



**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

Bob Filner for Congress

Report Covering the Period:

From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	5

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	5

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e)).....	294950.15	303159.15
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	294950.15	303159.15
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17).....	104803.69	141806.66
(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)).....	104803.69	141806.66
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	392659.05	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	0.00	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	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

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name  
 Bob Filner for Congress

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	5

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	5

**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).....

182188.15

189688.15

(ii) Unitemized.....

16012.00

16521.00

(iii) TOTAL of contributions

198200.15

206209.15

from individuals..... ▶

0.00

0.00

(b) Political Party Committees.....

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

96750.00

96950.00

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS

(other than loans)

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

294950.15

303159.15

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.).....

360.75

599.85

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

295310.90

303759.00

**DETAILED SUMMARY PAGE**  
of Disbursements

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
17. OPERATING EXPENDITURES.....	104803.69	141806.66
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	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 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS.....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	104803.69	141806.66

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	202151.84
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	295310.90
25. SUBTOTAL (add Line 23 and Line 24).....	497462.74
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	104803.69
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	392659.05

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 / 121
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<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)  
Bob Filner for Congress

**A.** Full Name (Last, First, Middle Initial)  
FOP-BEP Labor Committee

Mailing Address 711 4th Street NW

City Washington State DC Zip Code 20001-2607

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 24 / 2005

**Transaction ID:** A-C30011

Amount of Each Receipt this Period  
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
South Bay Committee

Mailing Address c/o Jorge Covarrubias  
5 Second Avenue

City Chula Vista State CA Zip Code 91910-1910

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 31 / 2005

**Transaction ID:** A-C30153

Amount of Each Receipt this Period  
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
The Breeden-Schmidt Foundation

Mailing Address 11216 Pergola Point Court

City Las Vegas State NV Zip Code 89144-1626

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 31 / 2005

**Transaction ID:** A-C30149

Amount of Each Receipt this Period  
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **750.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 / 121
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
<input type="checkbox"/> 14	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Bob Filner for Congress

Full Name (Last, First, Middle Initial) <b>A.</b> Jim Abbott		Date of Receipt M M / D D / Y Y Y Y 03 / 11 / 2005
Mailing Address 185 W F Street Suite 100		<b>Transaction ID:</b> A-C29877
City State Zip Code San Diego CA 92101-6025	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Jim Abbott and Associates	Occupation Realtor	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Bruce M Abrams		Date of Receipt M M / D D / Y Y Y Y 01 / 14 / 2005
Mailing Address 1901 1st Avenue Floor 2		<b>Transaction ID:</b> A-C29664
City State Zip Code San Diego CA 92101-2382	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Self-employed	Occupation Attorney	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2040.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Bruce M Abrams		Date of Receipt M M / D D / Y Y Y Y 02 / 25 / 2005
Mailing Address 1901 1st Avenue Floor 2		<b>Transaction ID:</b> A-I30179
City State Zip Code San Diego CA 92101-2382	Amount of Each Receipt this Period 1040.00	
FEC ID number of contributing federal political committee. <b>C</b>		Inkind: flowers, servers <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Self-employed	Occupation Attorney	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2040.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2290.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 121
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Bob Filner for Congress

Full Name (Last, First, Middle Initial) <b>A.</b> Yoko Allen		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 2 / 2 0 0 5
Mailing Address PO Box 1268		Transaction ID: A-C29729
City Dillingham	State AK	Zip Code 99576-1268
Amount of Each Receipt this Period 2000.00		Amount of Each Receipt this Period 2000.00
FEC ID number of contributing federal political committee. <b>C</b>		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) <input type="checkbox"/>
Name of Employer N/A	Occupation Homemaker	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Ian T. Allison		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 0 4 / 2 0 0 5
Mailing Address PO Box 1705		Transaction ID: A-C29809
City Santa Rosa	State CA	Zip Code 95402-1705
Amount of Each Receipt this Period 1000.00		Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. <b>C</b>		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) <input type="checkbox"/>
Name of Employer N/A	Occupation Retired	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Aris Anagnos		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 2 / 2 0 0 5
Mailing Address 8124 W 3rd Street Suite 200		Transaction ID: A-C29724
City Los Angeles	State CA	Zip Code 90048-4339
Amount of Each Receipt this Period 2000.00		Amount of Each Receipt this Period 2000.00
FEC ID number of contributing federal political committee. <b>C</b>		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) <input type="checkbox"/>
Name of Employer Real Estate Dynamics	Occupation Real Estate Investor	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	5000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 121
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Bob Filner for Congress

**A.** Full Name (Last, First, Middle Initial)  
Robert E Arndal

Mailing Address 4701 Willard Avenue  
Apt. 833

City State Zip Code  
Chevy Chase MD 20815-4620

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

Name of Employer Occupation  
N/A Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 11 / 2005

**Transaction ID: A-C29879**

Amount of Each Receipt this Period  
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Mukesh G Assomull

Mailing Address 2151 Calle Guaymas

City State Zip Code  
La Jolla CA 92037-6914

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

Name of Employer Occupation  
Arlen Capital Realtor

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2600.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 30 / 2005

**Transaction ID: A-C30107**

Amount of Each Receipt this Period  
1600.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Mukesh G Assomull

Mailing Address 2151 Calle Guaymas

City State Zip Code  
La Jolla CA 92037-6914

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

Name of Employer Occupation  
Arlen Capital Realtor

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2600.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 30 / 2005

**Transaction ID: A-C30253**

Amount of Each Receipt this Period  
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2350.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 121
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Bob Filner for Congress

**A.** Full Name (Last, First, Middle Initial)  
Priya Waney Assomull

Mailing Address 2151 Calle Guaymas

City State Zip Code  
La Jolla CA 92037-6914

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

Name of Employer Occupation  
Calif. Shirt Printer Designer

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

2100.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 30 / 2005

**Transaction ID: A-C30108**

Amount of Each Receipt this Period  
2100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Alfred Baldwin

Mailing Address 280 Newport Center Drive Suite 240

City State Zip Code  
Newport Beach CA 92660-7548

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

Name of Employer Occupation  
Village Group Developer

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 04 / 2005

**Transaction ID: A-C29818**

Amount of Each Receipt this Period  
2000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Andreee Baldwin

Mailing Address 1650 Hotel Circle N Suite 200

City State Zip Code  
San Diego CA 92108-2818

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

Name of Employer Occupation  
American Capital Executive Assistant

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

2100.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 31 / 2005

**Transaction ID: A-C30177**

Amount of Each Receipt this Period  
2100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>6200.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 121
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Bob Filner for Congress

**A.** Full Name (Last, First, Middle Initial)  
James P Baldwin

Mailing Address 270 Newport Center Drive  
Suite 200

City State Zip Code  
Newport Beach CA 92660-7547

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

Name of Employer Occupation  
The Baldwin Company Owner

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 24 / 2005

**Transaction ID:** A-C30027

Amount of Each Receipt this Period  
2000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Vincent J Bartolotta, Jr.

Mailing Address 2550 5th Avenue  
Suite 1100

City State Zip Code  
San Diego CA 92103-6625

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

Name of Employer Occupation  
Thorsnes Bartolotta Attorney

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
02 / 24 / 2005

**Transaction ID:** A-C29760

Amount of Each Receipt this Period  
2000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Vincent F Biondo

Mailing Address 12964 Longboat Way

City State Zip Code  
Del Mar CA 92014-3842

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

Name of Employer Occupation  
N/A Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 15 / 2005

**Transaction ID:** A-C29936

Amount of Each Receipt this Period  
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **4500.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 121
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Bob Filner for Congress

Full Name (Last, First, Middle Initial) <b>A.</b> April Blankfort Mailing Address 4008 Old Orchard Lane City State Zip Code Bonita CA 91902-2337		Date of Receipt M M / D D / Y Y Y Y 03 / 08 / 2005 <b>Transaction ID:</b> A-C29860 Amount of Each Receipt this Period 2100.00
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Blankfort Unlimited Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Vice President Election Cycle-to-Date ▼ 2100.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Lowell Blankfort Mailing Address 4008 Old Orchard Lane City State Zip Code Bonita CA 91902-2337		Date of Receipt M M / D D / Y Y Y Y 03 / 08 / 2005 <b>Transaction ID:</b> A-C29859 Amount of Each Receipt this Period 2100.00
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Blankfort Inlimited Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Publisher Election Cycle-to-Date ▼ 2100.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Mary Blasy Mailing Address 401 B Street Suite 1600 City State Zip Code San Diego CA 92101-4239		Date of Receipt M M / D D / Y Y Y Y 03 / 02 / 2005 <b>Transaction ID:</b> A-C29802 Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Lerach Coughlin et al Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Lawyer Election Cycle-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>4450.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 121
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Bob Filner for Congress

Full Name (Last, First, Middle Initial) A. Jaime V Bonilla		Date of Receipt M M / D D / Y Y Y Y Y 03 / 24 / 2005
Mailing Address 1145 Mansiones Lane		Transaction ID: A-C30016
City State Zip Code Chula Vista CA 91910-7914	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2100.00
Name of Employer Self-Employed Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Businessman Election Cycle-to-Date ▼ 2100.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

Full Name (Last, First, Middle Initial) B. Dev A Brar		Date of Receipt M M / D D / Y Y Y Y Y 03 / 08 / 2005
Mailing Address 1036 S Range Line Road		Transaction ID: A-C29869
City State Zip Code Carmel IN 46032-2544	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2100.00
Name of Employer Nightingale Hm Healthcare Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Doctor Election Cycle-to-Date ▼ 2100.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

Full Name (Last, First, Middle Initial) C. Andrew J. Brown		Date of Receipt M M / D D / Y Y Y Y Y 03 / 01 / 2005
Mailing Address 12340 Rue Cheaumont		Transaction ID: A-C29792
City State Zip Code San Diego CA 92131-3209	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00
Name of Employer Lerach Coughlin et al Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Attorney Election Cycle-to-Date ▼ 250.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	4450.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 121
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Bob Filner for Congress

**A.** Full Name (Last, First, Middle Initial)  
Joy A Bull

Mailing Address 813 E J Street

City Chula Vista State CA Zip Code 91910-6650

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

Name of Employer Lerach Coughlin et al Occupation Attorney (partner)

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 2 / 2 4 / 2 0 0 5

Transaction ID: A-C29751

Amount of Each Receipt this Period  
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Eugene Burkard

Mailing Address 2481 Presidio Drive

City San Diego State CA Zip Code 92103-1017

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

Name of Employer N/A Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 2 / 1 6 / 2 0 0 5

Transaction ID: A-C29713

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Christopher M. Burke

Mailing Address 401 B Street Suite 1600

City San Diego State CA Zip Code 92101-4239

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

Name of Employer Lerach Coughlin et al Occupation Attorney

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 3 / 0 4 / 2 0 0 5

Transaction ID: A-C29823

Amount of Each Receipt this Period  
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2000.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 121
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Bob Filner for Congress

**A.** Full Name (Last, First, Middle Initial)  
Jane Carney-Schulze

Mailing Address 4340 Aragon Way

City San Diego State CA Zip Code 92115-5912

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

Name of Employer SDSU Occupation Professor

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 24 / 2005

Transaction ID: A-C30060

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Kenneth A Carpi

Mailing Address 122 C Street NW Suite 220

City Washington State DC Zip Code 20001-2109

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

Name of Employer Carpi & Clay Occupation Government Relations

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 08 / 2005

Transaction ID: A-C29868

Amount of Each Receipt this Period  
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Candace M Carroll

Mailing Address 1939 Via Casa Alta

City La Jolla State CA Zip Code 92037-5731

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

Name of Employer Sullivan Hill Lewin Occupation Attorney

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
02 / 24 / 2005

Transaction ID: A-C29748

Amount of Each Receipt this Period  
2000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	3250.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 121
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Bob Filner for Congress

**A.** Full Name (Last, First, Middle Initial)  
Michelle Ciccarelli

Mailing Address 9776 La Jolla Farms Road

City State Zip Code  
La Jolla CA 92037-1133

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

Name of Employer Occupation  
Lerach Coughlin et al Attorney

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 4000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 01 / 2005

**Transaction ID: A-C29793**

Amount of Each Receipt this Period  
2000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Michelle Ciccarelli

Mailing Address 9776 La Jolla Farms Road

City State Zip Code  
La Jolla CA 92037-1133

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

Name of Employer Occupation  
Lerach Coughlin et al Attorney

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 4000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 01 / 2005

**Transaction ID: A-C29794**

Amount of Each Receipt this Period  
2000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Curtis J. Corn

Mailing Address 4429 Loma Paseo

City State Zip Code  
Bonita CA 91902-2347

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

Name of Employer Occupation  
N/A Retired

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 16 / 2005

**Transaction ID: A-C29977**

Amount of Each Receipt this Period  
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **4250.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 121
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Bob Filner for Congress

**A.** Full Name (Last, First, Middle Initial)  
Patrick J Coughlin

Mailing Address 401 B Street  
Suite 1700

City San Diego State CA Zip Code 92101-4297

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

Name of Employer Lerach Coughlin et al Occupation Attorney

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2100.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 2 / 2 4 / 2 0 0 5

**Transaction ID: A-C29773**

Amount of Each Receipt this Period  
2100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Ingrid Croce

Mailing Address Blinchiki Inc.  
802 Fifth Avenue

City San Diego State CA Zip Code 92101-2101

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

Name of Employer Blinchiki Inc. Occupation President

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1200.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 2 / 2 2 / 2 0 0 5

**Transaction ID: A-I30239**

Amount of Each Receipt this Period  
1200.00

Inkind: catering

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Lawrence M Cushman

Mailing Address 2901 5th Avenue

City San Diego State CA Zip Code 92103-5919

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

Name of Employer Cushman Associates Occupation Investor

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 3 / 0 1 / 2 0 0 5

**Transaction ID: A-C29785**

Amount of Each Receipt this Period  
2000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **5300.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 121
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Bob Filner for Congress

Full Name (Last, First, Middle Initial) <b>A. Joseph Daley</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 4 / 2 0 0 5
Mailing Address 401 B Street Suite 1600		<b>Transaction ID: A-C29766</b>
City State Zip Code San Diego CA 92101-4239		Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Lerach Coughlin et al	Occupation Attorney	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Victoria J Danzig</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 0 1 / 2 0 0 5
Mailing Address 8494 El Paseo Grande		<b>Transaction ID: A-C29789</b>
City State Zip Code La Jolla CA 92037-3013		Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Self-employed	Occupation Social Worker	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. Fatohllah Dastmalchi</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 0 4 / 2 0 0 5
Mailing Address 1098 Bevinger Drive		<b>Transaction ID: A-C29815</b>
City State Zip Code El Dorado Hills CA 95762-7669		Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Department of Transportat- ion	Occupation Engineer	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2250.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 121
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Bob Filner for Congress

**A.** Full Name (Last, First, Middle Initial)  
Edward P. Dietrich

Mailing Address 401 B Street  
Suite 1600

City San Diego State CA Zip Code 92101-4239

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

Name of Employer Lerach Coughlin et al Occupation Attorney

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
02 / 24 / 2005

Transaction ID: A-C29764

Amount of Each Receipt this Period  
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Benjamin F Dillingham III

Mailing Address 4494 Tivoli Street

City San Diego State CA Zip Code 92107-3830

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

Name of Employer N/A Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
MM / DD / YYYY  
03 / 01 / 2005

Transaction ID: A-C29780

Amount of Each Receipt this Period  
2000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Michael Dowd

Mailing Address 401 B Street  
Suite 1600

City San Diego State CA Zip Code 92101-4239

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

Name of Employer Lerach Coughlin et al Occupation Attorney

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 04 / 2005

Transaction ID: A-C29825

Amount of Each Receipt this Period  
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 3000.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 121
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Bob Filner for Congress

Full Name (Last, First, Middle Initial) <b>A.</b> Amber L. Eck Duby		Date of Receipt MM / DD / YYYY 02 / 24 / 2005
Mailing Address 401 B Street Suite 1600		<b>Transaction ID:</b> A-C29769
City San Diego	State CA	Zip Code 92101-4239
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Lerach Coughlin et al	Occupation Attorney	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Daniel J Epstein		Date of Receipt MM / DD / YYYY 02 / 22 / 2005
Mailing Address 9802 La Jolla Farms Road		<b>Transaction ID:</b> A-C29725
City La Jolla	State CA	Zip Code 92037-1135
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 2100.00
Name of Employer ConAm Management Corp.	Occupation Chairman and CEO	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2100.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Phyllis F Epstein		Date of Receipt MM / DD / YYYY 03 / 14 / 2005
Mailing Address 9802 La Jolla Farms Road		<b>Transaction ID:</b> A-C29906
City La Jolla	State CA	Zip Code 92037-1135
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 2000.00
Name of Employer N/A	Occupation Homemaker	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>4600.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 121
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Bob Filner for Congress

**A.** Full Name (Last, First, Middle Initial)  
Debbie Falic

Mailing Address 209 Bal Bay Drive

City State Zip Code  
Bal Harbour FL 33154-1368

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

Name of Employer N/A Occupation Homemaker

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 31 / 2005

Transaction ID: A-C30163

Amount of Each Receipt this Period  
2000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Fima Falic

Mailing Address 9999 Collins Avenue  
Apt. 3A

City State Zip Code  
Bal Harbour FL 33154-1832

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

Name of Employer N/A Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 31 / 2005

Transaction ID: A-C30161

Amount of Each Receipt this Period  
2000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Jana Falic

Mailing Address 6100 Hollywood Boulevard  
Suite 700

City State Zip Code  
Hollywood FL 33024-7983

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

Name of Employer N/A Occupation Homemaker

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 31 / 2005

Transaction ID: A-C30165

Amount of Each Receipt this Period  
2000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **6000.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 121
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Bob Filner for Congress

**A.** Full Name (Last, First, Middle Initial)  
Jerome Falic

Mailing Address 6100 Hollywood Boulevard  
Suite 700

City Hollywood State FL Zip Code 33024-7983

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

Name of Employer Duty Free Americas Occupation CEO

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 31 / 2005

Transaction ID: A-C30162

Amount of Each Receipt this Period  
2000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Leon Falic

Mailing Address 6100 Hollywood Boulevard  
Floor 7

City Hollywood State FL Zip Code 33024-7900

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

Name of Employer Duty Free Americas Occupation President

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 31 / 2005

Transaction ID: A-C30164

Amount of Each Receipt this Period  
2000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Simon Falic

Mailing Address 6100 Hollywood Boulevard  
Suite 700

City Hollywood State FL Zip Code 33024-7983

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

Name of Employer Duty Free Americas Occupation Chairman

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 31 / 2005

Transaction ID: A-C30166

Amount of Each Receipt this Period  
2000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 6000.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 22 / 121
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	12	<input type="checkbox"/>	13a
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	13b
<input type="checkbox"/>		<input type="checkbox"/>	11d
<input type="checkbox"/>		<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	15

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NAME OF COMMITTEE (In Full)  
Bob Filner for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) Danah H Fayman Mailing Address 700 Front Street Unit 1103 City San Diego State CA Zip Code 92101-6060 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 19 / 2005 <b>Transaction ID: A-C29979</b> Amount of Each Receipt this Period 1500.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer N/A Occupation Retired Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1500.00

<b>B.</b> Full Name (Last, First, Middle Initial) Aaron Feldman Mailing Address 4445 Eastgate Mall Suite 400 City San Diego State CA Zip Code 92121-1979 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 04 / 2005 <b>Transaction ID: A-C29804</b> Amount of Each Receipt this Period 2100.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Sunroad Enterprises Occupation President Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 2100.00

<b>C.</b> Full Name (Last, First, Middle Initial) Timothy E Fields Mailing Address Law Office of Timothy Fields 1010 Second Ave., #1300 City San Diego State CA Zip Code 92101-2101 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 11 / 2005 <b>Transaction ID: A-C29903</b> Amount of Each Receipt this Period 250.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Law Office of Timothy Fields Occupation Attorney Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>3850.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 121
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<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)  
Bob Filner for Congress

**A.** Full Name (Last, First, Middle Initial)  
Howard Finkelstein

Mailing Address 501 W Broadway  
Suite 1250

City San Diego State CA Zip Code 92101-3579

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

Name of Employer Finkelstein and Krinsk Occupation Attorney

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 2 / 2 4 / 2 0 0 5

Transaction ID: A-C29759

Amount of Each Receipt this Period  
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
E. Fritz Friedman

Mailing Address 2765 Brant Street

City San Diego State CA Zip Code 92103-6106

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

Name of Employer Sony Occupation Publicist

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 2 / 2 4 / 2 0 0 5

Transaction ID: A-C29733

Amount of Each Receipt this Period  
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Laura Jo Galinson

Mailing Address 208 Gibson Point

City Solana Beach State CA Zip Code 92075-4200

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

Name of Employer Price Charity Occupation Attorney

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 3 / 1 1 / 2 0 0 5

Transaction ID: A-C29876

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1750.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 121
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<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)  
Bob Filner for Congress

**A.** Full Name (Last, First, Middle Initial)  
Murray L Galinson

Mailing Address 7919 Prospect Place

City State Zip Code  
La Jolla CA 92037-3722

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

Name of Employer N/A Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
MM / DD / YYYY  
02 / 16 / 2005

Transaction ID: A-C29711

Amount of Each Receipt this Period  
2000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Gregory Gelman

Mailing Address PO Box 2100

City State Zip Code  
El Centro CA 92244-2100

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

Name of Employer De Anza Pharmacy Occupation Owner

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 24 / 2005

Transaction ID: A-C30068

Amount of Each Receipt this Period  
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Lucy Goldman

Mailing Address 3133 Front Street

City State Zip Code  
San Diego CA 92103-5517

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

Name of Employer Yardage Town Occupation Owner

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2100.00

Date of Receipt  
MM / DD / YYYY  
03 / 29 / 2005

Transaction ID: A-I30184

Amount of Each Receipt this Period  
100.00

Inkind: food

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2600.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 121
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Bob Filner for Congress

**A.** Full Name (Last, First, Middle Initial)  
Lucy Goldman

Mailing Address 3133 Front Street

City San Diego State CA Zip Code 92103-5517

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

Name of Employer Yardage Town Occupation Owner

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2100.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 30 / 2005

Transaction ID: A-C30110

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
John K. Grant

Mailing Address 850 Powell Street Apt. 205

City San Francisco State CA Zip Code 94108-2038

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

Name of Employer Lerach Coughlin et al Occupation Attorney

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
02 / 24 / 2005

Transaction ID: A-C29763

Amount of Each Receipt this Period  
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
John Grasberger

Mailing Address 9981 Halo Circle

City La Mesa State CA Zip Code 91941-4380

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

Name of Employer n/a Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
02 / 24 / 2005

Transaction ID: A-C29761

Amount of Each Receipt this Period  
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2000.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 121
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Bob Filner for Congress

**A.** Full Name (Last, First, Middle Initial)  
Martha E. Graybill

Mailing Address 1125 Loma Avenue  
Suite 121

City State Zip Code  
Coronado CA 92118-2835

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

Name of Employer Occupation  
Self-employed Fundraiser

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 2 / 2 6 / 2 0 0 5

**Transaction ID:** A-C29776

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Kevin Green

Mailing Address 2472 Capitan Avenue

City State Zip Code  
San Diego CA 92104-5411

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

Name of Employer Occupation  
Lerach Coughlin et al Attorney

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 3 / 0 2 / 2 0 0 5

**Transaction ID:** A-C29803

Amount of Each Receipt this Period  
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Michael Growe

Mailing Address 3819 Hawk Street

City State Zip Code  
San Diego CA 92103-2837

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

Name of Employer Occupation  
Safeskin Corporation Cost Analyst

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 3 / 0 1 / 2 0 0 5

**Transaction ID:** A-C29782

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2500.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 121
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Bob Filner for Congress

**A.** Full Name (Last, First, Middle Initial)  
Ellen Gusikoff

Mailing Address 6429 Ridge Manor Avenue

City San Diego State CA Zip Code 92120-3831

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

Name of Employer Lerach Coughlin et al Occupation Attorney

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 2 / 2 4 / 2 0 0 5

Transaction ID: A-C29746

Amount of Each Receipt this Period  
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
J. William Hargreaves

Mailing Address 750 B Street Suite 2300

City San Diego State CA Zip Code 92101-8176

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

Name of Employer Self-employed Occupation Attorney

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 3 / 0 1 / 2 0 0 5

Transaction ID: A-C29781

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Ronald D Harper, Sr.

Mailing Address 2241 Kettner Boulevard Suite 300

City San Diego State CA Zip Code 92101-1769

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

Name of Employer Harper Construction Co. Occupation Contractor

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 2 / 1 6 / 2 0 0 5

Transaction ID: A-C29710

Amount of Each Receipt this Period  
2000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>3500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 121
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Bob Filner for Congress

**A.** Full Name (Last, First, Middle Initial)  
Irwin M Heller

Mailing Address 177 Hampshire Road

City Wellesley State MA Zip Code 02481-1217

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

Name of Employer Mintz & Levin Occupation Attorney

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 31 / 2005

Transaction ID: A-C30158

Amount of Each Receipt this Period  
2000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Sheila R Heller

Mailing Address 177 Hampshire Road

City Wellesley State MA Zip Code 02481-1217

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

Name of Employer N/A Occupation Homemaker

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 31 / 2005

Transaction ID: A-C30159

Amount of Each Receipt this Period  
2000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Gerald P Hirshberg

Mailing Address 1227 Umatilla Street

City Del Mar State CA Zip Code 92014-2540

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

Name of Employer N/A Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 29 / 2005

Transaction ID: A-C30104

Amount of Each Receipt this Period  
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	4500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 121
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Bob Filner for Congress

**A.** Full Name (Last, First, Middle Initial)  
Helen J Hodges

Mailing Address 2218 Juan Street

City San Diego State CA Zip Code 92103-1109

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

Name of Employer Lerach Coughlin et al Occupation Attorney/partner

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 2 / 2 4 / 2 0 0 5

Transaction ID: A-C29771

Amount of Each Receipt this Period  
1500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
G. Paul Howes

Mailing Address 401 B Street Suite 1600

City San Diego State CA Zip Code 92101-4239

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

Name of Employer Lerach Coughlin et al Occupation Attorney

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 2 / 2 4 / 2 0 0 5

Transaction ID: A-C29770

Amount of Each Receipt this Period  
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Eric A Isaacson

Mailing Address 11440 Meadow Creek Road

City El Cajon State CA Zip Code 92020-8274

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

Name of Employer Lerach Coughlin et al Occupation Attorney

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2100.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 2 / 2 4 / 2 0 0 5

Transaction ID: A-C29774

Amount of Each Receipt this Period  
2100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	4100.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 121
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Bob Filner for Congress

**A.** Full Name (Last, First, Middle Initial)  
Althea Jacobson

Mailing Address 4210 Country Trails

City State Zip Code  
Bonita CA 91902-1902

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

Name of Employer N/A Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 11 / 2005

**Transaction ID: A-C29885**

Amount of Each Receipt this Period  
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Joel Jankowsky

Mailing Address AGSHF Civic Action Committee  
1333 New Hampshire Ave NW #400

City State Zip Code  
Washington DC 20036-0036

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

Name of Employer Akin, Gump, Strauss et al Occupation Attorney

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 24 / 2005

**Transaction ID: A-C30018**

Amount of Each Receipt this Period  
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Phil Johnson

Mailing Address 1021 Meade Avenue

City State Zip Code  
San Diego CA 92116-1038

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

Name of Employer Self-employed Occupation Actor

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 04 / 2005

**Transaction ID: A-C29817**

Amount of Each Receipt this Period  
300.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1050.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 121
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Bob Filner for Congress

**A.** Full Name (Last, First, Middle Initial)  
Ned Kassouf

Mailing Address 29 Galileo

City Irvine State CA Zip Code 92603-3621

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

Name of Employer N/A Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 25 / 2005

**Transaction ID:** A-C30082

Amount of Each Receipt this Period  
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Richard A Katz

Mailing Address 5889 Ciudad Leon Court

City San Diego State CA Zip Code 92120-3965

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

Name of Employer Self-Employed Occupation Physician

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 01 / 2005

**Transaction ID:** A-C29786

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Kevin J Kinsella

Mailing Address 1735 Castellana Road

City La Jolla State CA Zip Code 92037-3839

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

Name of Employer Avalon Ventures Occupation CEO

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 11 / 2005

**Transaction ID:** A-C29878

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2250.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 121
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Bob Filner for Congress

**A.** Full Name (Last, First, Middle Initial)  
Phyllis Kraus

Mailing Address PO Box 181132

City State Zip Code  
Coronado CA 92178-1132

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

Name of Employer N/A Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt  
MM / DD / YYYY  
02 / 16 / 2005

Transaction ID: A-C29712

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Gregory T Lambron

Mailing Address 4825 Avion Way

City State Zip Code  
San Diego CA 92115-1006

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

Name of Employer Gregory Lambron Occupation Attorney

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 31 / 2005

Transaction ID: A-C30222

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Dolores Landa

Mailing Address PO Box 812

City State Zip Code  
Rancho Santa Fe CA 92067-0812

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

Name of Employer N/A Occupation Housewife

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt  
MM / DD / YYYY  
03 / 31 / 2005

Transaction ID: A-C30157

Amount of Each Receipt this Period  
2000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **4000.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 121
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Bob Filner for Congress

Full Name (Last, First, Middle Initial) <b>A. Enrique Landa</b>		Date of Receipt M M / D D / Y Y Y Y Y 03 / 31 / 2005
Mailing Address PO Box 812		<b>Transaction ID: A-C30156</b>
City Rancho Santa Fe State CA Zip Code 92067-0812	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. <b>C</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Clear LLC Occupation Real Estate Developer		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) <b>B. Leticia Landa</b>		Date of Receipt M M / D D / Y Y Y Y Y 03 / 31 / 2005
Mailing Address 1906 Scenic Drive		<b>Transaction ID: A-C30218</b>
City Austin State TX Zip Code 78703-2041	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. <b>C</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer N/A Occupation Homemaker		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) <b>C. Pedro Landa</b>		Date of Receipt M M / D D / Y Y Y Y Y 03 / 31 / 2005
Mailing Address 1906 Scenic Drive		<b>Transaction ID: A-C30217</b>
City Austin State TX Zip Code 78703-2041	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. <b>C</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer EPSIA Corporation Occupation President		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	6000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 121
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Bob Filner for Congress

**A.** Full Name (Last, First, Middle Initial)  
Charles H Latimer

Mailing Address 6444 Clara Lee Avenue

City San Diego State CA Zip Code 92120-2614

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

Name of Employer N/A Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 14 / 2005

Transaction ID: A-C29929

Amount of Each Receipt this Period  
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Ira M Lechner

Mailing Address 19811 4th Place

City Escondido State CA Zip Code 92029-7004

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

Name of Employer Ira Lechner Occupation Attorney

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 30 / 2005

Transaction ID: A-C29857

Amount of Each Receipt this Period  
2000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Ann S Lemke

Mailing Address 4251 10th Avenue

City San Diego State CA Zip Code 92103-2304

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

Name of Employer N/A Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 16 / 2005

Transaction ID: A-C29972

Amount of Each Receipt this Period  
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 35 / 121  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Bob Filner for Congress

**A.** Full Name (Last, First, Middle Initial)  
William S Lerach

Mailing Address 401 B Street  
Suite 1600

City State Zip Code  
San Diego CA 92101-4239

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

Name of Employer Occupation  
Lerach Coughlin et al Attorney

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

4000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 01 / 2005

Transaction ID: A-C29795

Amount of Each Receipt this Period  
2000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
William S Lerach

Mailing Address 401 B Street  
Suite 1600

City State Zip Code  
San Diego CA 92101-4239

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

Name of Employer Occupation  
Lerach Coughlin et al Attorney

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

4000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 01 / 2005

Transaction ID: A-C29796

Amount of Each Receipt this Period  
2000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Shannon Lerach Stover

Mailing Address 9776 La Jolla Farms Road

City State Zip Code  
La Jolla CA 92037-1133

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

Name of Employer Occupation  
Lerach Coughlin et al Office worker/grad student

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
02 / 17 / 2005

Transaction ID: A-I30272

Amount of Each Receipt this Period  
2000.00

Inkind: space rental

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **6000.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 121
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Bob Filner for Congress

Full Name (Last, First, Middle Initial) <b>A.</b> Todd Lesser		Date of Receipt MM / DD / YYYY 03 / 02 / 2005
Mailing Address 4008 Taylor Street Suite 201		<b>Transaction ID:</b> A-C29801
City San Diego	State CA	Zip Code 92110-2737
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 2100.00
Name of Employer Todd Lesser Co.	Occupation Telecommunications	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2100.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Andrew Levison		Date of Receipt MM / DD / YYYY 02 / 22 / 2005
Mailing Address 786 Wildwood Road NE		<b>Transaction ID:</b> A-C29727
City Atlanta	State GA	Zip Code 30324-4942
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 2100.00
Name of Employer Self-employed	Occupation Writer	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2100.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Judith Levison		Date of Receipt MM / DD / YYYY 02 / 22 / 2005
Mailing Address 786 Wildwood Road NE		<b>Transaction ID:</b> A-C29728
City Atlanta	State GA	Zip Code 30324-4942
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 2100.00
Name of Employer N/A	Occupation Homemaker	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2100.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	6300.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 121
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Bob Filner for Congress

**A.** Full Name (Last, First, Middle Initial)  
Charles Lowery, Jr.

Mailing Address PO Box 950

City State Zip Code  
Oceanside CA 92049-0950

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

Name of Employer Occupation  
Pacific Bakery Executive/President

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

2100.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 15 / 2005

**Transaction ID: A-C29943**

Amount of Each Receipt this Period  
2100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Robert C McCandless

Mailing Address 2450 Virginia Avenue NW  
Apt. E631

City State Zip Code  
Washington DC 20037-2685

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

Name of Employer Occupation  
Self Attorney

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 25 / 2005

**Transaction ID: A-C30079**

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
John McConnell

Mailing Address 4242 Falcon Street

City State Zip Code  
San Diego CA 92103-1832

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

Name of Employer Occupation  
N/A Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 08 / 2005

**Transaction ID: A-C29856**

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **4100.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 / 121
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Bob Filner for Congress

**A.** Full Name (Last, First, Middle Initial)  
Azra Mehdi

Mailing Address 100 Pine Street

City San Francisco State CA Zip Code 94111-5102

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

Name of Employer Lerach Coughlin et al Occupation Attorney

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
02 / 24 / 2005

**Transaction ID:** A-C29767

Amount of Each Receipt this Period  
300.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Gary Metelski

Mailing Address 1840 Rodeo Drive

City Imperial State CA Zip Code 92251-9532

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

Name of Employer De Anza Pharmacy Occupation Owner

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 600.00

Date of Receipt  
MM / DD / YYYY  
03 / 19 / 2005

**Transaction ID:** A-C29989

Amount of Each Receipt this Period  
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 1840 Rodeo Drive

City Imperial State CA Zip Code 92251-9532

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

Name of Employer De Anza Pharmacy Occupation Owner

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 600.00

Date of Receipt  
MM / DD / YYYY  
03 / 24 / 2005

**Transaction ID:** A-C30065

Amount of Each Receipt this Period  
100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>900.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 / 121
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Bob Filner for Congress

**A.** Full Name (Last, First, Middle Initial)  
Albert H. Meyerhoff

Mailing Address 11953 Briarvale Lane

City State Zip Code  
Studio City CA 91604-4104

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

Name of Employer Occupation  
Lerach Coughlin et at Attorney

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 04 / 2005

**Transaction ID: A-C29824**

Amount of Each Receipt this Period  
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Nader Moavenian

Mailing Address 3949 Acapulco Drive

City State Zip Code  
Campbell CA 95008-3821

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

Name of Employer Occupation

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

750.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 04 / 2005

**Transaction ID: A-C29813**

Amount of Each Receipt this Period  
750.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Gracia Molina de Pick

Mailing Address 1016 Newkirk Drive

City State Zip Code  
La Jolla CA 92037-6832

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

Name of Employer Occupation  
N/A Retired

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
02 / 25 / 2005

**Transaction ID: A-I30240**

Amount of Each Receipt this Period  
1000.00

Inkind: auction item

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **2250.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 / 121
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Bob Filner for Congress

**A.** Full Name (Last, First, Middle Initial)  
R.E. Muga

Mailing Address 1865 Froude Street

City State Zip Code  
San Diego CA 92107-2953

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

Name of Employer N/A Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 04 / 2005

**Transaction ID: A-C29827**

Amount of Each Receipt this Period  
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Shubhayan Mukherjee

Mailing Address 9920 Kika Court Apt. 2013

City State Zip Code  
San Diego CA 92129-5067

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

Name of Employer Shubhayan Industries Occupation Web Designer

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1400.00

Date of Receipt  
MM / DD / YYYY  
01 / 31 / 2005

**Transaction ID: A-I30180**

Amount of Each Receipt this Period  
1400.00

Inkind: web design

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
R. Michael Murphy

Mailing Address 8851 Kerns Street Suite 200

City State Zip Code  
San Diego CA 92154-6218

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

Name of Employer Murphy Development Co. Occupation Investor

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 24 / 2005

**Transaction ID: A-C30053**

Amount of Each Receipt this Period  
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>2150.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 41 / 121
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	12	<input type="checkbox"/>	13a
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	13b
<input type="checkbox"/>		<input type="checkbox"/>	11d
<input type="checkbox"/>		<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	15

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NAME OF COMMITTEE (In Full)  
Bob Filner for Congress

**A.** Full Name (Last, First, Middle Initial)  
Nicole Murray Ramirez

Mailing Address PO Box 33915

City State Zip Code  
San Diego CA 92163-3915

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

Name of Employer Occupation  
Murray and Associates President

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 04 / 2005

Transaction ID: A-C29811

Amount of Each Receipt this Period  
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Alan Nahum, M.D.

Mailing Address 8494 El Paseo Grande

City State Zip Code  
La Jolla CA 92037-3013

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

Name of Employer Occupation  
The Thought Field Therapy Doctor

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 01 / 2005

Transaction ID: A-C29788

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Robert E Nelson

Mailing Address 3900 5th Avenue Suite 130

City State Zip Code  
San Diego CA 92103-3122

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

Name of Employer Occupation  
Wooden Ship Advertising Owner

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
01 / 14 / 2005

Transaction ID: A-C29665

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 / 121
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Bob Filner for Congress

**A.** Full Name (Last, First, Middle Initial)  
Captain K.C. O'Brien

Mailing Address PO Box 230

City State Zip Code  
Fairfield CA 94533-0022

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

Name of Employer Occupation  
Master, Mates & Pilots, Sea Captain  
AFL

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 08 / 2005

**Transaction ID:** A-C29863

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Marilyn A Olsen

Mailing Address 3590 Front Street  
Unit L

City State Zip Code  
San Diego CA 92103-4852

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

Name of Employer Occupation  
Self-Employed Spanish teacher

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

250.00

Date of Receipt  
MM / DD / YYYY  
03 / 31 / 2005

**Transaction ID:** A-C30148

Amount of Each Receipt this Period  
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Keith F Park

Mailing Address 401 B Street  
Suite 1700

City State Zip Code  
San Diego CA 92101-4297

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

Name of Employer Occupation  
Lerach Coughlin et al Attorney

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

2000.00

Date of Receipt  
MM / DD / YYYY  
02 / 24 / 2005

**Transaction ID:** A-C29772

Amount of Each Receipt this Period  
2000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>3250.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 / 121
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Bob Filner for Congress

Full Name (Last, First, Middle Initial) <b>A.</b> Ted Pintar		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 4 / 2 0 0 5
Mailing Address 401 B Street Suite 1600		Transaction ID: A-C29768
City State Zip Code San Diego CA 92101-4239	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Lerach Coughlin et al	Occupation Attorney	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Robert E Price		Date of Receipt M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 0 5
Mailing Address 7979 Ivanhoe Avenue Suite 520		Transaction ID: A-C30146
City State Zip Code La Jolla CA 92037-4513	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Price Entities	Occupation Businessman	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Irving I Refkin		Date of Receipt M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 0 5
Mailing Address 3707 5th Avenue		Transaction ID: A-C30172
City State Zip Code San Diego CA 92103-4221	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Pacific Defense Systems	Occupation President	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 / 121
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Bob Filner for Congress

**A.** Full Name (Last, First, Middle Initial)  
Bernard P Rhinerson

Mailing Address 10435 Summerwood Court

City State Zip Code  
San Diego CA 92131-2331

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

Name of Employer Occupation  
SW Strategies Vice Pres/Partner

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

750.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 24 / 2005

Transaction ID: A-C30017

Amount of Each Receipt this Period  
750.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Ray Sabo

Mailing Address 13926 Camino Barco

City State Zip Code  
Saratoga CA 95070-5661

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

Name of Employer Occupation  
Baz Dental Office Manager

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 04 / 2005

Transaction ID: A-C29812

Amount of Each Receipt this Period  
300.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Jose Salas

Mailing Address 10306 Vera Cruz Ct.

City State Zip Code  
San Diego, CA 92124-2124

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

Name of Employer Occupation  
Federal Home Loans Corp. Owner

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 24 / 2005

Transaction ID: A-C30028

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2050.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 45 / 121</span>
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 13b	<input type="checkbox"/> 14
<input type="checkbox"/>	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Bob Filner for Congress

**A.** Full Name (Last, First, Middle Initial)  
William R Salisbury

Mailing Address 4632 Max Drive

City State Zip Code  
San Diego CA 92115-3115

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

Name of Employer sole practioner Occupation Lawyer

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2100.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 31 / 2005

**Transaction ID:** A-C30171

Amount of Each Receipt this Period  
2100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Robert Sarver

Mailing Address PO Box 675847

City State Zip Code  
Rancho Santa Fe CA 92067-5847

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

Name of Employer N/A Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 31 / 2005

**Transaction ID:** A-C30229

Amount of Each Receipt this Period  
2000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Marshall Saunders

Mailing Address 1330 Orange Avenue # 309

City State Zip Code  
Coronado CA 92118-2949

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

Name of Employer Grameen de la Frontera Occupation President

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
01 / 31 / 2005

**Transaction ID:** A-C29683

Amount of Each Receipt this Period  
2000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>6100.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 / 121
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Bob Filner for Congress**

**A.** Full Name (Last, First, Middle Initial)  
 Robert J Scannell

Mailing Address **365 Hilltop Drive**

City **Chula Vista** State **CA** Zip Code **91910-3140**

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

Name of Employer **R.S. Consulting** Occupation **Principal**

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ **2100.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**03 / 31 / 2005**

**Transaction ID: A-C30170**

Amount of Each Receipt this Period  
**2100.00**

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
 Stephen Schutz

Mailing Address **PO Box 2927**

City **La Jolla** State **CA** Zip Code **92038-2927**

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

Name of Employer **Self Employed** Occupation **Businessman**

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ **2000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**02 / 03 / 2005**

**Transaction ID: A-C29691**

Amount of Each Receipt this Period  
**2000.00**

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
 Susan Schutz

Mailing Address **PO Box 2927**

City **La Jolla** State **CA** Zip Code **92038-2927**

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

Name of Employer **SPS Studios, Inc. (Blue Moun** Occupation **Artist**

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ **2000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**02 / 03 / 2005**

**Transaction ID: A-C29692**

Amount of Each Receipt this Period  
**2000.00**

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **6100.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 / 121
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Bob Filner for Congress

**A.** Full Name (Last, First, Middle Initial)  
Gregory Scott M. D.

Mailing Address 4304 Ridgeway Drive

City State Zip Code  
San Diego CA 92116-2051

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

Name of Employer Occupation  
Kaiser Permanente Doctor

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 2 / 2 5 / 2 0 0 5

**Transaction ID: A-I30185**

Amount of Each Receipt this Period  
1000.00

Inkind: beverages

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Gregory Scott M. D.

Mailing Address 4304 Ridgeway Drive

City State Zip Code  
San Diego CA 92116-2051

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

Name of Employer Occupation  
Kaiser Permanente Doctor

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 3 / 1 1 / 2 0 0 5

**Transaction ID: A-C29875**

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Neil R Senturia

Mailing Address 1374 Caminito Balada

City State Zip Code  
La Jolla CA 92037-7183

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

Name of Employer Occupation  
Blackbird Ventures CEO

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 3 / 0 1 / 2 0 0 5

**Transaction ID: A-C29790**

Amount of Each Receipt this Period  
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2500.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 / 121
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Bob Filner for Congress

**A.** Full Name (Last, First, Middle Initial)  
Bernard Shapiro

Mailing Address 183 3rd Avenue # 503

City Chula Vista State CA Zip Code 91910-1822

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

Name of Employer N/A Occupation retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 2 / 1 6 / 2 0 0 5

**Transaction ID:** A-C29709

Amount of Each Receipt this Period  
300.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Robert L. Shapiro

Mailing Address 1827 Main Street

City San Diego State CA Zip Code 92113-2145

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

Name of Employer Mitchell Investments Occupation Executive

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 3 / 1 9 / 2 0 0 5

**Transaction ID:** A-C29985

Amount of Each Receipt this Period  
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Chris Shaw

Mailing Address 3160 Falcon Street

City San Diego State CA Zip Code 92103-5407

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

Name of Employer Hamburger Mary Occupation Owner

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 3 / 0 4 / 2 0 0 5

**Transaction ID:** A-C29819

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1550.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 / 121
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Bob Filner for Congress

**A.** Full Name (Last, First, Middle Initial)  
Al Sheahan

Mailing Address PO Box 2204

City State Zip Code  
Van Nuys CA 91404-2204

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

Name of Employer Self-Employed Occupation  
Publisher/Writer

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 31 / 2005

Transaction ID: A-C30223

Amount of Each Receipt this Period  
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Yousef J. Shenasi

Mailing Address 3328 E Clay Avenue

City State Zip Code  
Fresno CA 93702-1017

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

Name of Employer Department of Transportation Occupation  
Industrial Engineer

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 04 / 2005

Transaction ID: A-C29821

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Marla Shepard

Mailing Address 5890 Pacific Center Boulevard

City State Zip Code  
San Diego CA 92121-4235

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

Name of Employer First Future Credit Union Occupation  
President & CEO

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 16 / 2005

Transaction ID: A-C30252

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2250.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 / 121
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Bob Filner for Congress

**A.** Full Name (Last, First, Middle Initial)  
Harry A Sherr

Mailing Address 36 Old Farm Road

City Wellesley Hills State MA Zip Code 02481-1443

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

Name of Employer Department of Justice Occupation Attorney

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 31 / 2005

Transaction ID: A-C30142

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Paula Siegel

Mailing Address 3161 1st Avenue

City San Diego State CA Zip Code 92103-5667

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

Name of Employer Paula Siegel Occupation Political Consultant

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 31 / 2005

Transaction ID: A-C30143

Amount of Each Receipt this Period  
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Alan Sieroty

Mailing Address 6022 Wilshire Boulevard Suite 201

City Los Angeles State CA Zip Code 90036-3616

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

Name of Employer Sieroty Co., Inc. Occupation Real Estate Manager

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 11 / 2005

Transaction ID: A-C29889

Amount of Each Receipt this Period  
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1750.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 / 121
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Bob Filner for Congress

**A.** Full Name (Last, First, Middle Initial)  
James D Simmons

Mailing Address 3534 Avenida Amorosa

City Escondido State CA Zip Code 92029-7920

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

Name of Employer Consultants Collaborative Occupation Consultant

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 31 / 2005

Transaction ID: A-C30160

Amount of Each Receipt this Period  
2000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Fern Steiner

Mailing Address 2742 Brant Street

City San Diego State CA Zip Code 92103-6107

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

Name of Employer Tosdal Smith Steiner Wax Occupation Attorney

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2040.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
02 / 24 / 2005

Transaction ID: A-C29735

Amount of Each Receipt this Period  
2000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Fern Steiner

Mailing Address 2742 Brant Street

City San Diego State CA Zip Code 92103-6107

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

Name of Employer Tosdal Smith Steiner Wax Occupation Attorney

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2040.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
02 / 25 / 2005

Transaction ID: A-I30187

Amount of Each Receipt this Period  
40.00

Inkind: beverages

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	4040.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 / 121
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Bob Filner for Congress

**A.** Full Name (Last, First, Middle Initial)  
Randall Steinmeyer

Mailing Address 700 W Harbor Drive  
Unit 1302

City San Diego State CA Zip Code 92101-7756

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

Name of Employer Lerach Coughlin et al Occupation Attorney

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 2 / 2 4 / 2 0 0 5

Transaction ID: A-C29750

Amount of Each Receipt this Period  
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
William H Swan

Mailing Address 2850 E Camelback Road  
Suite 200

City Phoenix State AZ Zip Code 85016-4316

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

Name of Employer William H. Swan Attorney Occupation Attorney

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 0 5

Transaction ID: A-C30215

Amount of Each Receipt this Period  
2000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Thomas Tosdal

Mailing Address Tosdal Levine & Smith  
600 B Street, #2300

City San Diego State CA Zip Code 92101-2101

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

Name of Employer Tosdal Levine Occupation Attorney

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 3 / 0 8 / 2 0 0 5

Transaction ID: A-C29866

Amount of Each Receipt this Period  
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2750.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 / 121
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Bob Filner for Congress

**A.** Full Name (Last, First, Middle Initial)  
Shahin Toutouchi

Mailing Address 1077 Gray Fox Circle

City Pleasanton State CA Zip Code 94566-6969

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

Name of Employer Xilinx Occupation Engineer

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 04 / 2005

**Transaction ID:** A-C29816

Amount of Each Receipt this Period  
 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
James M Van de Water

Mailing Address Dartmouth Development  
7720 El Camino Real Suite 2-C

City Carlsbad State CA Zip Code 92009-2009

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

Name of Employer Dartmouth Development Co. Occupation Real Estate Developer

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 25 / 2005

**Transaction ID:** A-C30078

Amount of Each Receipt this Period  
 250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Henry Van Gemert

Mailing Address 800 25th Avenue W

City Palmetto State FL Zip Code 34221-4260

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

Name of Employer N/A Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

1100.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 04 / 2005

**Transaction ID:** A-C29808

Amount of Each Receipt this Period  
 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2250.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 / 121
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Bob Filner for Congress

Full Name (Last, First, Middle Initial) <b>A. Keith D Vrhel</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 01 / 2005
Mailing Address Park Center for Health 4067 Park Boulevard		<b>Transaction ID: A-C29787</b>
City San Diego State CA Zip Code 92103-2103	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Park Center for Health Occupation Doctor	Election Cycle-to-Date ▼ 1000.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Sunita Wadhvani</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2005
Mailing Address 2151 Calle Guaymas		<b>Transaction ID: A-C30178</b>
City La Jolla State CA Zip Code 92037-6914	Amount of Each Receipt this Period 2100.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer N/A Occupation Homemaker	Election Cycle-to-Date ▼ 2100.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Thomas P Walters</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 15 / 2005
Mailing Address 3808 Colonial Avenue		<b>Transaction ID: A-C29935</b>
City Alexandria State VA Zip Code 22309-2573	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Thomas Walters & Associates Occupation Governmental Affairs	Election Cycle-to-Date ▼ 250.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	<b>3350.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 / 121
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Bob Filner for Congress

**A.** Full Name (Last, First, Middle Initial)  
Bill Walton

Mailing Address 1010 Myrtle Way

City San Diego State CA Zip Code 92103-5123

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

Name of Employer Self-employed Occupation Investor

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 2 / 2 4 / 2 0 0 5

Transaction ID: A-C29743

Amount of Each Receipt this Period  
2000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Mohini S Waney

Mailing Address 2151 Calle Guaymas

City La Jolla State CA Zip Code 92037-6914

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

Name of Employer N/A Occupation Homemaker

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2100.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 3 / 3 0 / 2 0 0 5

Transaction ID: A-C30109

Amount of Each Receipt this Period  
2100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Susan Weaver

Mailing Address 11440 Meadow Creek Road

City El Cajon State CA Zip Code 92020-8274

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

Name of Employer N/A Occupation Homemaker

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1958.15

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 2 / 1 7 / 2 0 0 5

Transaction ID: A-I30210

Amount of Each Receipt this Period  
1958.15

Inkind: Catering

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	6058.15
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 / 121
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Bob Filner for Congress

**A.** Full Name (Last, First, Middle Initial)  
Dolores A Welty

Mailing Address 2076 Sheridan Road

City State Zip Code  
Encinitas CA 92024-1144

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

Name of Employer N/A Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 15 / 2005

**Transaction ID:** A-C29941

Amount of Each Receipt this Period  
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Shawn A Williams

Mailing Address 778 Spruce Street # 3

City State Zip Code  
San Francisco CA 94118-3351

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

Name of Employer Lerach Coughlin et al Occupation Attorney

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
02 / 24 / 2005

**Transaction ID:** A-C29762

Amount of Each Receipt this Period  
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Somayah Yazdanpanah

Mailing Address 4831 Meadowbrook Drive

City State Zip Code  
El Sobrante CA 94803-2051

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

Name of Employer Albany Unified School District Occupation Sign Language Interpreter

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 04 / 2005

**Transaction ID:** A-C29814

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 / 121
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Bob Filner for Congress

**A.** Full Name (Last, First, Middle Initial)  
Leslie F Yerger Reynolds

Mailing Address 964 B Avenue

City State Zip Code  
Coronado CA 92118-2606

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

Name of Employer Occupation  
Reynolds & Associates Educational Consultant

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

250.00

Date of Receipt  
MM / DD / YYYY  
03 / 16 / 2005

**Transaction ID:** A-C29974

Amount of Each Receipt this Period  
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Walter J Zable

Mailing Address PO Box 85587

City State Zip Code  
San Diego CA 92186-5587

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

Name of Employer Occupation  
Cubic Corporation CEO

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 24 / 2005

**Transaction ID:** A-C30047

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Helen Zeldes

Mailing Address 771 Santa Olivia

City State Zip Code  
Solana Beach CA 92075-1524

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

Name of Employer Occupation  
Lerach Coughlin et al Attorney

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

1000.00

Date of Receipt  
MM / DD / YYYY  
02 / 24 / 2005

**Transaction ID:** A-C29745

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>2250.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>182188.15</b>

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

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

FOR LINE NUMBER: PAGE 58 / 121  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Bob Filner for Congress

**A.** Full Name (Last, First, Middle Initial)  
Action Committee for Rural Electric Co-op PAC  
Mailing Address 4301 Wilson Boulevard  
City Arlington State VA Zip Code 22203-1867  
FEC ID number of contributing federal political committee. **C** C00002972  
Name of Employer Occupation  
Receipt For: 2006  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 30 / 2005  
**Transaction ID:** A-C30121  
Amount of Each Receipt this Period  
1000.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
AFSCME  
Mailing Address 1625 L Street NW  
City Washington State DC Zip Code 20036-5665  
FEC ID number of contributing federal political committee. **C** C00011114  
Name of Employer Occupation  
Receipt For: 2006  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 31 / 2005  
**Transaction ID:** A-C30247  
Amount of Each Receipt this Period  
2500.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Air Line Pilots Assn. PAC  
Mailing Address 1625 Massachusetts Avenue NW  
City Washington State DC Zip Code 20036-2212  
FEC ID number of contributing federal political committee. **C** C00035451  
Name of Employer Occupation  
Receipt For: 2006  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 31 / 2005  
**Transaction ID:** A-C30175  
Amount of Each Receipt this Period  
5000.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **8500.00**  
**TOTAL** This Period (last page this line number only) ..... ►

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

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

FOR LINE NUMBER: PAGE 59 / 121  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Bob Filner for Congress

**A.** Amalgamated Transit Union COPE  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5025 Wisconsin Avenue NW  
 City State Zip Code  
 Washington DC 20016-4121  
 FEC ID number of contributing federal political committee. **C** C00032995  
 Name of Employer Occupation  
 Receipt For: 2006  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 29 / 2005  
**Transaction ID:** A-C30092  
 Amount of Each Receipt this Period  
 5000.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Amer. Maritime Officers Pol. Fund  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 490 Lenfant Plaza SW  
 City State Zip Code  
 Washington DC 20024-2104  
 FEC ID number of contributing federal political committee. **C** C00027532  
 Name of Employer Occupation  
 Receipt For: 2006  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 24 / 2005  
**Transaction ID:** A-C30020  
 Amount of Each Receipt this Period  
 1000.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** American Crystal Sugar PAC  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 101 North Third Street  
 City State Zip Code  
 Moorhead MN 56560-1952  
 FEC ID number of contributing federal political committee. **C** C00110338  
 Name of Employer Occupation  
 Receipt For: 2006  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 24 / 2005  
**Transaction ID:** A-C30024  
 Amount of Each Receipt this Period  
 1000.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **7000.00**  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 60 / 121
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Bob Filner for Congress

**A.** Full Name (Last, First, Middle Initial)  
American Dental Assn. PAC

Mailing Address 1111 14th Street NW  
Suite 1100

City Washington State DC Zip Code 20005-5603

FEC ID number of contributing federal political committee. **C** C00000729

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 14 / 2005

**Transaction ID:** A-C29910

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
American Optometric Assn. PAC

Mailing Address 1505 Prince Street  
Suite 300

City Alexandria State VA Zip Code 22314-2874

FEC ID number of contributing federal political committee. **C** C00024968

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 24 / 2005

**Transaction ID:** A-C30021

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
American Pilots' Assn PAC

Mailing Address 499 S Capitol Street SW  
Suite 409

City Washington State DC Zip Code 20003-4023

FEC ID number of contributing federal political committee. **C** C00041061

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
02 / 22 / 2005

**Transaction ID:** A-C29730

Amount of Each Receipt this Period  
1000.00

DC Pac Breakfast 3/16/05

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 61 / 121
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Bob Filner for Congress

Full Name (Last, First, Middle Initial) <b>A. American Psychiatric Assn PAC</b>		Date of Receipt M M / D D / Y Y Y Y Y 03 / 24 / 2005	
Mailing Address 1000 Wilson Boulevard Suite 1825		<b>Transaction ID: A-C30012</b>	
City Arlington State VA Zip Code 22209-3901	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b> C00373696		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>B. American Shipping Alliance PAC</b>		Date of Receipt M M / D D / Y Y Y Y Y 03 / 24 / 2005	
Mailing Address PO Box 34565		<b>Transaction ID: A-C30010</b>	
City Washington State DC Zip Code 20043-4565	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b> C00366542		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>C. American Sugarbeet Growers PAC</b>		Date of Receipt M M / D D / Y Y Y Y Y 03 / 24 / 2005	
Mailing Address 1156 15th Street NW Suite 1101		<b>Transaction ID: A-C30013</b>	
City Washington State DC Zip Code 20005-1704	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b> C00167684		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 62 / 121
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Bob Filner for Congress

Full Name (Last, First, Middle Initial) <b>A. Assn. of Trial Lawyers PAC</b>		Date of Receipt M M / D D / Y Y Y Y Y 03 / 01 / 2005	
Mailing Address 1050 31st Street NW		<b>Transaction ID: A-C29779</b>	
City State Zip Code Washington DC 20007-4409	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. <b>C</b> C70000211		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 5000.00		

Full Name (Last, First, Middle Initial) <b>B. B.F. Goodrich PAC</b>		Date of Receipt M M / D D / Y Y Y Y Y 03 / 24 / 2005	
Mailing Address 1100 Wilson Boulevard Suite 900		<b>Transaction ID: A-C30019</b>	
City State Zip Code Arlington VA 22209-2296	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b> C00101725		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>C. Bakery &amp; Confect. Union PAC</b>		Date of Receipt M M / D D / Y Y Y Y Y 03 / 25 / 2005	
Mailing Address 10401 Connecticut Avenue		<b>Transaction ID: A-C30071</b>	
City State Zip Code Kensington MD 20895-3951	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b> C00127621		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	7000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 / 121
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" 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	

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NAME OF COMMITTEE (In Full)  
Bob Filner for Congress

Full Name (Last, First, Middle Initial) <b>A. Boilermakers-Blacksmiths LEAP</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2005
Mailing Address 2722 Merrilee Drive Suite 360		<b>Transaction ID: A-C29917</b>
City State Zip Code Fairfax VA 22031-4427	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C C00005157</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. Carpenters' Leg. Improve. Com.</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2005
Mailing Address 101 Constitution Avenue NW		<b>Transaction ID: A-C30221</b>
City State Zip Code Washington DC 20001-2133	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. <b>C C00001016</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) <b>C. Comm. on Pol. Action of APWU</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2005
Mailing Address 1300 L Street NW		<b>Transaction ID: A-C30120</b>
City State Zip Code Washington DC 20005-4107	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C C00010322</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	7000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 / 121
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" 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	

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NAME OF COMMITTEE (In Full)  
Bob Filner for Congress

**A.** Dairy Farmers of America DEPAC

Full Name (Last, First, Middle Initial)  
Mailing Address 10220 NW Ambassador Drive # 909700

City State Zip Code  
Kansas City MO 64153-2312

FEC ID number of contributing federal political committee. **C** C00001388

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 24 / 2005

**Transaction ID:** A-C30015

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Drive Political Fund

Full Name (Last, First, Middle Initial)  
Mailing Address 25 Louisiana Avenue NW

City State Zip Code  
Washington DC 20001-2130

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 31 / 2005

**Transaction ID:** A-C30387

Amount of Each Receipt this Period  
2500.00

recorded to Maint of Way in error  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Edison International Fed. PAC

Full Name (Last, First, Middle Initial)  
Mailing Address 555 12th Street NW Suite 640

City State Zip Code  
Washington DC 20004-1200

FEC ID number of contributing federal political committee. **C** C00019653

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 29 / 2005

**Transaction ID:** A-C30095

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>4500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 / 121
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" 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	

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NAME OF COMMITTEE (In Full)  
Bob Filner for Congress

Full Name (Last, First, Middle Initial) <b>A. Electrical Construction PAC</b>		Date of Receipt M M / D D / Y Y Y Y Y 03 / 24 / 2005	
Mailing Address 3 Bethesda Metro Center Suite 1100		<b>Transaction ID: A-C30059</b>	
City State Zip Code Bethesda MD 20814-6302	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b> C00113811		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>B. Federal Wildland Fire Service Association</b>		Date of Receipt M M / D D / Y Y Y Y Y 03 / 24 / 2005	
Mailing Address PO Box 2232		<b>Transaction ID: A-C30007</b>	
City State Zip Code Nevada City CA 95959-1944	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b> C00397752		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>C. General Atomics PAC</b>		Date of Receipt M M / D D / Y Y Y Y Y 03 / 30 / 2005	
Mailing Address 1899 Pennsylvania Avenue NW # 300		<b>Transaction ID: A-C30122</b>	
City State Zip Code Washington DC 20006-3602	Amount of Each Receipt this Period 2000.00		
FEC ID number of contributing federal political committee. <b>C</b> C00215285		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 2000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	3250.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 / 121
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" 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	

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NAME OF COMMITTEE (In Full)  
Bob Filner for Congress

Full Name (Last, First, Middle Initial) <b>A.</b> Human Rights Campaign PAC		Date of Receipt M M / D D / Y Y Y Y 03 / 24 / 2005
Mailing Address 1640 Rhode Island Avenue NW		<b>Transaction ID:</b> A-C30014
City State Zip Code Washington DC 20036-3206	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00235853	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation	Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 5000.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Human Rights Campaign PAC		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2005
Mailing Address 1640 Rhode Island Avenue NW		<b>Transaction ID:</b> A-C30173
City State Zip Code Washington DC 20036-3206	Amount of Each Receipt this Period 4000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00235853	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation	Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 5000.00	

Full Name (Last, First, Middle Initial) <b>C.</b> IBEW-COPE		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2005
Mailing Address 1125 15th Street NW		<b>Transaction ID:</b> A-C29907
City State Zip Code Washington DC 20005-2707	Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. <b>C</b> C00027342	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation	Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 5000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	7500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

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

FOR LINE NUMBER: PAGE 67 / 121  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Bob Filner for Congress

**A.** Full Name (Last, First, Middle Initial)  
IBEW-COPE

Mailing Address 1125 15th Street NW

City State Zip Code  
Washington DC 20005-2707

FEC ID number of contributing federal political committee. **C** C00027342

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 24 / 2005

**Transaction ID:** A-C30057

Amount of Each Receipt this Period  
2500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
International Longshoremen's Association ILA-COPE

Mailing Address 17 Battery Place

City State Zip Code  
New York NY 10004-1207

FEC ID number of contributing federal political committee. **C** C00158576

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 29 / 2005

**Transaction ID:** A-C30094

Amount of Each Receipt this Period  
2500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Ironworkers Political Action League

Mailing Address 1750 New York Avenue NW  
Suite 400

City State Zip Code  
Washington DC 20006-5301

FEC ID number of contributing federal political committee. **C** C00027359

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 14 / 2005

**Transaction ID:** A-C29909

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **6000.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 / 121
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" 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	

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NAME OF COMMITTEE (In Full)  
Bob Filner for Congress

Full Name (Last, First, Middle Initial) <b>A. Locomotive Engineers PAC</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 25 / 2005	
Mailing Address 25 Louisiana Avenue NW # 409		<b>Transaction ID: A-C30077</b>	
City State Zip Code Washington DC 20001-2130		Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. <b>C</b> C00099234		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation			
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) <b>B. Longshoremen, Warehousemen PAC</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2005	
Mailing Address 1025 Connecticut Avenue NW Suite 507		<b>Transaction ID: A-C30151</b>	
City State Zip Code Washington DC 20036-5412		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00176214		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation			
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. Marine Engineers' Beneficial Assn. PAF</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 24 / 2005	
Mailing Address 444 N Capitol Street NW Suite 800		<b>Transaction ID: A-C30058</b>	
City State Zip Code Washington DC 20001-1508		Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00003863		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation			
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 5000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	8500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 69 / 121
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Bob Filner for Congress

Full Name (Last, First, Middle Initial) <b>A. Masters, Mates &amp; Pilots COPE</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 24 / 2005	
Mailing Address 700 Maritime Boulevard		<b>Transaction ID: A-C30029</b>	
City State Zip Code Linthicum MD 21090-1941		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00073056		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation			
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. Minn-Dak Farmers Co-op PAC</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 24 / 2005	
Mailing Address 7525 Red River Road		<b>Transaction ID: A-C30006</b>	
City State Zip Code Wahpeton ND 58075-9705		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00164939		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation			
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. NATCA PAC</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 24 / 2005	
Mailing Address 1325 Massachusetts Avenue NW		<b>Transaction ID: A-C30026</b>	
City State Zip Code Washington DC 20005-4171		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00238725		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation			
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 70 / 121
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Bob Filner for Congress

Full Name (Last, First, Middle Initial) <b>A. NATSO PAC</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 24 / 2005	
Mailing Address 1199 N Fairfax Street Suite 801		<b>Transaction ID: A-C30055</b>	
City Alexandria State VA Zip Code 22314-1437	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b> C00097865		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation			
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. OPEIU PAC</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2005	
Mailing Address 1660 L Street NW Suite 801		<b>Transaction ID: A-C30169</b>	
City Washington State DC Zip Code 20036-5637	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b> C00007898		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation			
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. Operating Engineers Local 12 Voluntary Legislative Fund</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2005	
Mailing Address Operating Engineers Local 12 150 Corson Street		<b>Transaction ID: A-C30254</b>	
City Pasadena State CA Zip Code 91103-3839	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. <b>C</b> C00219568		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation			
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 5000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	7000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 71 / 121
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Bob Filner for Congress

**A.** Full Name (Last, First, Middle Initial)  
Owner Operator Independent Drivers Assn PAC

Mailing Address 122 C Street NW

City Washington State DC Zip Code 20001-2109

FEC ID number of contributing federal political committee. **C** C00236778

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 24 / 2005

**Transaction ID:** A-C30009

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Postal Police Officers Assn.

Mailing Address 32234 39th Avenue S

City Auburn State WA Zip Code 98001-9608

FEC ID number of contributing federal political committee. **C** C00368001

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 24 / 2005

**Transaction ID:** A-C30255

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Preston Gates Ellis & Rouvelas Meeds LLP PAC

Mailing Address 1735 New York Avenue NW  
Suite 500

City Washington State DC Zip Code 20006-5221

FEC ID number of contributing federal political committee. **C** C00213173

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 24 / 2005

**Transaction ID:** A-C30008

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>3000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 72 / 121
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Bob Filner for Congress

**A.** Full Name (Last, First, Middle Initial)  
SEIU COPE Fund PCC

Mailing Address 1313 L Street NW

City Washington State DC Zip Code 20005-4101

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 31 / 2005

**Transaction ID:** A-C30231

Amount of Each Receipt this Period  
1500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Sheet Metal Workers' International Association PAL

Mailing Address 1750 New York Avenue NW Suite 600

City Washington State DC Zip Code 20006-5301

FEC ID number of contributing federal political committee. **C** C00007542

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 31 / 2005

**Transaction ID:** A-C30168

Amount of Each Receipt this Period  
5000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Southern Minnesota Sugar PAC

Mailing Address PO Box 500

City Renville State MN Zip Code 56284-0500

FEC ID number of contributing federal political committee. **C** C00166348

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 31 / 2005

**Transaction ID:** A-C30227

Amount of Each Receipt this Period  
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>7000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 / 121
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" 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	

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NAME OF COMMITTEE (In Full)  
Bob Filner for Congress

Full Name (Last, First, Middle Initial) <b>A. TCU Responsible Citizens PAC</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 19 / 2005
Mailing Address 3 Research Place		<b>Transaction ID: A-C29980</b>
City State Zip Code Rockville MD 20850-3279	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00006338		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. TEPAC</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 24 / 2005
Mailing Address 1750 H Street NW		<b>Transaction ID: A-C30025</b>
City State Zip Code Washington DC 20006-4600	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00107128		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1200.00	

Full Name (Last, First, Middle Initial) <b>C. Transport Workers Union PAC</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2005
Mailing Address 10 G Street NE Suite 420		<b>Transaction ID: A-C30228</b>
City State Zip Code Washington DC 20002-4299	Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. <b>C</b> C00008268		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	4500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 / 121
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" 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	

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NAME OF COMMITTEE (In Full)  
Bob Filner for Congress

**A.** Full Name (Last, First, Middle Initial)  
TTD/PAC

Mailing Address 888 16th Street NW  
Suite 650

City Washington State DC Zip Code 20006-4103

FEC ID number of contributing federal political committee. **C** C00280909

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 24 / 2005

**Transaction ID:** A-C30030

Amount of Each Receipt this Period  
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
U. A. Political Education Committee

Mailing Address 6313 Nancy Ridge Drive

City San Diego State CA Zip Code 92121-6200

FEC ID number of contributing federal political committee. **C** C00012476

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
02 / 16 / 2005

**Transaction ID:** A-C30213

Amount of Each Receipt this Period  
2500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
UAW V CAP

Mailing Address 1757 N Street NW

City Washington State DC Zip Code 20036-2801

FEC ID number of contributing federal political committee. **C** C00002840

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 31 / 2005

**Transaction ID:** A-C30167

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	4000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 75 / 121
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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

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NAME OF COMMITTEE (In Full)  
Bob Filner for Congress

**A.** Full Name (Last, First, Middle Initial)  
UAW V CAP

Mailing Address 1757 N Street NW

City State Zip Code  
Washington DC 20036-2801

FEC ID number of contributing federal political committee. **C** C00002840

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
3500.00

Date of Receipt  
MM / DD / YYYY  
03 / 31 / 2005

**Transaction ID:** A-C30174

Amount of Each Receipt this Period  
2500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Union Pacific Corporation Fund for Effective Gov't.

Mailing Address 600 13th Street NW  
Suite 340

City State Zip Code  
Washington DC 20005-3012

FEC ID number of contributing federal political committee. **C** C00010470

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 24 / 2005

**Transaction ID:** A-C30056

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	3500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	96750.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 / 121
	<input 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 checked="" type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Bob Filner for Congress

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

Mailing Address 295 E Street

City State Zip Code  
Chula Vista CA 91910-2942

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

Name of Employer Occupation

Receipt For: 2006  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
599.85

Date of Receipt  

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

**Transaction ID: A-M29666**

Amount of Each Receipt this Period  
97.01

interest  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 295 E Street

City State Zip Code  
Chula Vista CA 91910-2942

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

Name of Employer Occupation

Receipt For: 2006  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
599.85

Date of Receipt  

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

**Transaction ID: A-M29667**

Amount of Each Receipt this Period  
8.45

interest  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 295 E Street

City State Zip Code  
Chula Vista CA 91910-2942

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

Name of Employer Occupation

Receipt For: 2006  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
599.85

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	7		2	0	0	5

**Transaction ID: A-M29828**

Amount of Each Receipt this Period  
97.29

Interest  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	202.75
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 / 121
	<input 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 checked="" type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Bob Filner for Congress

Full Name (Last, First, Middle Initial) A. Bank of America		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 0 7 / 2 0 0 5	
Mailing Address 295 E Street		Transaction ID: A-M29829	
City State Zip Code Chula Vista CA 91910-2942	Amount of Each Receipt this Period 7.01		
FEC ID number of contributing federal political committee. C		Interest <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 599.85		

Full Name (Last, First, Middle Initial) B. Bank of America		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 1 1 / 2 0 0 5	
Mailing Address 295 E Street		Transaction ID: A-M30089	
City State Zip Code Chula Vista CA 91910-2942	Amount of Each Receipt this Period 142.50		
FEC ID number of contributing federal political committee. C		Interest <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 599.85		

Full Name (Last, First, Middle Initial) C. Bank of America		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 1 1 / 2 0 0 5	
Mailing Address 295 E Street		Transaction ID: A-M30090	
City State Zip Code Chula Vista CA 91910-2942	Amount of Each Receipt this Period 8.49		
FEC ID number of contributing federal political committee. C		Interest <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 599.85		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	158.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	360.75

**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)  
Bob Filner for Congress

Full Name (Last, First, Middle Initial) <b>A. Bank of America</b>		Transaction ID: B-E-29639 Date of Disbursement 01 / 01 / 2005	
Mailing Address 295 E Street		Amount of Each Disbursement this Period 1370.52	
City Chula Vista	State CA	Zip Code 91910-2942	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Tax Deposit		001 Category/Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Bank of America</b>		Transaction ID: B-E-29668 Date of Disbursement 01 / 03 / 2005	
Mailing Address 295 E Street		Amount of Each Disbursement this Period 328.77	
City Chula Vista	State CA	Zip Code 91910-2942	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Merchant Fee		001 Category/Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Bank of America</b>		Transaction ID: B-E-29646 Date of Disbursement 01 / 04 / 2005	
Mailing Address 295 E Street		Amount of Each Disbursement this Period 2783.37	
City Chula Vista	State CA	Zip Code 91910-2942	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Tax Deposit		001 Category/Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>4482.66</b>
<b>TOTAL</b> 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)  
Bob Filner for Congress

Full Name (Last, First, Middle Initial) <b>A. Bank of America</b>		<b>Transaction ID: B-E-29684</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 5
Mailing Address 295 E Street		Amount of Each Disbursement this Period 2978.93
City Chula Vista State CA Zip Code 91910-2942	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Tax Deposit Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Bank of America</b>		<b>Transaction ID: B-E-29830</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 7 / 2 0 0 5
Mailing Address 295 E Street		Amount of Each Disbursement this Period 9.50
City Chula Vista State CA Zip Code 91910-2942	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Payroll transfer fee Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Bank of America</b>		<b>Transaction ID: B-E-29731</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 2 / 2 0 0 5
Mailing Address 295 E Street		Amount of Each Disbursement this Period 12.08
City Chula Vista State CA Zip Code 91910-2942	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Administrative/Salary/Overhead: Printing Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>3000.51</b>
<b>TOTAL</b> 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)  
Bob Filner for Congress

Full Name (Last, First, Middle Initial) <b>A. Bank of America</b>		<b>Transaction ID: B-E-29732</b>	
Mailing Address 295 E Street		Date of Disbursement 02 / 22 / 2005	
City Chula Vista	State CA	Zip Code 91910-2942	
Purpose of Disbursement Merchant fee		Amount of Each Disbursement this Period 107.50	
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		Category/ Type 001	

Full Name (Last, First, Middle Initial) <b>B. Bank of America</b>		<b>Transaction ID: B-E-29831</b>	
Mailing Address 295 E Street		Date of Disbursement 02 / 28 / 2005	
City Chula Vista	State CA	Zip Code 91910-2942	
Purpose of Disbursement Tax Deposit		Amount of Each Disbursement this Period 3128.65	
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		Category/ Type 001	

Full Name (Last, First, Middle Initial) <b>C. Bank of America</b>		<b>Transaction ID: B-E-30088</b>	
Mailing Address 295 E Street		Date of Disbursement 03 / 01 / 2005	
City Chula Vista	State CA	Zip Code 91910-2942	
Purpose of Disbursement Merchant Fee		Amount of Each Disbursement this Period 240.66	
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		Category/ Type 001	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3476.81</b>
<b>TOTAL</b> 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)  
Bob Filner for Congress

Full Name (Last, First, Middle Initial) <b>A. Best Buy</b>		<b>Transaction ID: B-S-512</b> Date of Disbursement 01 / 05 / 2005
Mailing Address PO Box 276		Amount of Each Disbursement this Period 74.01
City Dayton State OH Zip Code 45401-0276	Purpose of Disbursement Administrative/Salary/Overhead: supplies Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] Subitemization of Citibank Card(01/05/05)

Full Name (Last, First, Middle Initial) <b>B. Best Buy</b>		<b>Transaction ID: B-S-539</b> Date of Disbursement 01 / 25 / 2005
Mailing Address PO Box 276		Amount of Each Disbursement this Period 204.70
City Dayton State OH Zip Code 45401-0276	Purpose of Disbursement Administrative/Salary/Overhead: Supplies Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] Subitemization of Citibank Card(01/25/05)

Full Name (Last, First, Middle Initial) <b>C. Best Buy</b>		<b>Transaction ID: B-S-557</b> Date of Disbursement 03 / 03 / 2005
Mailing Address PO Box 276		Amount of Each Disbursement this Period 20.99
City Dayton State OH Zip Code 45401-0276	Purpose of Disbursement Administrative/Salary/Overhead: Supplies Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] Subitemization of Citibank Card(03/03/05)

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> 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)  
Bob Filner for Congress

Full Name (Last, First, Middle Initial) <b>A. Blue Shield Of California</b>		<b>Transaction ID: B-E-29660</b> Date of Disbursement 01 / 05 / 2005
Mailing Address PO Box 629013		Amount of Each Disbursement this Period 109.00
City El Dorado Hills State CA Zip Code 95762-9013	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Health Insurance Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Blue Shield Of California</b>		<b>Transaction ID: B-E-29841</b> Date of Disbursement 03 / 03 / 2005
Mailing Address PO Box 629013		Amount of Each Disbursement this Period 218.00
City El Dorado Hills State CA Zip Code 95762-9013	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Health Insurance Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Campaign Resources</b>		<b>Transaction ID: B-E-29640</b> Date of Disbursement 01 / 01 / 2005
Mailing Address 2828 Wisconsin Avenue NW Apt. 311		Amount of Each Disbursement this Period 4000.00
City Washington State DC Zip Code 20007-4716	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Fundraising: consultant fee Candidate Name	Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4327.00
<b>TOTAL</b> 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)  
Bob Filner for Congress

<b>A. Campaign Resources</b> Full Name (Last, First, Middle Initial) Mailing Address 2828 Wisconsin Avenue NW Apt. 311 City Washington State DC Zip Code 20007-4716 Purpose of Disbursement Fundraising: consultant fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: B-E-29799</b> Date of Disbursement 01 / 05 / 2005 Amount of Each Disbursement this Period 4000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>B. Campaign Resources</b> Full Name (Last, First, Middle Initial) Mailing Address 2828 Wisconsin Avenue NW Apt. 311 City Washington State DC Zip Code 20007-4716 Purpose of Disbursement Fundraising: consultant fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: B-E-29707</b> Date of Disbursement 02 / 02 / 2005 Amount of Each Disbursement this Period 4000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>C. Campaign Resources</b> Full Name (Last, First, Middle Initial) Mailing Address 2828 Wisconsin Avenue NW Apt. 311 City Washington State DC Zip Code 20007-4716 Purpose of Disbursement Fundraising: consultant fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: B-E-29864</b> Date of Disbursement 03 / 02 / 2005 Amount of Each Disbursement this Period 4000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	12000.00
<b>TOTAL</b> 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)  
Bob Filner for Congress

Full Name (Last, First, Middle Initial) <b>A. Citibank Card</b>		<b>Transaction ID: B-E-29634</b> Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 5 / 2 0 0 5
Mailing Address PO Box 6309		Amount of Each Disbursement this Period 755.56
City The Lakes State NV Zip Code 88901-6309	Purpose of Disbursement Other: see memo Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) <b>B. Citibank Card</b>		<b>Transaction ID: B-E-29679</b> Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 5 / 2 0 0 5
Mailing Address PO Box 6309		Amount of Each Disbursement this Period 1383.47
City The Lakes State NV Zip Code 88901-6309	Purpose of Disbursement Other: see memo Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) <b>C. Citibank Card</b>		<b>Transaction ID: B-E-29853</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 3 / 2 0 0 5
Mailing Address PO Box 6309		Amount of Each Disbursement this Period 2525.10
City The Lakes State NV Zip Code 88901-6309	Purpose of Disbursement Other: see memo Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4664.13
<b>TOTAL</b> 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)  
Bob Filner for Congress

Full Name (Last, First, Middle Initial) <b>A. Complete Campaigns.com</b>		<b>Transaction ID: B-E-29658</b> Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 5
Mailing Address 610 Gateway Center Way Suite K		Amount of Each Disbursement this Period 5000.00
City San Diego State CA Zip Code 92102-4548	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement System fee Candidate Name		001 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Coronado Mobile Storage</b>		<b>Transaction ID: B-E-29648</b> Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 5 / 2 0 0 5
Mailing Address 728 Jacinto Place		Amount of Each Disbursement this Period 185.00
City Coronado State CA Zip Code 92118-2319	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Rent Storage Space Candidate Name		001 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Coronado Mobile Storage</b>		<b>Transaction ID: B-E-29695</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 2 / 2 0 0 5
Mailing Address 728 Jacinto Place		Amount of Each Disbursement this Period 185.00
City Coronado State CA Zip Code 92118-2319	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Rent Storage Space Candidate Name		001 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	5370.00
<b>TOTAL</b> 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)  
Bob Filner for Congress

<b>A. Coronado Mobile Storage</b> Full Name (Last, First, Middle Initial) Coronado Mobile Storage Mailing Address 728 Jacinto Place City Coronado State CA Zip Code 92118-2319 Purpose of Disbursement Rent Storage Space Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: B-E-29854</b> Date of Disbursement 03 / 03 / 2005 Amount of Each Disbursement this Period 185.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
--	--	--

<b>B. Cox Communications</b> Full Name (Last, First, Middle Initial) Cox Communications Mailing Address PO Box 6058 City Cypress State CA Zip Code 90630-0058 Purpose of Disbursement Internet service Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: B-E-29650</b> Date of Disbursement 01 / 05 / 2005 Amount of Each Disbursement this Period 39.95 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
---	--	---

<b>C. Cox Communications</b> Full Name (Last, First, Middle Initial) Cox Communications Mailing Address PO Box 6058 City Cypress State CA Zip Code 90630-0058 Purpose of Disbursement Internet Service Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: B-E-29651</b> Date of Disbursement 01 / 05 / 2005 Amount of Each Disbursement this Period 99.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	323.95
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# 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)  
Bob Filner for Congress

Full Name (Last, First, Middle Initial) <b>A. Cox Communications</b>		<b>Transaction ID: B-E-29697</b> Date of Disbursement 02 / 02 / 2005
Mailing Address PO Box 6058		Amount of Each Disbursement this Period 99.00
City Cypress State CA Zip Code 90630-0058	Purpose of Disbursement Internet Service Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) <b>B. Cox Communications</b>		<b>Transaction ID: B-E-29698</b> Date of Disbursement 02 / 02 / 2005
Mailing Address PO Box 6058		Amount of Each Disbursement this Period 39.95
City Cypress State CA Zip Code 90630-0058	Purpose of Disbursement Internet Service Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) <b>C. Cox Communications</b>		<b>Transaction ID: B-E-29844</b> Date of Disbursement 03 / 03 / 2005
Mailing Address PO Box 6058		Amount of Each Disbursement this Period 99.00
City Cypress State CA Zip Code 90630-0058	Purpose of Disbursement Internet Service Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	237.95
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# 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)  
Bob Filner for Congress

Full Name (Last, First, Middle Initial) <b>A. Cox Communications</b>		<b>Transaction ID: B-E-29845</b> Date of Disbursement MM / DD / YYYY 03 / 03 / 2005
Mailing Address PO Box 6058		Amount of Each Disbursement this Period 39.95 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Cypress State CA Zip Code 90630-0058	Purpose of Disbursement Internet Service Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. DeFrance Printing</b>		<b>Transaction ID: B-E-29693</b> Date of Disbursement MM / DD / YYYY 02 / 02 / 2005
Mailing Address 320 W 17th Street		Amount of Each Disbursement this Period 196.11 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City National City State CA Zip Code 91950-5504	Purpose of Disbursement Business Cards Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. DeFrance Printing</b>		<b>Transaction ID: B-E-29694</b> Date of Disbursement MM / DD / YYYY 02 / 02 / 2005
Mailing Address 320 W 17th Street		Amount of Each Disbursement this Period 580.77 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City National City State CA Zip Code 91950-5504	Purpose of Disbursement Administrative/Salary/Overhead: Printing Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>816.83</b>
<b>TOTAL</b> 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)  
Bob Filner for Congress

Full Name (Last, First, Middle Initial) <b>A. DeFrance Printing</b>		<b>Transaction ID: B-E-29838</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 3 / 2 0 0 5
Mailing Address 320 W 17th Street		Amount of Each Disbursement this Period 1172.32
City National City State CA Zip Code 91950-5504	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Fundraising: printing Candidate Name	Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. DeFrance Printing</b>		<b>Transaction ID: B-E-29839</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 3 / 2 0 0 5
Mailing Address 320 W 17th Street		Amount of Each Disbursement this Period 117.45
City National City State CA Zip Code 91950-5504	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Administrative/Salary/Overhead: Printing Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. DeFrance Printing</b>		<b>Transaction ID: B-E-29840</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 3 / 2 0 0 5
Mailing Address 320 W 17th Street		Amount of Each Disbursement this Period 602.32
City National City State CA Zip Code 91950-5504	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Administrative/Salary/Overhead: Printing Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1892.09
<b>TOTAL</b> 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 90 / 121

<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)  
Bob Filner for Congress

Full Name (Last, First, Middle Initial) <b>A. DeFrance Printing</b>		<b>Transaction ID: B-E-29997</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 7 / 2 0 0 5
Mailing Address 320 W 17th Street		Amount of Each Disbursement this Period 593.70
City National City State CA Zip Code 91950-5504	Purpose of Disbursement Administrative/Salary/Overhead: printing Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Category/Type 001		

Full Name (Last, First, Middle Initial) <b>B. DeFrance Printing</b>		<b>Transaction ID: B-E-29998</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 7 / 2 0 0 5
Mailing Address 320 W 17th Street		Amount of Each Disbursement this Period 171.32
City National City State CA Zip Code 91950-5504	Purpose of Disbursement Fundraising: printing Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Category/Type 003		

Full Name (Last, First, Middle Initial) <b>C. Fortune House Chinese El Centro</b>		<b>Transaction ID: B-S-561</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 3 / 2 0 0 5
Mailing Address 1627-33 West Main Street		Amount of Each Disbursement this Period 208.36
City El Centro, State CA Zip Code 92243-2243	Purpose of Disbursement Campaign Event: catering Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Category/Type 007		<b>[MEMO ITEM]</b> Subitemization of Citibank Card(03/03/05)

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	765.02
<b>TOTAL</b> 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)  
Bob Filner for Congress

Full Name (Last, First, Middle Initial) <b>A. Health Net Life Insurance Company</b>		<b>Transaction ID:</b> B-S-521 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 5 / 2 0 0 5
Mailing Address PO Box 1150		Amount of Each Disbursement this Period 140.80
City Rancho Cordova State CA Zip Code 95741-1150	Purpose of Disbursement Health Insurance Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> Subitemization of Citibank Card(01/05/05)

Full Name (Last, First, Middle Initial) <b>B. Health Net Life Insurance Company</b>		<b>Transaction ID:</b> B-S-533 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 5 / 2 0 0 5
Mailing Address PO Box 1150		Amount of Each Disbursement this Period 72.00
City Rancho Cordova State CA Zip Code 95741-1150	Purpose of Disbursement Health Insurance Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> Subitemization of Citibank Card(01/25/05)

Full Name (Last, First, Middle Initial) <b>C. Health Net Life Insurance Company</b>		<b>Transaction ID:</b> B-S-554 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 3 / 2 0 0 5
Mailing Address PO Box 1150		Amount of Each Disbursement this Period 72.00
City Rancho Cordova State CA Zip Code 95741-1150	Purpose of Disbursement Health Insurance Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> Subitemization of Citibank Card(03/03/05)

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> 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)  
Bob Filner for Congress

<b>A. Hertz</b> Full Name (Last, First, Middle Initial) Mailing Address 3202 N Harbor Drive City San Diego State CA Zip Code 92101-1025 Purpose of Disbursement Travel: Car Rental Candidate Name		Transaction ID: B-S-550 Date of Disbursement MM / DD / YYYY 03 / 03 / 2005 Amount of Each Disbursement this Period 444.90 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] Subitemization of Citibank Card(03/03/05)

<b>B. Kinko's, Inc.</b> Full Name (Last, First, Middle Initial) Mailing Address PO Box 530257 City Atlanta State GA Zip Code 30353-0257 Purpose of Disbursement Administrative/Salary/Overhead: copies Candidate Name		Transaction ID: B-E-29628 Date of Disbursement MM / DD / YYYY 01 / 01 / 2005 Amount of Each Disbursement this Period 118.53 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>C. Kinko's, Inc.</b> Full Name (Last, First, Middle Initial) Mailing Address PO Box 530257 City Atlanta State GA Zip Code 30353-0257 Purpose of Disbursement Administrative/Salary/Overhead: Shipping Candidate Name		Transaction ID: B-E-29721 Date of Disbursement MM / DD / YYYY 02 / 16 / 2005 Amount of Each Disbursement this Period 51.46 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	169.99
<b>TOTAL</b> 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)  
Bob Filner for Congress

Full Name (Last, First, Middle Initial) <b>A. Kinko's, Inc.</b>		<b>Transaction ID: B-S-556</b> Date of Disbursement MM / DD / YYYY 03 / 03 / 2005
Mailing Address PO Box 530257		Amount of Each Disbursement this Period 15.08 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Atlanta State GA Zip Code 30353-0257	Purpose of Disbursement Administrative/Salary/Overhead: Printing Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> Subitemization of Citibank Card(03/03/05)

Full Name (Last, First, Middle Initial) <b>B. Kinko's, Inc.</b>		<b>Transaction ID: B-E-29996</b> Date of Disbursement MM / DD / YYYY 03 / 17 / 2005
Mailing Address PO Box 530257		Amount of Each Disbursement this Period 365.94 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Atlanta State GA Zip Code 30353-0257	Purpose of Disbursement Administrative/Salary/Overhead: printing Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Office Depot</b>		<b>Transaction ID: B-S-530</b> Date of Disbursement MM / DD / YYYY 01 / 05 / 2005
Mailing Address 3430 Highland Avenue		Amount of Each Disbursement this Period 139.92 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City National City State CA Zip Code 91950-7420	Purpose of Disbursement Administrative/Salary/Overhead: Supplies Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> Subitemization of Citibank Card(01/05/05)

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	365.94
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

**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)  
Bob Filner for Congress

Full Name (Last, First, Middle Initial) <b>A. Paychex</b>		<b>Transaction ID: B-E-29676</b> Date of Disbursement 01 / 19 / 2005
Mailing Address 8520 Tech Way Suite 200		Amount of Each Disbursement this Period 214.81
City San Diego State CA Zip Code 92123-1450	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Administrative/Salary/Overhead: fee Candidate Name		001 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Paychex</b>		<b>Transaction ID: B-E-29696</b> Date of Disbursement 02 / 02 / 2005
Mailing Address 8520 Tech Way Suite 200		Amount of Each Disbursement this Period 140.50
City San Diego State CA Zip Code 92123-1450	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Administrative/Salary/Overhead: fee Candidate Name		001 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Paychex</b>		<b>Transaction ID: B-E-29855</b> Date of Disbursement 03 / 03 / 2005
Mailing Address 8520 Tech Way Suite 200		Amount of Each Disbursement this Period 72.00
City San Diego State CA Zip Code 92123-1450	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Administrative/Salary/Overhead: fee Candidate Name		001 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	427.31
<b>TOTAL</b> 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)  
Bob Filner for Congress

<b>A. Quexion</b> Full Name (Last, First, Middle Initial) Mailing Address 4858 Mercury Street Suite 105 City San Diego State CA Zip Code 92111-2128 Purpose of Disbursement network support Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: B-E-29702</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 2 / 2 0 0 5 Amount of Each Disbursement this Period 475.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
---	--	--

<b>B. Quexion</b> Full Name (Last, First, Middle Initial) Mailing Address 4858 Mercury Street Suite 105 City San Diego State CA Zip Code 92111-2128 Purpose of Disbursement network support Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: B-E-29842</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 3 / 2 0 0 5 Amount of Each Disbursement this Period 472.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>C. Quexion</b> Full Name (Last, First, Middle Initial) Mailing Address 4858 Mercury Street Suite 105 City San Diego State CA Zip Code 92111-2128 Purpose of Disbursement network support Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: B-E-30001</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 7 / 2 0 0 5 Amount of Each Disbursement this Period 202.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1150.00
<b>TOTAL</b> 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)  
Bob Filner for Congress

Full Name (Last, First, Middle Initial) <b>A. R C Awards</b>		<b>Transaction ID: B-E-29800</b> Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2005
Mailing Address 3118 University Avenue		Amount of Each Disbursement this Period 438.54 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City San Diego State CA Zip Code 92104-2047	Purpose of Disbursement Paraphernalia: Campaign Souvenirs Candidate Name Category/Type 006	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. SBC</b>		<b>Transaction ID: B-E-29627</b> Date of Disbursement M M / D D / Y Y Y Y 01 / 01 / 2005
Mailing Address Payment Center		Amount of Each Disbursement this Period 159.72 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Sacramento State CA Zip Code 95887-0001	Purpose of Disbursement Administrative/Salary/Overhead: Phone Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. SBC</b>		<b>Transaction ID: B-E-29631</b> Date of Disbursement M M / D D / Y Y Y Y 01 / 01 / 2005
Mailing Address Payment Center		Amount of Each Disbursement this Period 20.28 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Sacramento State CA Zip Code 95887-0001	Purpose of Disbursement Administrative/Salary/Overhead: Phone Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	618.54
<b>TOTAL</b> 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)  
Bob Filner for Congress

<b>A. SDG&amp;E</b> Full Name (Last, First, Middle Initial) Mailing Address PO Box 25111 City Santa Ana State CA Zip Code 92799-5111 Purpose of Disbursement Administrative/Salary/Overhead: Utilities Candidate Name		<b>Transaction ID: B-E-29629</b> Date of Disbursement 01 / 01 / 2005 Amount of Each Disbursement this Period 91.75 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001

<b>B. SDG&amp;E</b> Full Name (Last, First, Middle Initial) Mailing Address PO Box 25111 City Santa Ana State CA Zip Code 92799-5111 Purpose of Disbursement Administrative/Salary/Overhead: Utilities Candidate Name		<b>Transaction ID: B-E-29700</b> Date of Disbursement 02 / 02 / 2005 Amount of Each Disbursement this Period 78.62 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001

<b>C. SDG&amp;E</b> Full Name (Last, First, Middle Initial) Mailing Address PO Box 25111 City Santa Ana State CA Zip Code 92799-5111 Purpose of Disbursement Administrative/Salary/Overhead: Utilities Candidate Name		<b>Transaction ID: B-E-29848</b> Date of Disbursement 03 / 03 / 2005 Amount of Each Disbursement this Period 92.02 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	262.39
<b>TOTAL</b> 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)

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<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)  
Bob Filner for Congress

Full Name (Last, First, Middle Initial) <b>A. Sprint PCS</b>		<b>Transaction ID: B-E-29626</b>	
Mailing Address PO Box 62071		Date of Disbursement 01 / 01 / 2005	
City Baltimore	State MD	Zip Code 21264-2071	Amount of Each Disbursement this Period 69.47
Purpose of Disbursement Administrative/Salary/Overhead: Phone		001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name		Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Sprint PCS</b>		<b>Transaction ID: B-E-29649</b>	
Mailing Address PO Box 62071		Date of Disbursement 01 / 05 / 2005	
City Baltimore	State MD	Zip Code 21264-2071	Amount of Each Disbursement this Period 66.60
Purpose of Disbursement Administrative/Salary/Overhead: Phone		001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name		Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Sprint PCS</b>		<b>Transaction ID: B-S-540</b>	
Mailing Address PO Box 62071		Date of Disbursement 01 / 25 / 2005	
City Baltimore	State MD	Zip Code 21264-2071	Amount of Each Disbursement this Period 64.61
Purpose of Disbursement Phone Equipment		001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name		Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>[MEMO ITEM]</b> Subitemization of Citibank Card(01/25/05)
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>136.07</b>
<b>TOTAL</b> 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)

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<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)  
Bob Filner for Congress

Full Name (Last, First, Middle Initial) <b>A. Sprint PCS</b>		<b>Transaction ID:</b> B-E-29716 Date of Disbursement
Mailing Address PO Box 62071		<input type="text" value="02"/> <input type="text" value="16"/> / <input type="text" value="20"/> <input type="text" value="05"/>
City Baltimore	State MD	Zip Code 21264-2071
Purpose of Disbursement Administrative/Salary/Overhead: Phone		<input type="text" value="001"/>
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		
		Amount of Each Disbursement this Period <input type="text" value="194.17"/> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) <b>B. Sprint PCS</b>		<b>Transaction ID:</b> B-E-30000 Date of Disbursement
Mailing Address PO Box 62071		<input type="text" value="03"/> <input type="text" value="17"/> / <input type="text" value="20"/> <input type="text" value="05"/>
City Baltimore	State MD	Zip Code 21264-2071
Purpose of Disbursement Administrative/Salary/Overhead: Phone		<input type="text" value="001"/>
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		
		Amount of Each Disbursement this Period <input type="text" value="157.43"/> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) <b>C. The Congressional Club</b>		<b>Transaction ID:</b> B-E-29641 Date of Disbursement
Mailing Address 2001 New Hampshire Avenue NW		<input type="text" value="01"/> <input type="text" value="01"/> / <input type="text" value="20"/> <input type="text" value="05"/>
City Washington	State DC	Zip Code 20009-3414
Purpose of Disbursement Other: Membership Dues		<input type="text" value=""/>
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		
		Amount of Each Disbursement this Period <input type="text" value="125.00"/> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="476.60"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value=""/>

**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)

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<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)  
Bob Filner for Congress

Full Name (Last, First, Middle Initial) <b>A. The Congressional Club</b>		<b>Transaction ID:</b> B-E-29960 Date of Disbursement 03 / 15 / 2005
Mailing Address 2001 New Hampshire Avenue NW		Amount of Each Disbursement this Period 225.00
City Washington State DC Zip Code 20009-3414	Purpose of Disbursement Other: Event tickets Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) <b>B. U. S. Postmaster</b>		<b>Transaction ID:</b> B-E-29836 Date of Disbursement 03 / 01 / 2005
Mailing Address 11251 Rancho Carmel Drive		Amount of Each Disbursement this Period 474.00
City San Diego State CA Zip Code 92199-9998	Purpose of Disbursement Administrative/Salary/Overhead: Postage Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) <b>C. U.S. House of Representatives</b>		<b>Transaction ID:</b> B-S-552 Date of Disbursement 03 / 03 / 2005
Mailing Address Independence Avenue		Amount of Each Disbursement this Period 209.52
City Washington State DC Zip Code 20515-0515	Purpose of Disbursement Paraphernalia: campaign souvenirs Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

**[MEMO ITEM]**  
Subitemization of Citibank Card(03/03/05)

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	699.00
<b>TOTAL</b> 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)

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<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)  
Bob Filner for Congress

Full Name (Last, First, Middle Initial) <b>A. Working Assets</b>		<b>Transaction ID:</b> B-E-29632 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 1 / 2 0 0 5
Mailing Address PO Box 2041		Amount of Each Disbursement this Period 43.06
City Mechanicsburg State PA Zip Code 17055-0971	Purpose of Disbursement Administrative/Salary/Overhead: Phone Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) <b>B. Working Assets</b>		<b>Transaction ID:</b> B-E-29633 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 1 / 2 0 0 5
Mailing Address PO Box 2041		Amount of Each Disbursement this Period 64.17
City Mechanicsburg State PA Zip Code 17055-0971	Purpose of Disbursement Administrative/Salary/Overhead: Phone Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) <b>C. Working Assets</b>		<b>Transaction ID:</b> B-E-29669 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 1 / 2 0 0 5
Mailing Address PO Box 2041		Amount of Each Disbursement this Period 17.09
City Mechanicsburg State PA Zip Code 17055-0971	Purpose of Disbursement Administrative/Salary/Overhead: Phone Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	124.32
<b>TOTAL</b> 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)

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<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)  
Bob Filner for Congress

Full Name (Last, First, Middle Initial) <b>A. Working Assets</b>		Transaction ID: B-E-29672 Date of Disbursement 01 / 19 / 2005
Mailing Address PO Box 2041		Amount of Each Disbursement this Period 48.88
City Mechanicsburg State PA Zip Code 17055-0971	Purpose of Disbursement Administrative/Salary/Overhead: Phone Candidate Name Category/Type: 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) <b>B. Working Assets</b>		Transaction ID: B-E-29673 Date of Disbursement 01 / 19 / 2005
Mailing Address PO Box 2041		Amount of Each Disbursement this Period 43.06
City Mechanicsburg State PA Zip Code 17055-0971	Purpose of Disbursement Administrative/Salary/Overhead: Phone Candidate Name Category/Type: 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) <b>C. Working Assets</b>		Transaction ID: B-E-29699 Date of Disbursement 02 / 02 / 2005
Mailing Address PO Box 2041		Amount of Each Disbursement this Period 1.44
City Mechanicsburg State PA Zip Code 17055-0971	Purpose of Disbursement Administrative/Salary/Overhead: Phone Candidate Name Category/Type: 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	93.38
<b>TOTAL</b> 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 105 / 121

<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)  
Bob Filner for Congress

<p><b>A. Working Assets</b></p> <p>Full Name (Last, First, Middle Initial) Mailing Address PO Box 2041</p>		<p><b>Transaction ID:</b> B-E-29718 <b>Date of Disbursement</b> 02 / 16 / 2005</p>
<p>City Mechanicsburg State PA Zip Code 17055-0971</p> <p>Purpose of Disbursement Administrative/Salary/Overhead: Phone</p> <p>Candidate Name</p>		<p>Amount of Each Disbursement this Period 139.84</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>	<p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>001 Category/Type</p>

<p><b>B. Working Assets</b></p> <p>Full Name (Last, First, Middle Initial) Mailing Address PO Box 2041</p>		<p><b>Transaction ID:</b> B-E-29837 <b>Date of Disbursement</b> 03 / 03 / 2005</p>
<p>City Mechanicsburg State PA Zip Code 17055-0971</p> <p>Purpose of Disbursement Administrative/Salary/Overhead: Phone</p> <p>Candidate Name</p>		<p>Amount of Each Disbursement this Period 309.82</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>	<p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>001 Category/Type</p>

<p><b>C. Working Assets</b></p> <p>Full Name (Last, First, Middle Initial) Mailing Address PO Box 2041</p>		<p><b>Transaction ID:</b> B-E-29846 <b>Date of Disbursement</b> 03 / 03 / 2005</p>
<p>City Mechanicsburg State PA Zip Code 17055-0971</p> <p>Purpose of Disbursement Administrative/Salary/Overhead: Phone</p> <p>Candidate Name</p>		<p>Amount of Each Disbursement this Period 9.77</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>	<p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>001 Category/Type</p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p>459.43</p>
<p><b>TOTAL</b> 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)

<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)  
Bob Filner for Congress

Full Name (Last, First, Middle Initial) <b>A. Working Assets</b>		<b>Transaction ID:</b> B-E-29847 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 3 / 2 0 0 5
Mailing Address PO Box 2041		Amount of Each Disbursement this Period 48.66
City Mechanicsburg State PA Zip Code 17055-0971	Purpose of Disbursement Administrative/Salary/Overhead: Phone Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) <b>B. Working Assets</b>		<b>Transaction ID:</b> B-E-30003 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 7 / 2 0 0 5
Mailing Address PO Box 2041		Amount of Each Disbursement this Period 125.69
City Mechanicsburg State PA Zip Code 17055-0971	Purpose of Disbursement Administrative/Salary/Overhead: Phone Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) <b>C. Working Assets</b>		<b>Transaction ID:</b> B-E-30004 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 7 / 2 0 0 5
Mailing Address PO Box 2041		Amount of Each Disbursement this Period 112.16
City Mechanicsburg State PA Zip Code 17055-0971	Purpose of Disbursement Administrative/Salary/Overhead: Phone Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	286.51
<b>TOTAL</b> 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)

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<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)  
Bob Filner for Congress

<b>A. Working Assets</b> Full Name (Last, First, Middle Initial) Mailing Address PO Box 2041 City Mechanicsburg State PA Zip Code 17055-0971 Purpose of Disbursement Adminstrative/Salary/Overhead: Phone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: B-E-30005</b> Date of Disbursement 03 / 17 / 2005 Amount of Each Disbursement this Period 9.58 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>B. Young &amp; Young</b> Full Name (Last, First, Middle Initial) Mailing Address 539 Telegraph Canyon Road PMB 308 City Chula Vista State CA Zip Code 91910-6436 Purpose of Disbursement Adminstrative/Salary/Overhead: Rent Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: B-E-29647</b> Date of Disbursement 01 / 05 / 2005 Amount of Each Disbursement this Period 435.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>C. Young &amp; Young</b> Full Name (Last, First, Middle Initial) Mailing Address 539 Telegraph Canyon Road PMB 308 City Chula Vista State CA Zip Code 91910-6436 Purpose of Disbursement Adminstrative/Salary/Overhead: Rent Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: B-E-29706</b> Date of Disbursement 02 / 02 / 2005 Amount of Each Disbursement this Period 435.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	879.58
<b>TOTAL</b> 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 108 / 121

<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)  
Bob Filner for Congress

Full Name (Last, First, Middle Initial) <b>A. Young &amp; Young</b>		<b>Transaction ID: B-E-29851</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 7 / 2 0 0 5
Mailing Address 539 Telegraph Canyon Road PMB 308		Amount of Each Disbursement this Period 435.00
City Chula Vista State CA Zip Code 91910-6436	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Administrative/Salary/Overhead: Rent Candidate Name		Category/Type 001
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Bruce M Abrams</b>		<b>Transaction ID: B-I-30179</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 5 / 2 0 0 5
Mailing Address 1901 1st Avenue Floor 2		Amount of Each Disbursement this Period 1040.00
City San Diego State CA Zip Code 92101-2382	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Inkind: flowers, servers Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Ingrid Croce</b>		<b>Transaction ID: B-I-30239</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 2 / 2 0 0 5
Mailing Address Blinchiki Inc. 802 Fifth Avenue		Amount of Each Disbursement this Period 1200.00
City San Diego State CA Zip Code 92101-2101	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Inkind: catering Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>2675.00</b>
<b>TOTAL</b> 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)

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<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)  
Bob Filner for Congress

Full Name (Last, First, Middle Initial) <b>A. Jane Filner</b>		<b>Transaction ID: B-E-29852</b> Date of Disbursement M M / D D / Y Y Y Y 03 / 07 / 2005
Mailing Address 2828 Wisconsin Avenue NW Apt. 311		Amount of Each Disbursement this Period 498.88
City Washington State DC Zip Code 20007-4716	Purpose of Disbursement Travel: expenses Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) <b>B. Laura K Fink</b>		<b>Transaction ID: B-E-29630</b> Date of Disbursement M M / D D / Y Y Y Y 01 / 01 / 2005
Mailing Address 3364 6th Avenue Apt. 221		Amount of Each Disbursement this Period 297.52
City San Diego State CA Zip Code 92103-5778	Purpose of Disbursement Administrative/Salary/Overhead: supplies Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) <b>C. Laura K Fink</b>		<b>Transaction ID: B-E-29636</b> Date of Disbursement M M / D D / Y Y Y Y 01 / 01 / 2005
Mailing Address 3364 6th Avenue Apt. 221		Amount of Each Disbursement this Period 1590.24
City San Diego State CA Zip Code 92103-5778	Purpose of Disbursement Administrative/Salary/Overhead: salary Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>2386.64</b>
<b>TOTAL</b> 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)

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<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)  
Bob Filner for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) Laura K Fink		<b>Transaction ID:</b> B-E-29642 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 0 1 / 2 0 0 5
Mailing Address 3364 6th Avenue Apt. 221		Amount of Each Disbursement this Period 2118.80
City San Diego State CA Zip Code 92103-5778	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Adminstrative/Salary/Overhead: salary	Candidate Name	Category/Type 001
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>B.</b> Full Name (Last, First, Middle Initial) Laura K Fink		<b>Transaction ID:</b> B-E-29677 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 1 9 / 2 0 0 5
Mailing Address 3364 6th Avenue Apt. 221		Amount of Each Disbursement this Period 187.01
City San Diego State CA Zip Code 92103-5778	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Travel: DC expenses	Candidate Name	Category/Type 002
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>C.</b> Full Name (Last, First, Middle Initial) Laura K Fink		<b>Transaction ID:</b> B-E-29687 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 5
Mailing Address 3364 6th Avenue Apt. 221		Amount of Each Disbursement this Period 2125.98
City San Diego State CA Zip Code 92103-5778	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Adminstrative/Salary/Overhead: salary	Candidate Name	Category/Type 001
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	4431.79
<b>TOTAL</b> 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)  
Bob Filner for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) Laura K Fink		<b>Transaction ID:</b> B-E-29832 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 5
Mailing Address 3364 6th Avenue Apt. 221		Amount of Each Disbursement this Period 2125.98
City San Diego State CA Zip Code 92103-5778	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Administrative/Salary/Overhead: salary		Category/Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>B.</b> Full Name (Last, First, Middle Initial) Laura K Fink		<b>Transaction ID:</b> B-E-30022 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 0 5
Mailing Address 3364 6th Avenue Apt. 221		Amount of Each Disbursement this Period 50.00
City San Diego State CA Zip Code 92103-5778	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement petty cash		Category/Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>C.</b> Full Name (Last, First, Middle Initial) Margret Hernandez		<b>Transaction ID:</b> B-E-29663 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 0 1 / 2 0 0 5
Mailing Address 831 G Avenue		Amount of Each Disbursement this Period 453.77
City Coronado State CA Zip Code 92118-2519	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Administrative/Salary/Overhead: salary		Category/Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2629.75
<b>TOTAL</b> 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)

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<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)  
Bob Filner for Congress

<b>A. Margret Hernandez</b> Full Name (Last, First, Middle Initial) Margret Hernandez Mailing Address 831 G Avenue City Coronado State CA Zip Code 92118-2519 Purpose of Disbursement Administrative/Salary/Overhead: salary Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: B-E-29662</b> Date of Disbursement 01 / 04 / 2005 Amount of Each Disbursement this Period 856.54 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>B. Margret Hernandez</b> Full Name (Last, First, Middle Initial) Margret Hernandez Mailing Address 831 G Avenue City Coronado State CA Zip Code 92118-2519 Purpose of Disbursement Administrative/Salary/Overhead: salary Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: B-E-29688</b> Date of Disbursement 02 / 01 / 2005 Amount of Each Disbursement this Period 1400.73 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>C. Margret Hernandez</b> Full Name (Last, First, Middle Initial) Margret Hernandez Mailing Address 831 G Avenue City Coronado State CA Zip Code 92118-2519 Purpose of Disbursement Administrative/Salary/Overhead: salary Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: B-E-29833</b> Date of Disbursement 02 / 28 / 2005 Amount of Each Disbursement this Period 1715.81 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>3973.08</b>
<b>TOTAL</b> 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 113 / 121

<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)  
Bob Filner for Congress

Full Name (Last, First, Middle Initial) <b>A. Shannon Lerach Stover</b>		<b>Transaction ID:</b> B-I-30272 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 1 7 / 2 0 0 5
Mailing Address 9776 La Jolla Farms Road		Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City La Jolla State CA Zip Code 92037-1133	Purpose of Disbursement Inkind: space rental Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Zandra Melendrez</b>		<b>Transaction ID:</b> B-E-29644 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 0 4 / 2 0 0 5
Mailing Address 1112 Red Maple Drive		Amount of Each Disbursement this Period 1104.01 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Chula Vista State CA Zip Code 91910-6767	Purpose of Disbursement Administrative/Salary/Overhead: salary Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Zandra Melendrez</b>		<b>Transaction ID:</b> B-E-29689 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 5
Mailing Address 1112 Red Maple Drive		Amount of Each Disbursement this Period 1106.42 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Chula Vista State CA Zip Code 91910-6767	Purpose of Disbursement Administrative/Salary/Overhead: salary Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4210.43
<b>TOTAL</b> 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)

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<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)  
Bob Filner for Congress

Full Name (Last, First, Middle Initial) <b>A. Zandra Melendrez</b>		<b>Transaction ID: B-E-29834</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 5
Mailing Address 1112 Red Maple Drive		Amount of Each Disbursement this Period 1106.42 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Chula Vista State CA Zip Code 91910-6767	Purpose of Disbursement Administrative/Salary/Overhead: salary Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Sara Meza</b>		<b>Transaction ID: B-E-29635</b> Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 1 / 2 0 0 5
Mailing Address 5252 Olvera Avenue		Amount of Each Disbursement this Period 100.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City San Diego State CA Zip Code 92114-5214	Purpose of Disbursement Administrative/Salary/Overhead: cleaning Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Sara Meza</b>		<b>Transaction ID: B-E-29681</b> Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 5 / 2 0 0 5
Mailing Address 5252 Olvera Avenue		Amount of Each Disbursement this Period 100.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City San Diego State CA Zip Code 92114-5214	Purpose of Disbursement Administrative/Salary/Overhead: cleaning Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1306.42
<b>TOTAL</b> 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)  
Bob Filner for Congress

<b>A. Sara Meza</b> Full Name (Last, First, Middle Initial) Mailing Address 5252 Olvera Avenue City San Diego State CA Zip Code 92114-5214 Purpose of Disbursement Administrative/Salary/Overhead: cleaning Candidate Name		<b>Transaction ID: B-E-29843</b> Date of Disbursement 03 / 03 / 2005 Amount of Each Disbursement this Period 100.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001

<b>B. Johann Miller</b> Full Name (Last, First, Middle Initial) Mailing Address 18586 Sheepranch Loop City Chula Vista State CA Zip Code 91913-1913 Purpose of Disbursement Fundraising: catering Candidate Name		<b>Transaction ID: B-E-29798</b> Date of Disbursement 02 / 22 / 2005 Amount of Each Disbursement this Period 600.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 003

<b>C. Johann Miller</b> Full Name (Last, First, Middle Initial) Mailing Address 18586 Sheepranch Loop City Chula Vista State CA Zip Code 91913-1913 Purpose of Disbursement Fundraising: catering Candidate Name		<b>Transaction ID: B-E-30091</b> Date of Disbursement 02 / 25 / 2005 Amount of Each Disbursement this Period 600.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 003

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1300.00
<b>TOTAL</b> 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)

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<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)  
Bob Filner for Congress

Full Name (Last, First, Middle Initial) <b>A. Gracia Molina de Pick</b>		<b>Transaction ID: B-I-30240</b> Date of Disbursement 02 / 25 / 2005	
Mailing Address 1016 Newkirk Drive		Amount of Each Disbursement this Period 1000.00	
City La Jolla State CA Zip Code 92037-6832	Purpose of Disbursement Inkind: auction item Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Shubhayan Mukherjee</b>		<b>Transaction ID: B-I-30180</b> Date of Disbursement 01 / 31 / 2005	
Mailing Address 9920 Kika Court Apt. 2013		Amount of Each Disbursement this Period 1400.00	
City San Diego State CA Zip Code 92129-5067	Purpose of Disbursement Inkind: web design Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. Marguerite M. Ryan</b>		<b>Transaction ID: B-E-29625</b> Date of Disbursement 01 / 01 / 2005	
Mailing Address 1936 Wensley Avenue		Amount of Each Disbursement this Period 823.74	
City El Centro State CA Zip Code 92243-3749	Purpose of Disbursement Advertising: design Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 004	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3223.74</b>
<b>TOTAL</b> 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)  
Bob Filner for Congress

<b>A. Francisco Salazar</b> Full Name (Last, First, Middle Initial) Mailing Address 850 Dool Avenue City Calexico State CA Zip Code 92231-2516 Purpose of Disbursement Adminstrative/Salary/Overhead: salary Candidate Name		<b>Transaction ID: B-E-29638</b> Date of Disbursement 01 / 01 / 2005 Amount of Each Disbursement this Period 1988.97 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001

<b>B. Francisco Salazar</b> Full Name (Last, First, Middle Initial) Mailing Address 850 Dool Avenue City Calexico State CA Zip Code 92231-2516 Purpose of Disbursement Adminstrative/Salary/Overhead: salary Candidate Name		<b>Transaction ID: B-E-29645</b> Date of Disbursement 01 / 04 / 2005 Amount of Each Disbursement this Period 2920.29 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001

<b>C. Francisco Salazar</b> Full Name (Last, First, Middle Initial) Mailing Address 850 Dool Avenue City Calexico State CA Zip Code 92231-2516 Purpose of Disbursement Adminstrative/Salary/Overhead: supplies Candidate Name		<b>Transaction ID: B-E-29671</b> Date of Disbursement 01 / 17 / 2005 Amount of Each Disbursement this Period 184.56 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	5093.82
<b>TOTAL</b> 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)

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<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)  
Bob Filner for Congress

Full Name (Last, First, Middle Initial) <b>A. Francisco Salazar</b>		<b>Transaction ID: B-E-29690</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 5
Mailing Address 850 Dool Avenue		Amount of Each Disbursement this Period 2940.90 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Calexico State CA Zip Code 92231-2516	Purpose of Disbursement Adminstrative/Salary/Overhead: salary Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001

Full Name (Last, First, Middle Initial) <b>B. Francisco Salazar</b>		<b>Transaction ID: B-E-29715</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 6 / 2 0 0 5
Mailing Address 850 Dool Avenue		Amount of Each Disbursement this Period 150.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Calexico State CA Zip Code 92231-2516	Purpose of Disbursement Travel: mileage Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 002

Full Name (Last, First, Middle Initial) <b>C. Francisco Salazar</b>		<b>Transaction ID: B-E-29835</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 5
Mailing Address 850 Dool Avenue		Amount of Each Disbursement this Period 2940.90 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Calexico State CA Zip Code 92231-2516	Purpose of Disbursement Adminstrative/Salary/Overhead: salary Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	6031.80
<b>TOTAL</b> 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)

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<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)  
Bob Filner for Congress

Full Name (Last, First, Middle Initial) <b>A. Gregory Scott M. D.</b>		<b>Transaction ID: B-I-30185</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 5 / 2 0 0 5
Mailing Address 4304 Ridgeway Drive		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City San Diego State CA Zip Code 92116-2051	Purpose of Disbursement Inkind: beverages Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Dave Wallack</b>		<b>Transaction ID: B-E-29680</b> Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 5 / 2 0 0 5
Mailing Address 3306 Donna Drive		Amount of Each Disbursement this Period 5000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Carlsbad State CA Zip Code 92008-2011	Purpose of Disbursement Fundraising: consultant fee Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Dave Wallack</b>		<b>Transaction ID: B-E-29705</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 2 / 2 0 0 5
Mailing Address 3306 Donna Drive		Amount of Each Disbursement this Period 5000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Carlsbad State CA Zip Code 92008-2011	Purpose of Disbursement Fundraising: consultant fee Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	11000.00
<b>TOTAL</b> 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)

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<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)  
Bob Filner for Congress

Full Name (Last, First, Middle Initial) <b>A. Dave Wallack</b>		Transaction ID: B-E-29850 Date of Disbursement 03 / 03 / 2005	
Mailing Address 3306 Donna Drive		Amount of Each Disbursement this Period 5000.00	
City Carlsbad State CA Zip Code 92008-2011	Purpose of Disbursement Fundraising: consultant fee Candidate Name	Category/Type 003 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Susan Weaver</b>		Transaction ID: B-I-30210 Date of Disbursement 02 / 17 / 2005	
Mailing Address 11440 Meadow Creek Road		Amount of Each Disbursement this Period 1958.15	
City El Cajon State CA Zip Code 92020-8274	Purpose of Disbursement Inkind: Catering Candidate Name	Category/Type <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>6958.15</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>103622.44</b>

Image# 26940320121

Form/Schedule: **F3A**      To correct a PAC contribution mistakenly entered as from an individual.  
Transaction ID:

\*\*\*\*\*