

# 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

CITY

STATE

ZIP CODE

STATE DISTRICT

C00441097

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

2008

through

03

31

2008

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

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: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	8

To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	8

	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)).....	10283.33	15107.33
(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)).....	10283.33	15107.33
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	6828.55	7501.35
(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)).....	6828.55	7501.35
8. Cash on Hand at Close of Reporting Period (from Line 27).....	107639.22	
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).....	102744.87	

**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

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	8

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	8

**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).....

4646.00

7646.00

(ii) Unitemized.....

5612.00

5936.00

(iii) TOTAL of contributions

10258.00

13582.00

from individuals..... ▶

0.00

0.00

(b) Political Party Committees.....

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

0.00

1000.00

(d) The Candidate.....

25.33

525.33

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

10283.33

15107.33

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

0.00

0.00

13. LOANS

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

90000.00

100000.00

(b) All Other Loans.....

0.00

0.00

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

90000.00

100000.00

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

0.00

0.00

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

14.15

33.24

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

100297.48

115140.57

**DETAILED SUMMARY PAGE**  
of Disbursements

**II. DISBURSEMENTS**

**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date

17. OPERATING EXPENDITURES.....	6828.55	7501.35
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) ▶	6828.55	7501.35

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	14170.29
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	100297.48
25. SUBTOTAL (add Line 23 and Line 24).....	114467.77
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	6828.55
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	107639.22

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 / 24
	<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)  
Tim Prince For Congress

**A.** Full Name (Last, First, Middle Initial)  
John W Anderson

Mailing Address 3864 Arlington Dr

City San Bernardino State CA Zip Code 92404

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

Name of Employer N/A Occupation Retired

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 298.00

Date of Receipt: 01 / 31 / 2008  
**Transaction ID:** SA11ai00000000552976

Amount of Each Receipt this Period: 298.00

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

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

Mailing Address Po Box 2189

City Capistrano Beach State CA Zip Code 92624

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

Name of Employer Paula Martin Occupation Property Manager

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt: 03 / 31 / 2008  
**Transaction ID:** SA11ai00000000553087

Amount of Each Receipt this Period: 2300.00

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

**C.** Full Name (Last, First, Middle Initial)  
Warburton Miller

Mailing Address 6836 Palm Av

City Highland State CA Zip Code 92346

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

Name of Employer Warburton Miller Occupation Psychologist

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 248.00

Date of Receipt: 02 / 28 / 2008  
**Transaction ID:** SA11ai00000000553146

Amount of Each Receipt this Period: 248.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2846.00**

**TOTAL** 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: PAGE 6 / 24  
(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)  
Paul Sanborn

Mailing Address 3559 Genevieve St

City San Bernardino State CA Zip Code 92405

FEC ID number of contributing federal political committee. C

Name of Employer Sanborn Fire Protection & Mechanical Occupation Owner

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 800.00

Date of Receipt 02 / 28 / 2008  
**Transaction ID:** SA11ai00000000553203

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)  
Margo L Tannebaum

Mailing Address 7231 Boulder Av #154

City Highland State CA Zip Code 92346

FEC ID number of contributing federal political committee. C

Name of Employer N/A Occupation Unemployed

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 500.00

Date of Receipt 03 / 31 / 2008  
**Transaction ID:** SA11ai00000000553254

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)  
Alan V Thaler

Mailing Address 18660 Cedar Circle

City Fountain Valley State CA Zip Code 92708

FEC ID number of contributing federal political committee. C

Name of Employer Alan V. Thaler Occupation Attorney

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 500.00

Date of Receipt 03 / 31 / 2008  
**Transaction ID:** SA11ai00000000553262

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) ..... 1300.00

**TOTAL** 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: PAGE 7 / 24	
	(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)  
Tim Prince For Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) Stanford M Tomlinson		Date of Receipt
	Mailing Address Po Box 992		<input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Lake Arrowhead	CA	92352
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
	Name of Employer Tomlinson, Nydam & Prince, LLP		Occupation Attorney
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ <input type="text" value="1000.00"/>	Transaction ID: SA11ai00000000553268
			Amount of Each Receipt this Period <input type="text" value="500.00"/>
			<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) .....	<input type="text" value="500.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="4646.00"/>

**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 8 / 24</span>
	(check only one)
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 11c	<input checked="" 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)  
Tim Prince For Congress

**A.**

Full Name (Last, First, Middle Initial) Timothy P Prince		Date of Receipt
Mailing Address 290 North D Street, Suite 810		<input type="text" value="01"/> / <input type="text" value="23"/> / <input type="text" value="2008"/>
City	State	Zip Code
San Bernardino	CA	92401
FEC ID number of contributing federal political committee.		Transaction ID: SA11d00000000554058
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="25.33"/>
Name of Employer Tomlinson, Nydam & Prince, LLP	Occupation Attorney	Inkind - Postage paid for campaign expen <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 ▼ <input type="text" value="100525.33"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="25.33"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="25.33"/>



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 24  
(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)  
Timothy P Prince

Mailing Address 290 North D Street, Suite 810

City State Zip Code  
San Bernardino CA 92401

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

Name of Employer Tomlinson, Nydam & Prince, LLP  
Occupation Attorney

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
100525.33

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 31 / 2008

Transaction ID: SA13a00000000553373

Amount of Each Receipt this Period  
90000.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	90000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	90000.00

**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 10 / 24

<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)  
Tim Prince For Congress

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Bon Appetit At The University Of Redland</p> <p>Mailing Address 1259 E Colton Av</p> <p>City Redlands State CA Zip Code 92373</p> <p>Purpose of Disbursement Fundrasing catering</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17000000000552937</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1063.66"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Dameron Communications</p> <p>Mailing Address 255 N D Street #209</p> <p>City San Bernardino State CA Zip Code 92401</p> <p>Purpose of Disbursement Campaign photos</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17000000000552927</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="375.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Earhart Communications</p> <p>Mailing Address 1277 N D St</p> <p>City San Bernardino State CA Zip Code 92405</p> <p>Purpose of Disbursement 01/02/08 Campaign photos</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17000000000017247</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="375.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="1438.66"/></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<p><input type="text"/></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)  
Tim Prince For Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) Chris Davis</p> <p>Mailing Address 29609 Bright Spot Road</p> <p>City Highland State CA Zip Code 92346</p> <p>Purpose of Disbursement Orchestra for fundraiser</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17000000000552939</p> <p>Date of Disbursement 01 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 260.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Timothy Prince</p> <p>Mailing Address 290 North D Street, Suite 810</p> <p>City San Bernardino State CA Zip Code 92401</p> <p>Purpose of Disbursement Inkind - Postage paid for campaign expenses</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17000000000554059</p> <p>Date of Disbursement 01 / 23 / 2008</p> <p>Amount of Each Disbursement this Period 25.33</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) David Raley</p> <p>Mailing Address Po Box 12105</p> <p>City San Bernardino State CA Zip Code 92423</p> <p>Purpose of Disbursement Fundraising mailing costs</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17000000000552934</p> <p>Date of Disbursement 01 / 11 / 2008</p> <p>Amount of Each Disbursement this Period 395.24</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

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

680.57

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Tim Prince For Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) Kelly Paper</p> <p>Mailing Address 1401 W 178th St</p> <p>City Gardena State CA Zip Code 90248</p> <p>Purpose of Disbursement 01/11/08 Fundraising mailing costs</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17000000000017248</p> <p>Date of Disbursement 01 / 11 / 2008</p> <p>Amount of Each Disbursement this Period 127.24</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Office Max</p> <p>Mailing Address 435 E Hospitality Ln</p> <p>City San Bernardino State CA Zip Code 92408</p> <p>Purpose of Disbursement 01/11/08 Fundraising mailing costs</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17000000000017250</p> <p>Date of Disbursement 01 / 11 / 2008</p> <p>Amount of Each Disbursement this Period 170.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Rim Of The World</p> <p>Mailing Address 995 W Baseline</p> <p>City San Bernardino State CA Zip Code 92411</p> <p>Purpose of Disbursement 01/11/08 Fundraising mailing costs</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17000000000017249</p> <p>Date of Disbursement 01 / 11 / 2008</p> <p>Amount of Each Disbursement this Period 98.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p>0.00</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)

PAGE 13 / 24

<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)  
Tim Prince For Congress

A.	Full Name (Last, First, Middle Initial) David Raley  Mailing Address Po Box 12105  City San Bernardino State CA Zip Code 92423  Purpose of Disbursement Fundrasing envelopes Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17000000000552941 Date of Disbursement 02 / 06 / 2008  Amount of Each Disbursement this Period 30.38  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Kelly Paper  Mailing Address 1401 W 178th St  City Gardena State CA Zip Code 90248  Purpose of Disbursement 02/06/08 Fundrasing envelopes Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17000000000017252 Date of Disbursement 02 / 06 / 2008  Amount of Each Disbursement this Period 30.38  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
C.	Full Name (Last, First, Middle Initial) David Raley  Mailing Address Po Box 12105  City San Bernardino State CA Zip Code 92423  Purpose of Disbursement Campaign brochures Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17000000000552947 Date of Disbursement 03 / 25 / 2008  Amount of Each Disbursement this Period 258.60  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

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

**288.98**

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 14 / 24

<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)  
Tim Prince For Congress

A.	Full Name (Last, First, Middle Initial) Printing & Promotions Plus Mailing Address 930 S Mt Vernon Ave City Colton State CA Zip Code 92324 Purpose of Disbursement 03/25/08 Campaign brochures Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17000000000017254 Date of Disbursement 03 / 25 / 2008 Amount of Each Disbursement this Period 258.60 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
B.	Full Name (Last, First, Middle Initial) David Raley Mailing Address Po Box 12105 City San Bernardino State CA Zip Code 92423 Purpose of Disbursement Mailing & postage costs Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17000000000052949 Date of Disbursement 03 / 25 / 2008 Amount of Each Disbursement this Period 111.18 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Printing & Promotions Plus Mailing Address 930 S Mt Vernon Ave City Colton State CA Zip Code 92324 Purpose of Disbursement 03/25/08 Mailing & postage costs Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17000000000017255 Date of Disbursement 03 / 25 / 2008 Amount of Each Disbursement this Period 111.18 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>

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

111.18

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 15 / 24

<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)  
Tim Prince For Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) Secretary Of State</p> <p>Mailing Address 1500 11th St #495</p> <p>City Sacramento State CA Zip Code 95814</p> <p>Purpose of Disbursement Filing fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17000000000552945</p> <p>Date of Disbursement 02 / 28 / 2008</p> <p>Amount of Each Disbursement this Period 1652.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) San Bernardino County Registrar Of Voter</p> <p>Mailing Address 777 E Rialto Av</p> <p>City San Bernardino State CA Zip Code 92415</p> <p>Purpose of Disbursement 02/28/08 Filing fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17000000000017253</p> <p>Date of Disbursement 02 / 28 / 2008</p> <p>Amount of Each Disbursement this Period 1652.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) The Mitten Building</p> <p>Mailing Address 345 A North 5th St</p> <p>City Redlands State CA Zip Code 92373</p> <p>Purpose of Disbursement Fundraising facility</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17000000000552936</p> <p>Date of Disbursement 01 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 500.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

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

2152.00

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Tim Prince For Congress

<b>A.</b> Full Name (Last, First, Middle Initial) US Postmaster Mailing Address 5800 W Century Blvd City Los Angeles State CA Zip Code 90009 Purpose of Disbursement Postage for fundraiser Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17000000000552932 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 0 / 2 0 0 8
	Amount of Each Disbursement this Period 328.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b> Full Name (Last, First, Middle Initial) US Postmaster Mailing Address 5800 W Century Blvd City Los Angeles State CA Zip Code 90009 Purpose of Disbursement Post office box rental Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17000000000552943 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 2 / 2 0 0 8
	Amount of Each Disbursement this Period 20.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

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

348.00

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

5019.39



**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/10000000000001087

<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 90000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 90000.00
-------------------------------------	------------------------------------	---

**TERMS**

Date Incurred M M 03 D D 31 Y Y Y Y 2008	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) .....	▶	90000.00
<b>TOTALS</b> This Period (last page in this line only) .....	▶	.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 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	Date Due	Interest Rate	Secured:
M M 09 D D 07 Y Y Y Y 2007	N/A	0 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
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) .....	▶	100000.00

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)	PAGE 19 / 24
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
Tim Prince For Congress

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor 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 1723.38	Transaction ID: SD10000000000006574	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1723.38

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor 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 15.00	Transaction ID: SD10000000000006576	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 15.00

<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor 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 25.00	Transaction ID: SD10000000000006577	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 25.00

1) <b>SUBTOTALS</b> This Period This Page (optional).....	1763.38
2) <b>TOTALS</b> This Period (last page this line number only).....	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	
4) <b>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 San Bernardino	State CA	ZIP Code 92401	

Outstanding Balance Beginning This Period 22.00		<b>Transaction ID:</b> SD100000000000006575	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 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 San Bernardino	State CA	ZIP Code 92401	

Outstanding Balance Beginning This Period 106.11		<b>Transaction ID:</b> SD100000000000006573	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 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 San Bernardino	State CA	ZIP Code 92401	

Outstanding Balance Beginning This Period 853.38		<b>Transaction ID:</b> SD100000000000006572	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 853.38	

<b>1) SUBTOTALS</b> This Period This Page (optional).....	981.49
<b>2) TOTALS</b> This Period (last page this line number only).....	2744.87
<b>3) TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	10000.00
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	102744.87

**Image# 28991350116**

Form/Schedule: **SD10**

Transaction ID: **SD10000000000006575**

US Postmaster - \$22.00

Form/Schedule: **SD10**

Transaction ID: **SD10000000000006576**

Highland Chamber of Commerce - \$15.00

\*\*\*\*\*

**Image# 28991350117**

Form/Schedule: **SD10**

Transaction ID: **SD10000000000006577**

Loma Linda Chamber of Commerce - \$25.00

Form/Schedule: **SD10**

Transaction ID: **SD10000000000006574**

Hilton Hotel - \$1723.38

\*\*\*\*\*

**Image# 28991350118**

Form/Schedule: **SA13a**

Personal funds

Transaction ID: **SA13a000000000553373**

Form/Schedule: **SC/10**

TESTING THE WATERS

Transaction ID: **SC/1000000000001061**

\*\*\*\*\*

Image# 28991350119

Form/Schedule: SD10

US Airways - 458.59 United Airlines - \$458.59

Transaction ID: SD10000000000006572

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