

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
Tim Prince For Congress

ADDRESS (number and street) Po Box 12011  
 Check if different than previously reported. (ACC)  
San Bernardino CA 92423

2. **FEC IDENTIFICATION NUMBER** C00441097  
**CITY** **STATE** **ZIP CODE** **STATE** **DISTRICT**  
3. IS THIS REPORT  NEW (N) OR  AMENDED (A)  
CA 41

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

- Primary (12P)  General (12G)  Runoff (12R)
- Convention (12C)  Special (12S)
- Election on [ ] [ ] [ ] in the State of [ ]

(c) 30-Day **POST**-Election Report for the:

- General (30G)  Runoff (30R)  Special (30S)
- Election on [ ] [ ] [ ] in the State of [ ]

5. Covering Period 01 01 2007 through 12 31 2007

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

Type or Print Name of Treasurer Kinde Durkee

Signature of Treasurer Electronically Filed by Kinde Durkee Date 06 23 2008

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

Office Use Only									
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**FEC FORM 3**  
(Revised 02/2003)

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

Tim Prince For Congress

Report Covering the Period:

From:

MM  
01

DD  
01

YYYY  
2007

To:

MM  
12

DD  
31

YYYY  
2007

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	4824.00	4824.00
(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)).....	4824.00	4824.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	672.80	672.80
(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)).....	672.80	672.80
8. Cash on Hand at Close of Reporting Period (from Line 27).....	14170.29	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	12744.87	

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name  
Tim Prince For Congress

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	7

**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).....

3000.00

3000.00

(ii) Unitemized.....

324.00

324.00

(iii) TOTAL of contributions

3324.00

3324.00

from individuals..... ▶

0.00

0.00

(b) Political Party Committees.....

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

1000.00

1000.00

(d) The Candidate.....

500.00

500.00

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))

4824.00

4824.00

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....

0.00

0.00

13. LOANS

(a) Made or Guaranteed by the Candidate.....

10000.00

10000.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

10000.00

10000.00

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....

0.00

0.00

15. OTHER RECEIPTS (Dividends, Interest, etc.).....

19.09

19.09

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

14843.09

14843.09

**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.....	672.80	672.80
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) ▶	<b>672.80</b>	<b>672.80</b>

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	14843.09
25. SUBTOTAL (add Line 23 and Line 24).....	14843.09
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	672.80
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	14170.29

**CONSOLIDATED REPORT OF GROSS RECEIPTS FOR AUTHORIZED COMMITTEES (11 CFR 104.19)**  
**(Millionaires' Amendment)**

<b>Name of Candidate</b>		<b>Candidate ID Number</b>
Timothy Prince		<input style="width:100%;" type="text"/>
<b>Name of Principal Campaign Committee</b>		<b>Committee ID Number</b>
Tim Prince For Congress		<b>C</b> <input style="width:100%;" type="text" value="C00441097"/>
<b>Committee Address</b>		
Po Box 12011		
<b>City</b>	<b>State</b>	<b>ZIP</b>
San Bernardino	CA	92423
Report Covering Period (check one) <input type="checkbox"/> through June 30, or <input checked="" type="checkbox"/> through December 31 of the year preceding the year of the general election		
	<b>Primary</b>	<b>General</b>
1. Gross receipts of authorized committees .....	<input style="width:100%;" type="text" value="14843.09"/>	<input style="width:100%;" type="text" value="0.00"/>
2. Aggregate amount of contributions from personal funds of the candidate .....	<input style="width:100%;" type="text" value="10500.00"/>	<input style="width:100%;" type="text" value="0.00"/>
3. Gross receipts minus the candidate's personal contributions .....	<input style="width:100%;" type="text" value="4343.09"/>	<input style="width:100%;" type="text" value="0.00"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 6 / 18</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

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)  
Tim Prince For Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) Philip Meza	Date of Receipt MM / DD / YYYY 09 / 07 / 2007
	Mailing Address 3242 Octavia St	<b>Transaction ID:</b> SA11ai00000000541165
	City State Zip Code San Francisco CA 94110	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 Occupation Stanford University Research Associate	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Tara L Moore	Date of Receipt MM / DD / YYYY 11 / 30 / 2007
	Mailing Address 256 E Edgemont Dr	<b>Transaction ID:</b> SA11ai00000000540605
	City State Zip Code San Bernardino CA 92404	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 Occupation Fairview Ford Manager	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Alexine Prince	Date of Receipt MM / DD / YYYY 09 / 07 / 2007
	Mailing Address 3140 Valencia Av	<b>Transaction ID:</b> SA11ai00000000540598
	City State Zip Code San Bernardino CA 92404	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 Occupation N/A Retired	
Receipt For: 2008 <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) .....	<b>2000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 7 / 18</span>
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Tim Prince For Congress

**A.**

Full Name (Last, First, Middle Initial) Paul Sanborn		Date of Receipt MM / DD / YYYY 12 / 28 / 2007
Mailing Address 3559 Genevieve St		<b>Transaction ID:</b> SA11ai00000000540608
City San Bernardino	State Zip Code CA 92405	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Sanborn Fire Protection & Mechanical	Occupation Owner	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

**B.**

Full Name (Last, First, Middle Initial) Stanford M Tomlinson		Date of Receipt MM / DD / YYYY 12 / 26 / 2007
Mailing Address Po Box 992		<b>Transaction ID:</b> SA11ai00000000540606
City Lake Arrowhead	State Zip Code CA 92352	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Tomlinson, Nydam & Prince, LLP	Occupation Attorney	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>3000.00</b>

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 18  
(check only one)

11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Tim Prince For Congress

A.

Full Name (Last, First, Middle Initial)  
Friends Of Joe Baca

Mailing Address 555 Capitol Mall #1425

City State Zip Code  
Sacramento CA 95814

FEC ID number of contributing federal political committee. **C** C00325449

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
12 / 26 / 2007

Transaction ID: SA11c00000000540607

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) .....	▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	1000.00



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 18	
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c <input checked="" 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)  
Tim Prince For Congress

A.

Full Name (Last, First, Middle Initial) Timothy P Prince		Date of Receipt MM / DD / YYYY 05 / 24 / 2007
Mailing Address 290 North D Street, Suite 810		Transaction ID: SA11d00000000541523
City San Bernardino	State CA	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Tomlinson, Nydam & Prince, LLP	Occupation Attorney	TESTING THE WATERS - Travel <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 10500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	500.00
<b>TOTAL</b> This Period (last page this line number only) .....	500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 10 / 18
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 11d	<input checked="" 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)  
Tim Prince For Congress

A.

Full Name (Last, First, Middle Initial) Timothy P Prince		Date of Receipt M M / D D / Y Y Y Y 09 / 07 / 2007
Mailing Address 290 North D Street, Suite 810		Transaction ID: SA13a00000000540596
City San Bernardino	State CA	
Zip Code 92401	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 10000.00
Name of Employer Tomlinson, Nydam & Prince, LLP	Occupation Attorney	Personal funds <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 10500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	10000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	10000.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 11 / 18

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

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)  
Tim Prince For Congress

A.

Full Name (Last, First, Middle Initial)  
Timothy Prince

Mailing Address 290 North D Street, Suite 810

City San Bernardino State CA Zip Code 92401

Purpose of Disbursement  
TESTING THE WATERS-Travel expenses

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17000000000541524

Date of Disbursement

05 / 24 / 2007

Amount of Each Disbursement this Period

500.00

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

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

500.00

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

500.00

# SCHEDULE C (FEC Form 3)

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

## LOANS

FOR LINE NUMBER:  
(check only one)  13a  
 13b

NAME OF COMMITTEE (In Full)  
Tim Prince For Congress

Transaction ID: SC/10000000000001061

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) Timothy P Prince - [PERSONAL FUNDS]	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 290 North D Street, Suite 810	
City San Bernardino State CA ZIP Code 92401	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
10000.00	0.00	10000.00

**TERMS**

Date Incurred MM DD YY 09 07 2007	Date Due N/A	Interest Rate 0 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---	-----------------	----------------------------	---

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

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

<b>SUBTOTALS</b> This Period This Page (optional) .....	▶	10000.00
<b>TOTALS</b> This Period (last page in this line only) .....	▶	10000.00

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

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

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

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)  
 Tim Prince For Congress

<b>A. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> Kahler, Patrick			Nature of Debt (Purpose): TESTING THE WATERS - Reimbursement of ca
Mailing Address 6924 Clean Spring Court			
City Highland	State CA	ZIP Code 92346	

Outstanding Balance Beginning This Period 0.00		Transaction ID: SD10000000000006574	
Amount Incurred This Period 1723.38	Payment This Period 0.00	Outstanding Balance at Close of This Period 1723.38	

<b>B. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> Prince, Timothy P.			Nature of Debt (Purpose): Reimbursement of breakfast luncheon expe
Mailing Address 290 North D Street, Suite 810			
City San Bernardino	State CA	ZIP Code 92401	

Outstanding Balance Beginning This Period 0.00		Transaction ID: SD10000000000006576	
Amount Incurred This Period 15.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 15.00	

<b>C. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> Prince, Timothy P.			Nature of Debt (Purpose): Reimbursement of breakfast luncheon expe
Mailing Address 290 North D Street, Suite 810			
City San Bernardino	State CA	ZIP Code 92401	

Outstanding Balance Beginning This Period 0.00		Transaction ID: SD10000000000006577	
Amount Incurred This Period 25.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 25.00	

<b>1) SUBTOTALS</b> This Period This Page (optional).....	1763.38
<b>2) TOTALS</b> This Period (last page this line number only).....	
<b>3) TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

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

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)  
Tim Prince For Congress

<b>A. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> Prince, Timothy P.			Nature of Debt (Purpose): Reimbursement of PO Box rental expenses
Mailing Address 290 North D Street, Suite 810			
City	State	ZIP Code	
San Bernardino	CA	92401	

Outstanding Balance Beginning This Period		Transaction ID: SD10000000000006575	
0.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
22.00	0.00	22.00	

<b>B. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> Prince, Timothy P.			Nature of Debt (Purpose): Reimbursement of campaign business card
Mailing Address 290 North D Street, Suite 810			
City	State	ZIP Code	
San Bernardino	CA	92401	

Outstanding Balance Beginning This Period		Transaction ID: SD10000000000006573	
0.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
106.11	0.00	106.11	

<b>C. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> Prince, Timothy P.			Nature of Debt (Purpose): TESTING THE WATERS - Reimbursement of ca
Mailing Address 290 North D Street, Suite 810			
City	State	ZIP Code	
San Bernardino	CA	92401	

Outstanding Balance Beginning This Period		Transaction ID: SD10000000000006572	
0.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
853.38	0.00	853.38	

1) <b>SUBTOTALS</b> This Period This Page (optional).....	▶	981.49
2) <b>TOTALS</b> This Period (last page this line number only).....	▶	2744.87
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	▶	10000.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	▶	12744.87

**Image# 28991350092**

Form/Schedule: **SD10**

US Postmaster - \$22.00

Transaction ID: **SD10000000000006575**

Form/Schedule: **SD10**

Hilton Hotel - \$1723.38

Transaction ID: **SD10000000000006574**

\*\*\*\*\*

**Image# 28991350093**

Form/Schedule: **SD10**

Transaction ID: **SD10000000000006577**

Loma Linda Chamber of Commerce - \$25.00

Form/Schedule: **SD10**

Transaction ID: **SD10000000000006576**

Highland Chamber of Commerce - \$15.00

\*\*\*\*\*



**Image# 28991350094**

Form/Schedule: **SA13a**

Transaction ID: **SA13a00000000540596**

TESTING THE WATERS - Personal funds

Form/Schedule: **SA11ai**

Transaction ID: **SA11ai00000000541165**

INTERMIDIARY - Donor Town Square Inc. PO Box 156 Crozet VA 22932 PHILIP MEZA - \$500.00 SHIREEN DUNW  
00

\*\*\*\*\*

**Image# 28991350095**

Form/Schedule: **SD10**

Transaction ID: **SD10000000000006572**

US Airways - 458.59 United Airlines - \$458.59

Form/Schedule: **SC/10**

Transaction ID: **SC/1000000000001061**

TESTING THE WATERS

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