

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	6

	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)).....	3635.00	5710.00
(b) Total Contribution Refunds (from Line 20(d)).....	4245.00	5145.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	-610.00	565.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	61292.21	130287.65
(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)).....	61292.21	130287.65
8. Cash on Hand at Close of Reporting Period (from Line 27).....	132230.07	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

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
Mary Bono Mack Committee

Report Covering the Period: From:

M	M
1	1

D	D
2	8

Y	Y	Y	Y
2	0	0	6

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	6

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).....

550.00

1800.00

(ii) Unitemized.....

3085.00

3710.00

(iii) TOTAL of contributions

3635.00

5510.00

from individuals..... ▶

0.00

0.00

(b) Political Party Committees.....

0.00

200.00

(c) Other Political Committees
(such as PACS).....

0.00

0.00

(d) The Candidate.....

(e) TOTAL CONTRIBUTIONS

(other than loans)

3635.00

5710.00

(add Lines 11(a)(iii), (b), (c), and (d))

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.).....

0.00

0.00

16. **TOTAL RECEIPTS** (add Lines
11(e), 12, 13(c), 14, and 15)
(Carry Total to Line 24, page 4)..... ▶

3635.00

5710.00

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

17. OPERATING EXPENDITURES.....	61292.21	130287.65
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.....	4245.00	5145.00
(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)).....	4245.00	5145.00
21. OTHER DISBURSEMENTS.....	2000.00	2000.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	67537.21	137432.65

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	196132.28
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	3635.00
25. SUBTOTAL (add Line 23 and Line 24).....	199767.28
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	67537.21
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	132230.07

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 5 / 18
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 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)
Mary Bono Mack Committee

A.

Full Name (Last, First, Middle Initial) April Acker		Date of Receipt MM / DD / YYYY 12 / 20 / 2006
Mailing Address 49338 Escalante Street		Transaction ID: 1168983327942
City Indio	State CA	Zip Code 92201
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Self employed	Occupation Real estate	Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 300.00	

B.

Full Name (Last, First, Middle Initial) Mr. Gary M. Plummer		Date of Receipt MM / DD / YYYY 12 / 22 / 2006
Mailing Address PO Box 1843		Transaction ID: 1169050723671
City Monterey	State CA	Zip Code 93942
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Peninsula Moving and Storage Co	Occupation President	Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	550.00
TOTAL This Period (last page this line number only)	550.00

**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)

<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)
Mary Bono Mack Committee

A.	Full Name (Last, First, Middle Initial) Ms Adriana Avila	Transaction ID: 1164920173206 Date of Disbursement 11 / 28 / 2006
	Mailing Address 1555 South Palm Canyon, Suite D105	Amount of Each Disbursement this Period 1000.00
	City Palm Springs State CA Zip Code 92264	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Salary Candidate Name Category/Type 001	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) Ms Adriana Avila	Transaction ID: 1168636938561 Date of Disbursement 12 / 04 / 2006
	Mailing Address 1555 South Palm Canyon, Suite D105	Amount of Each Disbursement this Period 1264.64
	City Palm Springs State CA Zip Code 92264	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Mileage Reimbursement Candidate Name Category/Type 001	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) Adriana Avila	Transaction ID: 1211235408413 Date of Disbursement 11 / 30 / 2006
	Mailing Address 1555 South Palm Canyon, Suite D105	Amount of Each Disbursement this Period 2258.82
	City Palm Springs State CA Zip Code 92264	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Salary Candidate Name Category/Type 001	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	▶	4523.46
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 7 / 18

<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)
Mary Bono Mack Committee

A.

Full Name (Last, First, Middle Initial)
Bank of America

Mailing Address P.O. Box 3530

City Rancho Cordova State CA Zip Code 95741-3530

Purpose of Disbursement

Bank Fees

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 1208309363260

Date of Disbursement

12 / 01 / 2006

Amount of Each Disbursement this Period

533.70

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)
Bellwether Consulting Group

Mailing Address 1775 I Street, NW
Ste 700

City Washington State DC Zip Code 20006

Purpose of Disbursement

Faxing, Printing & shipping

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 1168633310482

Date of Disbursement

12 / 19 / 2006

Amount of Each Disbursement this Period

2000.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)
Bieber Communications

Mailing Address 3605 W. MacArthur Boulevard
Ste. 712

City Santa Ana State CA Zip Code 92704

Purpose of Disbursement

Printing/mailling services

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 1168633785385

Date of Disbursement

12 / 11 / 2006

Amount of Each Disbursement this Period

2110.43

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

4644.13

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)

<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)
Mary Bono Mack Committee

A.

Full Name (Last, First, Middle Initial)
Jon-Marc Blalock

Transaction ID: 1164919871683
Date of Disbursement

Mailing Address PO Box 2551

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	8	/	2	0	0	6

City State Zip Code
Palm Desert CA 92261

Amount of Each Disbursement this Period

2000.00

Purpose of Disbursement
Salary

001

Category/
Type

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
Jon-Marc Blalock

Transaction ID: 1211235491911
Date of Disbursement

Mailing Address PO Box 2551

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	3	0	/	2	0	0	6

City State Zip Code
Palm Desert CA 92261

Amount of Each Disbursement this Period

1571.83

Purpose of Disbursement
Salary

001

Category/
Type

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
Paul Cancienne

Transaction ID: 1164920223471
Date of Disbursement

Mailing Address PO Box 3770

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	8	/	2	0	0	6

City State Zip Code
Palm Springs CA 92263

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
Salary

001

Category/
Type

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ►

4571.83

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

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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)

<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)
Mary Bono Mack Committee

A.	Full Name (Last, First, Middle Initial) Cardinal Promotions <hr/> Mailing Address 68-895 Perez Road Suite 16 <hr/> City Cathedral City State CA Zip Code 92234 <hr/> Purpose of Disbursement embroidery service Candidate Name <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 1168635019354 Date of Disbursement 12 / 06 / 2006 <hr/> Amount of Each Disbursement this Period 705.12 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Cingular Wireless <hr/> Mailing Address 17330 Preston Road Suite 100A <hr/> City Dallas State TX Zip Code 75252 <hr/> Purpose of Disbursement Phone Service Candidate Name <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 1168633565863 Date of Disbursement 12 / 19 / 2006 <hr/> Amount of Each Disbursement this Period 120.51 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Cingular Wireless <hr/> Mailing Address 17330 Preston Road Suite 100A <hr/> City Dallas State TX Zip Code 75252 <hr/> Purpose of Disbursement Phone Service Candidate Name <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 1168635304936 Date of Disbursement 12 / 06 / 2006 <hr/> Amount of Each Disbursement this Period 98.72 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	924.35
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)

<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)
Mary Bono Mack Committee

A.

Full Name (Last, First, Middle Initial)
Complete Campaigns

Mailing Address 610 Gateway Center Way
Suite K

City San Diego State CA Zip Code 92102

Purpose of Disbursement
Fax Broadcasting

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 1168634228243
Date of Disbursement

12 / 11 / 2006

Amount of Each Disbursement this Period

182.25

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)
Federal Express

Mailing Address PO Box 1140

City Memphis State TN Zip Code 38101

Purpose of Disbursement
Shipping

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 1168635229611
Date of Disbursement

12 / 06 / 2006

Amount of Each Disbursement this Period

1376.09

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)
Sabrina Garcia

Mailing Address 81944 Villa Reale

City Indio State CA Zip Code 92203

Purpose of Disbursement
Salary

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 1164919805747
Date of Disbursement

11 / 28 / 2006

Amount of Each Disbursement this Period

5000.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

6558.34

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)

<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)
Mary Bono Mack Committee

A.

Full Name (Last, First, Middle Initial)
Sabrina Garcia

Transaction ID: 1168636859470
Date of Disbursement

Mailing Address 81944 Villa Reale

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	4		2	0	0	6

City State Zip Code
Indio CA 92203

Amount of Each Disbursement this Period

382.70

Purpose of Disbursement
Mileage Reimbursement
Candidate Name

001

Category/
Type

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2008
 Primary General
 Other (specify) ▼

B.

Full Name (Last, First, Middle Initial)
Sabrina Garcia

Transaction ID: 1211235566675
Date of Disbursement

Mailing Address 80607 Tangelo Court

M	M	/	D	D	/	Y	Y	Y	Y
1	1		3	0		2	0	0	6

City State Zip Code
Indio CA 92201

Amount of Each Disbursement this Period

2884.52

Purpose of Disbursement
Salary
Candidate Name

001

Category/
Type

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2008
 Primary General
 Other (specify) ▼

C.

Full Name (Last, First, Middle Initial)
Sabrina Garcia

Transaction ID: 1211235614049
Date of Disbursement

Mailing Address 80607 Tangelo Court

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	8		2	0	0	6

City State Zip Code
Indio CA 92201

Amount of Each Disbursement this Period

2884.52

Purpose of Disbursement
Salary
Candidate Name

001

Category/
Type

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2008
 Primary General
 Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

6151.74

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

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**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)

<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)
Mary Bono Mack Committee

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Jivaldi LLC</p> <p>Mailing Address 2735 Eagles Landing Court</p> <p>City Dublin State CA Zip Code 94568</p> <p>Purpose of Disbursement Web Hosting/Maintenance</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: 1168634126216</p> <p>Date of Disbursement 12 / 11 / 2006</p> <p>Amount of Each Disbursement this Period 1862.50</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Paychex</p> <p>Mailing Address PO Box 3642</p> <p>City Culver City State CA Zip Code 90231-3642</p> <p>Purpose of Disbursement Payroll Taxes</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: 1208308993197</p> <p>Date of Disbursement 12 / 29 / 2006</p> <p>Amount of Each Disbursement this Period 883.23</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Paychex</p> <p>Mailing Address PO Box 3642</p> <p>City Culver City State CA Zip Code 90231-3642</p> <p>Purpose of Disbursement Payroll Taxes</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: 1208309146213</p> <p>Date of Disbursement 11 / 30 / 2006</p> <p>Amount of Each Disbursement this Period 3606.13</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p>6351.86</p>
<p>TOTAL This Period (last page this line number only)</p>	

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 13 / 18

<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)
Mary Bono Mack Committee

A.

Full Name (Last, First, Middle Initial)
Plaza Del Sol

Mailing Address 1555 S. Palm Canyon Drive
Suite G106

City State Zip Code
Palm Springs CA 92264

Purpose of Disbursement
Monthly office rental

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 1164920374170
Date of Disbursement

11 / 28 / 2006

Amount of Each Disbursement this Period

665.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)
Riverside County Treasurer

Mailing Address 4080 Lemon Street, Fourth Floor

City State Zip Code
Riverside CA 92501

Purpose of Disbursement
Payment of Lien

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 1168636332334
Date of Disbursement

12 / 06 / 2006

Amount of Each Disbursement this Period

1005.45

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)
SCM Associates

Mailing Address 10 Main Street
PO Box 720

City State Zip Code
Jaffrey NH 03452

Purpose of Disbursement
Printing/Shipping services

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 1168633681514
Date of Disbursement

12 / 19 / 2006

Amount of Each Disbursement this Period

7187.66

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

8858.11

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 14 / 18

17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Mary Bono Mack Committee

A.

Full Name (Last, First, Middle Initial)
Time Warner Cable

Transaction ID: 1168633157503
Date of Disbursement

Mailing Address 41725 Cook Street

/ /

City State Zip Code
Palm Desert CA 92211-5100

Amount of Each Disbursement this Period

Purpose of Disbursement

Cable service

Category/
Type

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
Marc Troast

Transaction ID: 1165961326162
Date of Disbursement

Mailing Address 1555 South Palm Canyon Drive
Suite D-105

/ /

City State Zip Code
Palm Springs CA 92264

Amount of Each Disbursement this Period

Purpose of Disbursement

Voided Check

Category/
Type

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
Marc Troast

Transaction ID: 1168632904716
Date of Disbursement

Mailing Address 1555 South Palm Canyon Drive
Suite D-105

/ /

City State Zip Code
Palm Springs CA 92264

Amount of Each Disbursement this Period

Purpose of Disbursement

Salary

Category/
Type

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ►

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 15 / 18

<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)
Mary Bono Mack Committee

A.	Full Name (Last, First, Middle Initial) Marc Troast <hr/> Mailing Address 1555 South Palm Canyon Drive Suite D-105 <hr/> City Palm Springs State CA Zip Code 92264 <hr/> Purpose of Disbursement Salary Candidate Name <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 1211235794716 Date of Disbursement 11 / 30 / 2006 <hr/> Amount of Each Disbursement this Period 3337.65 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Tuttle & Tuttle <hr/> Mailing Address 12 Fort Williams Parkway <hr/> City Alexandria State VA Zip Code 22304 <hr/> Purpose of Disbursement holiday card printing Candidate Name <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 1168635451462 Date of Disbursement 12 / 06 / 2006 <hr/> Amount of Each Disbursement this Period 4567.72 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Verizon Wireless <hr/> Mailing Address PO Box 2167 <hr/> City Folsom State CA Zip Code 95763 <hr/> Purpose of Disbursement Cell Phone bill Candidate Name <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 1168633027868 Date of Disbursement 12 / 19 / 2006 <hr/> Amount of Each Disbursement this Period 148.24 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

8053.61

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 16 / 18

<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)
Mary Bono Mack Committee

A.

Full Name (Last, First, Middle Initial)
Verizon Wireless

Mailing Address PO Box 2167

City Folsom State CA Zip Code 95763

Purpose of Disbursement
Mobile telephone charges
Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President
State: District:
Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: 1168633618423
Date of Disbursement

12 / 19 / 2006

Amount of Each Disbursement this Period

539.79

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)
Williams & Jensen, PLLC

Mailing Address 1155 21st Street NW
Suite 300

City Washington State DC Zip Code 20036

Purpose of Disbursement
legal retainer
Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President
State: District:
Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: 1164920314312
Date of Disbursement

11 / 28 / 2006

Amount of Each Disbursement this Period

1000.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

1539.79

TOTAL This Period (last page this line number only)

61071.26

**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 17 / 18

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Mary Bono Mack Committee

A.	Full Name (Last, First, Middle Initial) Michael Barrett	Transaction ID: 1165505980227 Date of Disbursement 12 / 07 / 2006
	Mailing Address 15000 Surveyor Blvd Suite100	Amount of Each Disbursement this Period 1200.00
	City Addison State TX Zip Code 75001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Refund of Contribution Candidate Name	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Mrs. Bobbie Bozick	Transaction ID: 1168634970481 Date of Disbursement 12 / 08 / 2006
	Mailing Address 77330 Medicine Bow Circle	Amount of Each Disbursement this Period 2900.00
	City Indian Wells State CA Zip Code 92210	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Refund of Contributions Candidate Name	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	4100.00
TOTAL This Period (last page this line number only)	4100.00

**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 18 / 18

<input 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 checked="" type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)
Mary Bono Mack Committee

A.

Full Name (Last, First, Middle Initial)
Hastert For Congress Committee

Mailing Address PO Box 625

City Batavia State IL Zip Code 60510

Purpose of Disbursement
Debt Retirement

Candidate Name
J. Dennis Hastert

Office Sought: House
 Senate
 President
State: IL District: 14

Disbursement For: 2008
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: 1168634735896
Date of Disbursement

12 / 08 / 2006

Amount of Each Disbursement this Period

2000.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

2000.00