

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
Take Back Red California

ADDRESS (number and street) 21 Convent Court
 Check if different than previously reported. (ACC)
San Rafael CA 94901

2. **FEC IDENTIFICATION NUMBER** C00421388
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

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

5. Covering Period 01 01 2009 through 03 31 2009

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

Type or Print Name of Treasurer Mary W. Hubert

Signature of Treasurer Electronically Filed by Mary W. Hubert Date 04 14 2009

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

Office Use Only **FEC FORM 3X** (Rev. 12/2004)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
Take Back Red California

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	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>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9	<table border="1" style="width: 100%;"><tr><td>1800.59</td></tr></table>	1800.59	<table border="1" style="width: 100%;"><tr><td>1800.59</td></tr></table>	1800.59
Y	Y	Y	Y									
2	0	0	9									
1800.59												
1800.59												
(b) Cash on Hand at Beginning of Reporting Period	<table border="1" style="width: 100%;"><tr><td>1800.59</td></tr></table>	1800.59										
1800.59												
(c) Total Receipts (from Line 19)	<table border="1" style="width: 100%;"><tr><td>22304.08</td></tr></table>	22304.08	<table border="1" style="width: 100%;"><tr><td>22304.08</td></tr></table>	22304.08								
22304.08												
22304.08												
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	<table border="1" style="width: 100%;"><tr><td>24104.67</td></tr></table>	24104.67	<table border="1" style="width: 100%;"><tr><td>24104.67</td></tr></table>	24104.67								
24104.67												
24104.67												
7. Total Disbursements (from Line 31)	<table border="1" style="width: 100%;"><tr><td>2398.56</td></tr></table>	2398.56	<table border="1" style="width: 100%;"><tr><td>2398.56</td></tr></table>	2398.56								
2398.56												
2398.56												
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<table border="1" style="width: 100%;"><tr><td>21706.11</td></tr></table>	21706.11	<table border="1" style="width: 100%;"><tr><td>21706.11</td></tr></table>	21706.11								
21706.11												
21706.11												
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	<table border="1" style="width: 100%;"><tr><td>0.00</td></tr></table>	0.00										
0.00												
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	<table border="1" style="width: 100%;"><tr><td>0.00</td></tr></table>	0.00										
0.00												

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
Take Back Red California

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	3094.00	3094.00
(i) Itemized (use Schedule A)		
(ii) Unitemized	18860.08	18860.08
(iii) TOTAL (add Lines 11(a)(i) and (ii)	21954.08	21954.08
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	350.00	350.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	22304.08	22304.08
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	22304.08	22304.08
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	22304.08	22304.08

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.....	2060.56	2060.56
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	2060.56	2060.56
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	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	338.00	338.00
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))..	2398.56	2398.56
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2398.56	2398.56

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)	22304.08	22304.08
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	22304.08	22304.08
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	2060.56	2060.56
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	2060.56	2060.56

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

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

FOR LINE NUMBER: PAGE 6 / 17
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
Take Back Red California

A. Full Name (Last, First, Middle Initial)
Jamie Beutler
 Mailing Address 2620 Pierdra Verde Court Rd
 City State Zip Code
 Placerville CA 95667
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 1 / 2 7 / 2 0 0 9
Transaction ID: SA11AI.5562
 Amount of Each Receipt this Period
 116.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Retired Occupation Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 232.00

B. Full Name (Last, First, Middle Initial)
Claire Black-Slotton
 Mailing Address 512 Jerome St.
 City State Zip Code
 Davis CA 95616
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 1 / 2 7 / 2 0 0 9
Transaction ID: SA11AI.5481
 Amount of Each Receipt this Period
 232.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Realtor Occupation Coldwell Banker Doug Arnold RE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 232.00

C. Full Name (Last, First, Middle Initial)
Hilary Crosby
 Mailing Address 1001 Elm Court
 City State Zip Code
 El Cerrito CA 94530
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 1 / 2 7 / 2 0 0 9
Transaction ID: SA11AI.5552
 Amount of Each Receipt this Period
 580.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Crosby & Kaneda Occupation Certified Public Accountant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 580.00

SUBTOTAL of Receipts This Page (optional) ► 928.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 17
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Take Back Red California

A.

Full Name (Last, First, Middle Initial)
Daniel Cucchi

Mailing Address 3932 Halsey Ave.

City State Zip Code
Yuba City CA 95993

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

Name of Employer Occupation
Yuba County County Planner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 232.00

Date of Receipt
MM / DD / YYYY
02 / 02 / 2009

Transaction ID: SA11AI.5493

Amount of Each Receipt this Period
232.00

B.

Full Name (Last, First, Middle Initial)
John Hall

Mailing Address 1115 Hillcrest Dr.

City State Zip Code
Lafayette CA 94549

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

Name of Employer Occupation
Retired Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 232.00

Date of Receipt
MM / DD / YYYY
01 / 27 / 2009

Transaction ID: SA11AI.5599

Amount of Each Receipt this Period
232.00

C.

Full Name (Last, First, Middle Initial)
Daniel Healey

Mailing Address 601 Carolina St.

City State Zip Code
Vallejo CA 94590

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

Name of Employer Occupation
Self Attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 232.00

Date of Receipt
MM / DD / YYYY
02 / 04 / 2009

Transaction ID: SA11AI.5495

Amount of Each Receipt this Period
232.00

SUBTOTAL of Receipts This Page (optional) ► **696.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 17
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
Take Back Red California

A.

Full Name (Last, First, Middle Initial)
Leah Herzberg

Mailing Address 16712 Chaplin Ave.

City Encino State CA Zip Code 91436

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

Name of Employer Retired Occupation Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 232.00

Date of Receipt 02 / 12 / 2009

Transaction ID: SA11AI.5641

Amount of Each Receipt this Period 174.00

B.

Full Name (Last, First, Middle Initial)
Leah Herzberg

Mailing Address 16712 Chaplin Ave.

City Encino State CA Zip Code 91436

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

Name of Employer Retired Occupation Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 406.00

Date of Receipt 02 / 12 / 2009

Transaction ID: SA11AI.5642

Amount of Each Receipt this Period 174.00

C.

Full Name (Last, First, Middle Initial)
Mary W. Hubert

Mailing Address 21 Convent Court

City San Rafael State CA Zip Code 94901

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

Name of Employer N/A Occupation Volunteer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 242.00

Date of Receipt 02 / 12 / 2009

Transaction ID: SA11AI.5682

Amount of Each Receipt this Period 58.00

SUBTOTAL of Receipts This Page (optional) ► 406.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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

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NAME OF COMMITTEE (In Full)
Take Back Red California

A. Full Name (Last, First, Middle Initial)
Kathleen Klein

Mailing Address 420 Read Dr.

City State Zip Code
Lafayette CA 94549

FEC ID number of contributing federal political committee. C

Name of Employer None Occupation None

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
348.00

Date of Receipt
01 / 27 / 2009

Transaction ID: SA11AI.5624

Amount of Each Receipt this Period
348.00

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

Mailing Address 25439 Via Macarena

City State Zip Code
Valencia CA 91355

FEC ID number of contributing federal political committee. C

Name of Employer Psychiatric Social worker Occupation LACDMH

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
232.00

Date of Receipt
02 / 04 / 2009

Transaction ID: SA11AI.5456

Amount of Each Receipt this Period
116.00

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

Mailing Address 1420 Gary Lane

City State Zip Code
Modesto CA 95355

FEC ID number of contributing federal political committee. C

Name of Employer Retired Occupation Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
242.00

Date of Receipt
02 / 02 / 2009

Transaction ID: SA11AI.5545

Amount of Each Receipt this Period
232.00

SUBTOTAL of Receipts This Page (optional) 696.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 17
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Take Back Red California

A.

Full Name (Last, First, Middle Initial)
Alexandra Rooker

Mailing Address 2160 Valley Oak Lane
#1065

City State Zip Code
West Sacramento CA 95691

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

Name of Employer Self Occupation Lobbyist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
232.00

Date of Receipt
MM / DD / YYYY
02 / 04 / 2009

Transaction ID: SA11AI.5418

Amount of Each Receipt this Period
232.00

B.

Full Name (Last, First, Middle Initial)
Susan Rowe

Mailing Address 28481 Copper Creek Dr.

City State Zip Code
Coarsegold CA 93614

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

Name of Employer None Occupation None

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
232.00

Date of Receipt
MM / DD / YYYY
01 / 27 / 2009

Transaction ID: SA11AI.5800

Amount of Each Receipt this Period
116.00

C.

Full Name (Last, First, Middle Initial)
Susan Rowe

Mailing Address 28481 Copper Creek Dr.

City State Zip Code
Coarsegold CA 93614

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

Name of Employer None Occupation None

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
252.00

Date of Receipt
MM / DD / YYYY
01 / 27 / 2009

Transaction ID: SA11AI.5854

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional)	368.00
TOTAL This Period (last page this line number only)	3094.00

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

Use separate schedule(s)
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Detailed Summary Page

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

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NAME OF COMMITTEE (In Full)
Take Back Red California

A. Full Name (Last, First, Middle Initial)
DEAN DEMOCRATIC CLUB OF SILICON VALLEY

Mailing Address PO BOX 7506

City State Zip Code
SAN JOSE CA 95150

FEC ID number of contributing federal political committee. **C** C00425827

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
03 / 04 / 2009

Transaction ID: SA11C.5841

Amount of Each Receipt this Period
250.00

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

Mailing Address P O Box 4285

City State Zip Code
San rafael CA 94913

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 100.00

Date of Receipt
MM / DD / YYYY
03 / 04 / 2009

Transaction ID: SA11C.5849

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► 350.00

TOTAL This Period (last page this line number only) ► 350.00

**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)
Take Back Red California

A.	Full Name (Last, First, Middle Initial) ACTBLUE	Transaction ID: SB21B.5891 Date of Disbursement 01 / 27 / 2009
	Mailing Address P.O. Box 382110	Amount of Each Disbursement this Period 336.65
	City Cambridge State MA Zip Code 02238	
	Purpose of Disbursement Service charge Candidate Name	001 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) ACTBLUE	Transaction ID: SB21B.5892 Date of Disbursement 02 / 02 / 2009
	Mailing Address P.O. Box 382110	Amount of Each Disbursement this Period 87.02
	City Cambridge State MA Zip Code 02238	
	Purpose of Disbursement Service charge Candidate Name	001 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) ACTBLUE	Transaction ID: SB21B.5893 Date of Disbursement 02 / 04 / 2009
	Mailing Address P.O. Box 382110	Amount of Each Disbursement this Period 130.53
	City Cambridge State MA Zip Code 02238	
	Purpose of Disbursement Service charge Candidate Name	001 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	554.20
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 13 / 17

<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)
Take Back Red California

A.	Full Name (Last, First, Middle Initial) ACTBLUE	Transaction ID: SB21B.5894 Date of Disbursement																			
	Mailing Address P.O. Box 382110	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>2</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	2		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		1	2		2	0	0	9												
	City Cambridge State MA Zip Code 02238	Amount of Each Disbursement this Period																			
	Purpose of Disbursement service charge Candidate Name	<table border="1"><tr><td>207.09</td></tr></table>	207.09																		
207.09																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
		<table border="1"><tr><td>001</td></tr></table> Category/Type	001																		
001																					

B.	Full Name (Last, First, Middle Initial) ACTBLUE	Transaction ID: SB21B.5895 Date of Disbursement																			
	Mailing Address P.O. Box 382110	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>2</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	6		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		1	6		2	0	0	9												
	City Cambridge State MA Zip Code 02238	Amount of Each Disbursement this Period																			
	Purpose of Disbursement service charge Candidate Name	<table border="1"><tr><td>27.48</td></tr></table>	27.48																		
27.48																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
		<table border="1"><tr><td>001</td></tr></table> Category/Type	001																		
001																					

C.	Full Name (Last, First, Middle Initial) ACTBLUE	Transaction ID: SB21B.5896 Date of Disbursement																			
	Mailing Address P.O. Box 382110	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	4		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	4		2	0	0	9												
	City Cambridge State MA Zip Code 02238	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Candidate Name	<table border="1"><tr><td>2.78</td></tr></table>	2.78																		
2.78																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
		<table border="1"><tr><td>001</td></tr></table> Category/Type	001																		
001																					

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>237.35</td></tr></table>	237.35
237.35		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td></td></tr></table>	

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)
Take Back Red California

A.	Full Name (Last, First, Middle Initial) ACTBLUE	Transaction ID: SB21B.5897
	Mailing Address P.O. Box 382110	Date of Disbursement MM / DD / YYYY 03 / 05 / 2009
	City Cambridge State MA Zip Code 02238	Amount of Each Disbursement this Period 2.38
	Purpose of Disbursement service charge Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) ACTBLUE	Transaction ID: SB21B.5898
	Mailing Address P.O. Box 382110	Date of Disbursement MM / DD / YYYY 03 / 23 / 2009
	City Cambridge State MA Zip Code 02238	Amount of Each Disbursement this Period 0.20
	Purpose of Disbursement service charge Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) City of Sacramento	Transaction ID: SB21B.5883
	Mailing Address 915 I Street	Date of Disbursement MM / DD / YYYY 03 / 23 / 2009
	City Sacramento State CA Zip Code 95814	Amount of Each Disbursement this Period 420.00
	Purpose of Disbursement Room rental for fundraiser Candidate Name	003 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	422.58
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Take Back Red California

A.

Full Name (Last, First, Middle Initial)
Penny Denenberg

Transaction ID: SB21B.5874

Date of Disbursement

Mailing Address 2977 Ygnacio Valley Blvd
Suite 3

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

City State Zip Code
Walnut Creek CA 94594

Amount of Each Disbursement this Period

707.50

Purpose of Disbursement
Reimburse for fundraising venue deposit

003
Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ►

707.50

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

1921.63

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

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

FOR LINE NUMBER:
(check only one)

PAGE 16 / 17

<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Take Back Red California

A.	Full Name (Last, First, Middle Initial) Chuck Harvey	Transaction ID: SB29.5882 Date of Disbursement 03 / 20 / 2009
	Mailing Address 220 Buckman Trail Lane	Amount of Each Disbursement this Period 25.00
	City McKinleyville State CA Zip Code 95519	
	Purpose of Disbursement refund of contribution Candidate Name	010 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Leah Herzberg	Transaction ID: SB29.5877 Date of Disbursement 02 / 14 / 2009
	Mailing Address 16712 Chaplin Ave.	Amount of Each Disbursement this Period 58.00
	City Encino State CA Zip Code 91436	
	Purpose of Disbursement refund of event contribution Candidate Name	010 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Carol Lutness	Transaction ID: SB29.5878 Date of Disbursement 02 / 14 / 2009
	Mailing Address 25439 Via Macarena	Amount of Each Disbursement this Period 116.00
	City Valencia State CA Zip Code 91355	
	Purpose of Disbursement Refund of event contribution Candidate Name	010 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	199.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Take Back Red California

A.

Full Name (Last, First, Middle Initial)
four waters

Mailing Address 620 Todhunter Ave.

City State Zip Code
West Sacramento CA 95605-2608

Purpose of Disbursement
reimburse travel for speaker

Candidate Name

003
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB29.5879

Date of Disbursement

03 / 18 / 2009

Amount of Each Disbursement this Period

139.00

SUBTOTAL of Disbursements This Page (optional)

139.00

TOTAL This Period (last page this line number only)

338.00