

# 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  
Friends of Dennis Cardoza

ADDRESS (number and street) 555 Capitol Mall, Suite 1425  
 Check if different than previously reported. (ACC)  
Sacramento CA 95814

2. **FEC IDENTIFICATION NUMBER** C00383794  
**CITY** **STATE** **ZIP CODE**  
**STATE** **DISTRICT**  
3. IS THIS REPORT  NEW (N) OR  AMENDED (A)  
CA 18

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 10 01 2005 through 12 31 2005

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 Gregory R. Olzack

Signature of Treasurer Electronically Filed by Gregory R. Olzack Date 05 22 2006

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

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

Friends of Dennis Cardoza

Report Covering the Period: From: 

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	5

 To: 

M	M
1	2

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)).....	91784.00	405554.70
(b) Total Contribution Refunds (from Line 20(d)).....	105.00	5245.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	91679.00	400309.70
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17).....	67732.21	294419.91
(b) Total Offsets to Operating Expenditures (from Line 14).....	64.00	7168.14
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	67668.21	287251.77
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	<b>192544.23</b>	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	<b>0.00</b>	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	<b>7009.79</b>	

**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  
Friends of Dennis Cardoza

Report Covering the Period: From: 

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	5

 To: 

M	M
1	2

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).....

41984.00

202191.25

(ii) Unitemized.....

5150.00

19369.00

(iii) TOTAL of contributions

47134.00

221560.25

from individuals..... ▶

0.00

0.00

(b) Political Party Committees.....

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

44650.00

183994.45

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans)

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

91784.00

405554.70

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.).....

64.00

7168.14

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

1876.79

2150.91

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

93724.79

414873.75

**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.....	67732.21	294419.91
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.....	105.00	5245.00
(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)).....	105.00	5245.00
21. OTHER DISBURSEMENTS.....	51709.35	72842.35
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	119546.56	372507.26

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	218366.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	93724.79
25. SUBTOTAL (add Line 23 and Line 24).....	312090.79
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	119546.56
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	192544.23

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

<b>Name of Candidate</b> Dennis Cardoza		<b>Candidate ID Number</b> H2CA18056
<b>Name of Principal Campaign Committee</b> Friends of Dennis Cardoza		<b>Committee ID Number</b> C C00383794
<b>Committee Address</b> 555 Capitol Mall, Suite 1425		
<b>City</b> Sacramento	<b>State</b> CA	<b>ZIP</b> 95814
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 .....	404715.69	10044.40
2. Aggregate amount of contributions from personal funds of the candidate .....	0.00	0.00
3. Gross receipts minus the candidate's personal contributions .....	404715.69	10044.40

# 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 6 / 111
	<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)  
Friends of Dennis Cardoza

**A.** Full Name (Last, First, Middle Initial)  
Anberry Rehabilitation Hospital

Mailing Address 1685 Shaffer Road

City State Zip Code  
Atwater CA 95301

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

Name of Employer Occupation

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  
1 1 / 1 5 / 2 0 0 5

**Transaction ID:** A1850

Amount of Each Receipt this Period  
2000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Don Gormly

Mailing Address P.O. Box 914

City State Zip Code  
Atwater CA 95301

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

Name of Employer Occupation  
Anberry Rehabilitation Hospital 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  
1 1 / 1 5 / 2 0 0 5

**Transaction ID:** P90

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Jerry W. Holloway

Mailing Address 1702 Lorraine Court

City State Zip Code  
Merced CA 95340

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

Name of Employer Occupation  
Anberry Rehabilitation Hospital Administrator

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  
1 1 / 1 5 / 2 0 0 5

**Transaction ID:** P91

Amount of Each Receipt this Period  
1000.00

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

<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 7 / 111
	<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)  
Friends of Dennis Cardoza

Full Name (Last, First, Middle Initial) <b>A.</b> Ronald Arakelian		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 9 / 2 0 0 5
Mailing Address 920 Delbon Avenue		Transaction ID: A1886
City State Zip Code Turlock CA 95382	Amount of Each Receipt this Period 300.00	
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 Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Attorney Election Cycle-to-Date ▼ 370.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Robert L. Ayers		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 9 / 2 0 0 5
Mailing Address 6074 Country Club		Transaction ID: A1888
City State Zip Code Merced CA 95340	Amount of Each Receipt this Period 300.00	
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 Trans County Title Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Chief Executive Officer Election Cycle-to-Date ▼ 1300.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Scott L. Becker		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 1 / 2 0 0 5
Mailing Address 315 Vernon Avenue		Transaction ID: A1742
City State Zip Code Glencoe IL 60022	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 McGwire & Woods Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Attorney Election Cycle-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1600.00
<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 / 111
	<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)  
Friends of Dennis Cardoza

**A.** Full Name (Last, First, Middle Initial)  
Bona Vista Orchards

Mailing Address 12006 E. Le Grand Road

City Le Grand State CA Zip Code 95333

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

Name of Employer Occupation

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  
 1 2 / 0 9 / 2 0 0 5

**Transaction ID: A1889**

Amount of Each Receipt this Period  
 300.00

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

No Partner Exceeds \$200

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

Mailing Address 2236 California Avenue

City Modesto State CA Zip Code 95358

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

Name of Employer Self-Employed Occupation Rancher

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 650.00

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

**Transaction ID: A1891**

Amount of Each Receipt this Period  
 150.00

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

**C.** Full Name (Last, First, Middle Initial)  
Laverne Caldeira

Mailing Address 5770 East Mariposa Way

City Merced State CA Zip Code 95340

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

Name of Employer Century 21 Occupation Realtor

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  
 1 2 / 0 9 / 2 0 0 5

**Transaction ID: A1893**

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) .....	<b>750.00</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 9 / 111
	<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)  
Friends of Dennis Cardoza

**A.** Full Name (Last, First, Middle Initial)  
Robert W. Carpenter

Mailing Address P.O. Box 1512

City State Zip Code  
Merced CA 95340

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

Name of Employer Occupation  
Leap, Carpenter & Keaps Insurance Broker

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

300.00

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

**Transaction ID: A1895**

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)  
James R. Colgan, M.D.

Mailing Address 5250 Numaga Pass

City State Zip Code  
Carson City NV 89703

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

Name of Employer Occupation  
Retired 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  
1 0 / 3 1 / 2 0 0 5

**Transaction ID: A1743**

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)  
James M. Copeland, Jr.

Mailing Address 4287 Embassy Park Drive NW

City State Zip Code  
Washington DC 20016

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

Name of Employer Occupation  
Copeland, Lowery, Jacquez & Denton Lobbyist

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

750.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 2 8 / 2 0 0 5

**Transaction ID: A1865**

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) .....	▶	1550.00
<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 10 / 111
	<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)  
Friends of Dennis Cardoza

Full Name (Last, First, Middle Initial) <b>A.</b> Lucile G. Edmonson		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 1 / 2 0 0 5	
Mailing Address 214 East 22nd Street		<b>Transaction ID:</b> A1789	
City State Zip Code Merced CA 95340	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Retired Occupation Retired	Election Cycle-to-Date ▼ 1400.00		
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.</b> Lucile G. Edmonson		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 9 / 2 0 0 5	
Mailing Address 214 East 22nd Street		<b>Transaction ID:</b> A1896	
City State Zip Code Merced CA 95340	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Retired Occupation Retired	Election Cycle-to-Date ▼ 1400.00		
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.</b> Robert C. Erreca		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 1 / 2 0 0 5	
Mailing Address 1640 Pacheco Blvd.		<b>Transaction ID:</b> A1790	
City State Zip Code Los Banos CA 93635	Amount of Each Receipt this Period 150.00		
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer State of California Occupation Probate Referee	Election Cycle-to-Date ▼ 300.00		
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) ..... ▶	550.00
<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 11 / 111
	<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)  
Friends of Dennis Cardoza

Full Name (Last, First, Middle Initial) <b>A. Robert C. Erreca</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 9 / 2 0 0 5	
Mailing Address 1640 Pacheco Blvd.		<b>Transaction ID: A1898</b>	
City State Zip Code Los Banos CA 93635		Amount of Each Receipt this Period 150.00	
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 State of California Occupation Probate Referee			
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B. Joseph Gallo</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 8 / 2 0 0 5	
Mailing Address 14030 West Vinewood Avenue		<b>Transaction ID: A1986</b>	
City State Zip Code Livingston CA 95334		Amount of Each Receipt this Period 2100.00	
FEC ID number of contributing federal political committee. <b>C</b>		Food & Beverage for Reception <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Gallo Cattle Company Occupation Owner		(Inkind)	
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. Micah Gallo</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 8 / 2 0 0 5	
Mailing Address 10561 West Highway 140		<b>Transaction ID: A1961</b>	
City State Zip Code Atwater CA 95301		Amount of Each Receipt this Period 2100.00	
FEC ID number of contributing federal political committee. <b>C</b>		Food & Beverage for Reception <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Student Occupation Student		(Inkind)	
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) ..... ▶	4350.00
<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 12 / 111
	<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)  
Friends of Dennis Cardoza

**A.** Full Name (Last, First, Middle Initial)  
Michael D. Gallo

Mailing Address 10561 W. Highway 140, P.O. Box 775

City Atwater State CA Zip Code 95301

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

Name of Employer Joseph Gallo Farms 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 Y  
1 2 / 0 8 / 2 0 0 5

Transaction ID: A2265

Amount of Each Receipt this Period  
1890.00

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

(Inkind)

**B.** Full Name (Last, First, Middle Initial)  
Tiffany Gallo

Mailing Address P.O. Box 775

City Atwater State CA Zip Code 95301

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

Name of Employer Student Occupation Student

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 564.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 5

Transaction ID: A1960

Amount of Each Receipt this Period  
354.00

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

(Inkind)

**C.** Full Name (Last, First, Middle Initial)  
Tiffany Gallo

Mailing Address P.O. Box 775

City Atwater State CA Zip Code 95301

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

Name of Employer Student Occupation Student

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 564.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 5

Transaction ID: A2266

Amount of Each Receipt this Period  
210.00

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

(Inkind)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2454.00
<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 / 111
	<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)  
Friends of Dennis Cardoza

Full Name (Last, First, Middle Initial) <b>A. Aurora Garcia</b>		Date of Receipt MM / DD / YYYY 10 / 31 / 2005
Mailing Address 1117 2nd Street		<b>Transaction ID: A1794</b>
City Livingston	State CA	Zip Code 95334
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 200.00
Name of Employer	Occupation	<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 ▼ 230.00	

Full Name (Last, First, Middle Initial) <b>B. Aurora Garcia</b>		Date of Receipt MM / DD / YYYY 10 / 31 / 2005
Mailing Address 1117 2nd Street		<b>Transaction ID: A1795</b>
City Livingston	State CA	Zip Code 95334
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 30.00
Name of Employer	Occupation	<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 ▼ 230.00	

Full Name (Last, First, Middle Initial) <b>C. Brett J. Gosney</b>		Date of Receipt MM / DD / YYYY 10 / 31 / 2005
Mailing Address 58 Ute Canyon Road		<b>Transaction ID: A1745</b>
City Durango	State CO	Zip Code 81301
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Animas Surgical Hospital	Occupation Hospital Chief of Staff	<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 ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1230.00
<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 14 / 111
	<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)  
Friends of Dennis Cardoza

**A.** Full Name (Last, First, Middle Initial)  
James Taylor Grant

Mailing Address 527 Turtle Creek Drive

City State Zip Code  
Brentwood TN 37027

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

Name of Employer Occupation  
Natomas Surgical Hospitals Hospital Systems Executive

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  
1 0 / 3 1 / 2 0 0 5

**Transaction ID:** A1746

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)  
Robert Thomas Haden

Mailing Address 2241 N Street

City State Zip Code  
Merced CA 95340

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

Name of Employer Occupation  
Robert T. Haden Attorney at Law Attorney

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  
1 2 / 0 9 / 2 0 0 5

**Transaction ID:** A1899

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)  
Lynnette R. Jacquez

Mailing Address 2403 Lellah Court

City State Zip Code  
Dunn VA 22027

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

Name of Employer Occupation  
Copeland, Lowery, Jacquez & Denton Lobbyist

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1518.88

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 8 / 2 0 0 5

**Transaction ID:** A1866

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) .....	▶	1550.00
<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 / 111
	<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)  
Friends of Dennis Cardoza

**A.** Full Name (Last, First, Middle Initial)  
Kenny Jelacich

Mailing Address 4742 Walnut Avenue

City State Zip Code  
Hughson CA 95362

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

Name of Employer Occupation  
Joseph Gallo Farms Ranch Manager

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  
1 2 / 0 8 / 2 0 0 5

**Transaction ID: A1959**

Amount of Each Receipt this Period  
2100.00

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

(Inkind)

**B.** Full Name (Last, First, Middle Initial)  
Linda Jelacich

Mailing Address 4742 Walnut Avenue

City State Zip Code  
Hughson CA 95362

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

Name of Employer Occupation  
Homemaker Homemaker

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  
1 2 / 0 8 / 2 0 0 5

**Transaction ID: A1954**

Amount of Each Receipt this Period  
2100.00

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

(Inkind)

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

Mailing Address 2703 South Ridgeview Way

City State Zip Code  
Sioux Falls SD 57104

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

Name of Employer Occupation

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  
1 0 / 3 1 / 2 0 0 5

**Transaction ID: A1747**

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>5200.00</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 16 / 111
	<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)  
Friends of Dennis Cardoza

**A.** Full Name (Last, First, Middle Initial)  
G. David Johnston

Mailing Address 317 Hartley Drive

City Modesto State CA Zip Code 95356

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

Name of Employer Retired 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  
1 0 / 3 1 / 2 0 0 5

**Transaction ID: A1748**

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)  
Edward Paul Kerens

Mailing Address 3651 College Blvd, Suite 100B

City Leawood State KS Zip Code 66211

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

Name of Employer Kansas City Orthopedic Institute Occupation Director

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 800.00

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

**Transaction ID: A1751**

Amount of Each Receipt this Period  
800.00

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

**C.** Full Name (Last, First, Middle Initial)  
Les A. Konkin, M.D.

Mailing Address 1501 Oakdale Road, Suite 301

City Modesto State CA Zip Code 95355

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

Name of Employer Les Konkin, M.D. Occupation Surgeon

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  
1 0 / 3 1 / 2 0 0 5

**Transaction ID: A1750**

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) .....	▶	1800.00
<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 17 / 111
	<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)  
Friends of Dennis Cardoza

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

Mailing Address 1016 Redwood Lane

City Aberdeen State SD Zip Code 57401

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

Name of Employer: Orthopedic Surgery Specialists  
Occupation: Healthcare Administration

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  
1 0 / 3 1 / 2 0 0 5

**Transaction ID: A1752**

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)  
Loren Lopes

Mailing Address 619 South Vincent Road

City Turlock State CA Zip Code 95380

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

Name of Employer: Lorinda Dairy  
Occupation: Dairy Owner

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 802.93

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

**Transaction ID: A1864**

Amount of Each Receipt this Period  
150.00

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

**C.** Full Name (Last, First, Middle Initial)  
Sandra Lucas

Mailing Address 2000 Vista Drive

City Modesto State CA Zip Code 95355

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

Name of Employer: Stanislaus County Superior Court  
Occupation: Therapist

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  
1 0 / 3 1 / 2 0 0 5

**Transaction ID: A1807**

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>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 18 / 111
	<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)  
Friends of Dennis Cardoza

**A.** Full Name (Last, First, Middle Initial)  
David Vernon Lustig

Mailing Address 2201 K Street, NW, Apt. 6

City Washington State DC Zip Code 20037

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

Name of Employer United Fresh Fruit & Vegetable Assn Occupation Vice President, Public Policy

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  
1 0 / 2 1 / 2 0 0 5

**Transaction ID: A1765**

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)  
Robert Marasco

Mailing Address P.O. Box 981330

City Park City State UT Zip Code 84098

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

Name of Employer Retired 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  
1 0 / 3 1 / 2 0 0 5

**Transaction ID: A1753**

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)  
Mashantucket Pequot Tribal Nation

Mailing Address P.O. Box 3008

City Mashantucket State CT Zip Code 06338

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

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  
1 2 / 2 1 / 2 0 0 5

**Transaction ID: A1880**

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) .....	▶	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 19 / 111
	<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)  
Friends of Dennis Cardoza

**A.** Full Name (Last, First, Middle Initial)  
Mason, Robbins, Gnass & Browning LLP

Mailing Address 700 Loughborough Drive, Suite D

City State Zip Code  
Merced CA 95348

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1300.00

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

**Transaction ID:** A1810

Amount of Each Receipt this Period  
1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Bill Gnass

Mailing Address 700 Loughborough Drive, Suite D

City State Zip Code  
Merced CA 95348

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

Name of Employer Occupation  
Manson, Robbins, Gnass, & Browning Attorney

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
433.33

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

**Transaction ID:** P83

Amount of Each Receipt this Period  
333.33

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

**C.** Full Name (Last, First, Middle Initial)  
Kenneth M. Robbins

Mailing Address 2891 Forist Lane

City State Zip Code  
Merced CA 95340

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

Name of Employer Occupation  
Mason, Robbins, Gnass & Browning Attorney

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
433.34

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

**Transaction ID:** P84

Amount of Each Receipt this Period  
333.34

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1000.00</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 / 111
	<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)  
Friends of Dennis Cardoza

**A.** Full Name (Last, First, Middle Initial)  
Michael Mason

Mailing Address 700 Loughborough Drive, Suite D

City State Zip Code  
Merced CA 95348

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

Name of Employer  
Mason, Robbins, Gnass, & Browning

Occupation  
Attorney

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
433.33

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

Transaction ID: P85

Amount of Each Receipt this Period  
333.33

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

**B.** Full Name (Last, First, Middle Initial)  
Mason, Robbins, Gnass & Browning LLP

Mailing Address 700 Loughborough Drive, Suite D

City State Zip Code  
Merced CA 95348

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

Name of Employer

Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1300.00

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

Transaction ID: A1918

Amount of Each Receipt this Period  
300.00

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

**C.** Full Name (Last, First, Middle Initial)  
Bill Gnass

Mailing Address 700 Loughborough Drive, Suite D

City State Zip Code  
Merced CA 95348

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

Name of Employer  
Manson, Robbins, Gnass, & Browning

Occupation  
Attorney

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
433.33

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

Transaction ID: P92

Amount of Each Receipt this Period  
100.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>300.00</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 21 / 111
	<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)  
Friends of Dennis Cardoza

**A.** Full Name (Last, First, Middle Initial)  
Kenneth M. Robbins

Mailing Address 2891 Forist Lane

City State Zip Code  
Merced CA 95340

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

Name of Employer  
Mason, Robbins, Gnass & Browning

Occupation  
Attorney

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
433.34

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

Transaction ID: P93

Amount of Each Receipt this Period  
100.00

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

**B.** Full Name (Last, First, Middle Initial)  
Michael Mason

Mailing Address 700 Loughborough Drive, Suite D

City State Zip Code  
Merced CA 95348

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

Name of Employer  
Mason, Robbins, Gnass, & Browning

Occupation  
Attorney

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
433.33

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

Transaction ID: P94

Amount of Each Receipt this Period  
100.00

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

**C.** Full Name (Last, First, Middle Initial)  
Marvin Meyers

Mailing Address P.O. Box 457

City State Zip Code  
Firebaugh CA 93622

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

Name of Employer  
Self-Employed

Occupation  
Farmer

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  
1 1 / 1 5 / 2 0 0 5

Transaction ID: A1853

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) .....	▶	

# 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 / 111
	<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)  
Friends of Dennis Cardoza

Full Name (Last, First, Middle Initial) <b>A. Dennis Mineni</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 9 / 2 0 0 5
Mailing Address 625 W. N. Bear Creek Drive		<b>Transaction ID: A1901</b>
City State Zip Code Merced CA 95348	Amount of Each Receipt this Period 300.00	
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 Merced Flea Market & Atwater Flea	Occupation Owner	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B. Morongo Band of Mission Indians - Native American Rights Fund B</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 8 / 2 0 0 5
Mailing Address P.O. Box 366		<b>Transaction ID: A1868</b>
City State Zip Code Cabazon CA 92230	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	
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. Morongo Band of Mission Indians - Native American Rights Fund B</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 1 / 2 0 0 5
Mailing Address P.O. Box 366		<b>Transaction ID: A1881</b>
City State Zip Code Cabazon CA 92230	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	
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) ..... ▶	2300.00
<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 23 / 111
	<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)  
Friends of Dennis Cardoza

**A.** Full Name (Last, First, Middle Initial)  
Thomas E. Murphy

Mailing Address P.O. Box 156

City State Zip Code  
Livingston CA 95334

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

Name of Employer Occupation  
Winton Ireland Insurance Insurance Agent

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  
1 1 / 1 5 / 2 0 0 5

**Transaction ID: A1854**

Amount of Each Receipt this Period  
150.00

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

**B.** Full Name (Last, First, Middle Initial)  
Tim O'Neill

Mailing Address 5980 Sugarplum Drive

City State Zip Code  
Atwater CA 95301-9430

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

Name of Employer Occupation  
On Target Marketing Manager

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1060.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 1 8 / 2 0 0 5

**Transaction ID: A1872**

Amount of Each Receipt this Period  
60.00

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

**C.** Full Name (Last, First, Middle Initial)  
Greg Olzack

Mailing Address 1560 Cedar Avenue

City State Zip Code  
Atwater CA 95301

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

Name of Employer Occupation  
Greg Olzack Real Estate Appraisals Business Owner

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1150.00

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

**Transaction ID: A1818**

Amount of Each Receipt this Period  
150.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>360.00</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 24 / 111
	<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)  
Friends of Dennis Cardoza

<b>A.</b> Full Name (Last, First, Middle Initial) Ralph Palazzo Mailing Address 13355 West Bisignani Road City State Zip Code Los Banos CA 93635 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 1 / 2 0 0 5 <b>Transaction ID: A1937</b> Amount of Each Receipt this Period 100.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Occupation Ralph Palazzo & Co., Inc. Rancher Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 400.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Ralph Palazzo Mailing Address 13355 West Bisignani Road City State Zip Code Los Banos CA 93635 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 9 / 2 0 0 5 <b>Transaction ID: A1938</b> Amount of Each Receipt this Period 300.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Occupation Ralph Palazzo & Co., Inc. Rancher Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 400.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Prine Construction Mailing Address 3500 North G Street City State Zip Code Merced CA 95340 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 9 / 2 0 0 5 <b>Transaction ID: A1903</b> Amount of Each Receipt this Period 300.00 Contribution Refunded <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) ▼ 300.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>700.00</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 25 / 111
	<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)  
Friends of Dennis Cardoza

<b>A.</b> Full Name (Last, First, Middle Initial) Kraig Riggs Mailing Address 3581 San Francisco Street City State Zip Code Merced CA 95348 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 9 / 2 0 0 5 <b>Transaction ID: A1904</b> Amount of Each Receipt this Period 500.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Occupation VIA Transportation Owner Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 500.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Lori Rossi Mailing Address 2662 Atlantic City State Zip Code Merced CA 95340 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 8 / 2 0 0 5 <b>Transaction ID: A1957</b> Amount of Each Receipt this Period 750.00 Entertainment for Recepti- on <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) (Inkind)
Name of Employer Occupation Century 21 Realtor Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 750.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Franklin Allen Rutledge, II Mailing Address 780 West Olive Avenue, #105 City State Zip Code Merced CA 95348 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 9 / 2 0 0 5 <b>Transaction ID: A1905</b> Amount of Each Receipt this Period 300.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Occupation Franklin Allen Rutledge, Physician Physician Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 300.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1550.00</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 26 / 111
	<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)  
Friends of Dennis Cardoza

Full Name (Last, First, Middle Initial) <b>A.</b> Lawrence E. Salinas		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 1 / 2 0 0 5
Mailing Address 3516 Kona Oak Drive		<b>Transaction ID: A1825</b>
City State Zip Code Modesto CA 95355		Amount of Each Receipt this Period 60.00
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 University of California, Merced	Occupation Administrator	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Lawrence E. Salinas		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 9 / 2 0 0 5
Mailing Address 3516 Kona Oak Drive		<b>Transaction ID: A1906</b>
City State Zip Code Modesto CA 95355		Amount of Each Receipt this Period 150.00
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 University of California, Merced	Occupation Administrator	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Mike V. Salvadori		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 9 / 2 0 0 5
Mailing Address 3500 North G Street		<b>Transaction ID: A1907</b>
City State Zip Code Merced CA 5340		Amount of Each Receipt this Period 300.00
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 Salvadori Realty	Occupation Owner	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	510.00
<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 27 / 111
	<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)  
Friends of Dennis Cardoza

**A.** Full Name (Last, First, Middle Initial)  
Jeanne M. Salvadori

Mailing Address 2711 Fallbrook Drive

City State Zip Code  
Merced CA 95340

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

Name of Employer Occupation  
Jeanne M. Salvadori, Realtor Realtor

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  
1 1 / 0 9 / 2 0 0 5

**Transaction ID: A1849**

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)  
Judith Salzberg

Mailing Address 2610 Atlantic Street

City State Zip Code  
Merced CA 95340

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

Name of Employer Occupation  
Merced County School District Teacher

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  
1 2 / 0 9 / 2 0 0 5

**Transaction ID: A1908**

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)  
Raymond C. Simon

Mailing Address 3309 Worthington Drive

City State Zip Code  
Modesto CA 95350

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

Name of Employer Occupation  
Pegasus Risk Management President

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  
1 0 / 3 1 / 2 0 0 5

**Transaction ID: A1754**

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) .....	▶	1800.00
<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 28 / 111
	<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)  
Friends of Dennis Cardoza

Full Name (Last, First, Middle Initial) <b>A. Steve Sloan</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 9 / 2 0 0 5	
Mailing Address 19622 Copa De Ora		<b>Transaction ID: A1910</b>	
City State Zip Code Los Banos CA 93635		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 Sloan Enterprises	Occupation Farmer		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2200.00		

Full Name (Last, First, Middle Initial) <b>B. Steve Sloan</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 9 / 2 0 0 5	
Mailing Address 19622 Copa De Ora		<b>Transaction ID: A1911</b>	
City State Zip Code Los Banos CA 93635		Amount of Each Receipt this Period 100.00	
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 Sloan Enterprises	Occupation Farmer		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2200.00		

Full Name (Last, First, Middle Initial) <b>C. Anselmo Sousa</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 1 / 2 0 0 5	
Mailing Address 6600 S. Highway 59		<b>Transaction ID: A1780</b>	
City State Zip Code Merced CA 95340		Amount of Each Receipt this Period 75.00	
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 Anselmo Sousa Dairy	Occupation Dairy Owner		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 875.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2175.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

**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 / 111
	<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)  
Friends of Dennis Cardoza

**A.** Full Name (Last, First, Middle Initial)  
Odette Maria Sousa

Mailing Address 6600 South Highway 59

City State Zip Code  
Merced CA 95340-8902

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

Name of Employer Occupation  
Anselmo Sousa Dairy Dairy Owner

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
875.00

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

**Transaction ID: A1781**

Amount of Each Receipt this Period  
75.00

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

**B.** Full Name (Last, First, Middle Initial)  
Donald J. Stewart

Mailing Address 2651 Cooper Avenue

City State Zip Code  
Merced CA 95340

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

Name of Employer Occupation  
Retired 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  
1 2 / 0 9 / 2 0 0 5

**Transaction ID: A1912**

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)  
Greg Thompson

Mailing Address P.O. Box 775

City State Zip Code  
Atwater CA 95301

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

Name of Employer Occupation  
Century 21 Realtor

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
300.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 0 8 / 2 0 0 5

**Transaction ID: A1958**

Amount of Each Receipt this Period  
300.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	675.00
<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 / 111
	<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)  
Friends of Dennis Cardoza

Full Name (Last, First, Middle Initial) A. Joel Wallace		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 9 / 2 0 0 5
Mailing Address P.O. Box 2325		Transaction ID: A1915
City Merced	State CA	Zip Code 95344
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Bud Wallace Trucking	Occupation Business Owner	<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 ▼ 1300.00	

Full Name (Last, First, Middle Initial) B. Kelly B. Weiss		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 1 / 2 0 0 5
Mailing Address 5705 Pleasant Run Road		Transaction ID: A1756
City Colleyville	State TX	Zip Code 76034
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Homemaker	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 ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Elliott J. Wooten		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 5 / 2 0 0 5
Mailing Address 3500 G Street		Transaction ID: A1855
City Merced	State CA	Zip Code 95340
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer Elliott J. Wooten, Realtor	Occupation Realtor	<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 ▼ 1670.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1330.00
<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 / 111
	<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)  
Friends of Dennis Cardoza

Full Name (Last, First, Middle Initial) <b>A.</b> Elliott J. Wooten		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 9 / 2 0 0 5	
Mailing Address 3500 G Street		<b>Transaction ID:</b> A1916	
City State Zip Code Merced CA 95340		Amount of Each Receipt this Period 300.00	
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 Elliott J. Wooten, Realtor	Occupation Realtor		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1670.00		

Full Name (Last, First, Middle Initial) <b>B.</b> James A. Yip, M.D.		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 1 / 2 0 0 5	
Mailing Address 3532 Wycliffe Drive		<b>Transaction ID:</b> A1757	
City State Zip Code Modesto CA 95355		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 Hera OB/GYN Medical Group	Occupation Physician		
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>C.</b> David Zacharias		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 9 / 2 0 0 5	
Mailing Address 452 West Main Street		<b>Transaction ID:</b> A1917	
City State Zip Code Merced CA 95340		Amount of Each Receipt this Period 300.00	
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 David Zacharias, Stock Broker	Occupation Stock Broker		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 300.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1100.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	41984.00

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

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

FOR LINE NUMBER: PAGE 32 / 111  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Friends of Dennis Cardoza

Full Name (Last, First, Middle Initial)  
**A.** Action Committee for Rural Electrification - ACRE  
 Mailing Address 4301 Wilson Blvd.  
 City State Zip Code  
 Arlington VA 22203-1860  
 FEC ID number of contributing federal political committee. **C**  
 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  
 1 1 / 1 8 / 2 0 0 5  
**Transaction ID: A1869**  
 Amount of Each Receipt this Period  
 1000.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

Full Name (Last, First, Middle Initial)  
**B.** American Association of Clinical Urologists, Inc. PAC - UROPAC  
 Mailing Address 1111 Plaza Drive, #550  
 City State Zip Code  
 Schaumburg IL 60173  
 FEC ID number of contributing federal political committee. **C**  
 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  
 1 1 / 2 1 / 2 0 0 5  
**Transaction ID: A1857**  
 Amount of Each Receipt this Period  
 1000.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

Full Name (Last, First, Middle Initial)  
**C.** American Association of Crop Insurers PAC  
 Mailing Address 1 Massachusetts Avenue, Suite 800  
 City State Zip Code  
 Washington DC 20001  
 FEC ID number of contributing federal political committee. **C**  
 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  
 1 2 / 1 6 / 2 0 0 5  
**Transaction ID: A1882**  
 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: PAGE 33 / 111  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Friends of Dennis Cardoza

Full Name (Last, First, Middle Initial)  
**A.** American Academy of Ophthalmology PAC  
 Mailing Address 1101 Vermont Avenue, NW, Suite 700  
 City State Zip Code  
 Washington DC 20005  
 FEC ID number of contributing federal political committee. **C**  
 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  
 1 1 / 0 4 / 2 0 0 5  
**Transaction ID: A1838**  
 Amount of Each Receipt this Period  
 1000.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

Full Name (Last, First, Middle Initial)  
**B.** American Crystal Sugar Company Political Action Committee  
 Mailing Address 101 North Third Street  
 City State Zip Code  
 Moorhead MN 56560  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 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  
 1 0 / 1 1 / 2 0 0 5  
**Transaction ID: A1770**  
 Amount of Each Receipt this Period  
 1000.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

Full Name (Last, First, Middle Initial)  
**C.** American College of Surgeons Professional Association PAC  
 Mailing Address 1640 Wisconsin Avenue NW  
 City State Zip Code  
 Washington DC 20007  
 FEC ID number of contributing federal political committee. **C**  
 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  
 1 1 / 1 0 / 2 0 0 5  
**Transaction ID: A1841**  
 Amount of Each Receipt this Period  
 2500.00  
 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: PAGE 34 / 111  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Dennis Cardoza

**A.** American Gas Association PAC

Full Name (Last, First, Middle Initial)  
Mailing Address 400 N. Capital Street, NW

City State Zip Code  
Washington DC 20001

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

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  
1 0 / 1 7 / 2 0 0 5

**Transaction ID: A1768**

Amount of Each Receipt this Period  
1000.00

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

**B.** American Hospital Association PAC, A Multi-Candidate Committee

Full Name (Last, First, Middle Initial)  
Mailing Address 325 Seventh Street, Northwest

City State Zip Code  
Washington DC 20004

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
4000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 0 4 / 2 0 0 5

**Transaction ID: A1839**

Amount of Each Receipt this Period  
2000.00

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

**C.** American Osteopathic Information Association-Osteopathic PAC /OAIA-PAC

Full Name (Last, First, Middle Initial)  
Mailing Address 1090 Vermont Avenue, NW, Suite 510

City State Zip Code  
Washington DC 20005

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

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  
1 1 / 0 4 / 2 0 0 5

**Transaction ID: A1840**

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) ..... ► **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 35 / 111
	<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)  
Friends of Dennis Cardoza

Full Name (Last, First, Middle Initial) <b>A. American Society of Anesthesiologists PAC</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 8 / 2 0 0 5
Mailing Address 520 North Northwest Highway		<b>Transaction ID: A1860</b>
City State Zip Code Park Ridge IL 60068-2573	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2000.00
Name of Employer	Occupation	<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 ▼ 3500.00	

Full Name (Last, First, Middle Initial) <b>B. American Surgical Hospital Association, Inc. PAC</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 1 / 2 0 0 5
Mailing Address P.O. Box 23220		<b>Transaction ID: A1741</b>
City State Zip Code San Diego CA 92193	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 5000.00
Name of Employer	Occupation	<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 ▼ 5000.00	

Full Name (Last, First, Middle Initial) <b>C. Blue Diamond Growers Political Action Committee</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 1 / 2 0 0 5
Mailing Address 1802 C Street		<b>Transaction ID: A1785</b>
City State Zip Code Sacramento CA 95814	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	<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) .....	▶	8000.00
<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 36 / 111  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Friends of Dennis Cardoza

**A.** Full Name (Last, First, Middle Initial)  
California Association of Winegrape Growers PAC - Federal

Mailing Address 601 University Avenue, #135

City State Zip Code  
Sacramento CA 95825

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

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  
 1 0 / 2 5 / 2 0 0 5

**Transaction ID: A1763**

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)  
CA Grape & Tree Fruit League PAC

Mailing Address 1540 E. Shaw, Suite 120

City State Zip Code  
Fresno CA 93710

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

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  
 1 0 / 1 1 / 2 0 0 5

**Transaction ID: A1771**

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)  
Carpenters' Legislative Improvement Committee

Mailing Address 101 Construction Avenue, NW

City State Zip Code  
Washington DC 20001

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

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  
 1 1 / 1 5 / 2 0 0 5

**Transaction ID: A1851**

Amount of Each Receipt this Period  
2500.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3500.00**

**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 37 / 111
	<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)  
Friends of Dennis Cardoza

Full Name (Last, First, Middle Initial) <b>A. Citizens for the Betterment of Merced County PAC</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 1 / 2 0 0 5
Mailing Address 140 Heron Way		<b>Transaction ID: A1783</b>
City State Zip Code Merced CA 95340	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		Federally Permissible Funds <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 ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. Committee for Advancement of Cotton</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 5 / 2 0 0 5
Mailing Address P.O. Box 820292		<b>Transaction ID: A1762</b>
City State Zip Code Memphis TN 38182	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)
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 ▼ 3000.00	

Full Name (Last, First, Middle Initial) <b>C. Council of Insurance Agents &amp; Brokers PAC</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 3 / 2 0 0 5
Mailing Address 701 Pennsylvania Avenue, NW, No. 750		<b>Transaction ID: A1774</b>
City State Zip Code Washington DC 20004	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)
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) ..... ▶	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 38 / 111
	<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)  
Friends of Dennis Cardoza

Full Name (Last, First, Middle Initial) <b>A. Dairy Farmers of America, Inc. DEPAC Dairy Educational Political Action Committee</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 1 / 2 0 0 5
Mailing Address 10220 North Ambassador Drive		<b>Transaction ID: A1764</b>
City State Zip Code Kansas City MO 65153	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	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. Engel for Congress General Election</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 7 / 2 0 0 5
Mailing Address 462 California Road		<b>Transaction ID: A1776</b>
City State Zip Code Bronxville NY 10708	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	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. International Brotherhood of Electrical Workers - C.O.P.E.</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 2 / 2 0 0 5
Mailing Address 900 Seventh Street, N.W.		<b>Transaction ID: A1859</b>
City State Zip Code Washington DC 20005	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	Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 3500.00		

<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 39 / 111  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Friends of Dennis Cardoza

**A.** Full Name (Last, First, Middle Initial)  
Independent Insurance Agents & Brokers of America, Inc. PAC  
 Mailing Address 412 First Street, SE, Suite 300  
 City State Zip Code  
 Washington DC 20003  
 FEC ID number of contributing federal political committee. **C**  
 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  
 1 0 / 0 3 / 2 0 0 5  
**Transaction ID: A1775**  
 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)  
Committee To Retain Deidre Kelsey  
 Mailing Address P.O. Box 324  
 City State Zip Code  
 Snelling CA 95369  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For: 2006  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 185.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 0 / 3 1 / 2 0 0 5  
**Transaction ID: A1802**  
 Amount of Each Receipt this Period  
 150.00  
 Federally Permissible Funds  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Metris Companies, Inc. PAC  
 Mailing Address 10900 Wayzata Blvd.  
 City State Zip Code  
 Minnetonka MN 55305  
 FEC ID number of contributing federal political committee. **C**  
 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  
 1 1 / 0 9 / 2 0 0 5  
**Transaction ID: A1845**  
 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) ..... ► **1650.00**  
**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 40 / 111
	(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)  
Friends of Dennis Cardoza

Full Name (Last, First, Middle Initial) <b>A. National Cattlemen's Beef Association PAC</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 8 / 2 0 0 5
Mailing Address 9110 E. Nichols Avenue		<b>Transaction ID: A1871</b>
City State Zip Code Centennial CO 80112	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	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 3000.00	

Full Name (Last, First, Middle Initial) <b>B. National Indian Gaming Association Sovereignty PAC</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 8 / 2 0 0 5
Mailing Address 224 Second Street, SE		<b>Transaction ID: A1867</b>
City State Zip Code Washington CA 20003	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	
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. PG&amp;E Corporation Energy PAC</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 5
Mailing Address 77 Beale Street		<b>Transaction ID: A1848</b>
City State Zip Code San Francisco CA 94177	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	
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 41 / 111
	<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)  
Friends of Dennis Cardoza

Full Name (Last, First, Middle Initial) <b>A.</b> SBC Communications Inc. Employee Federal Political Action Committee		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 9 / 2 0 0 5
Mailing Address 175 East Houston, Rm.7-A-50		<b>Transaction ID:</b> A1909
City San Antonio State TX Zip Code 78205	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	<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	

Full Name (Last, First, Middle Initial) <b>B.</b> Sheet Metal Workers' International Association Political Action League		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 1 / 2 0 0 5
Mailing Address 1750 New York Avenue, N.W.		<b>Transaction ID:</b> A1772
City Washington State DC Zip Code 20006	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 2500.00
Name of Employer	Occupation	<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 ▼ 7500.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Sheet Metal Workers' International Association Political Action League		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 1 / 2 0 0 5
Mailing Address 1750 New York Avenue, N.W.		<b>Transaction ID:</b> A1773
City Washington State DC Zip Code 20006	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 2500.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 7500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>6000.00</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 42 / 111
	<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)  
Friends of Dennis Cardoza

**A.** Full Name (Last, First, Middle Initial)  
The St. Paul Travelers Companies, Inc. PAC

Mailing Address One Tower Square

City State Zip Code  
Hartford CT 06183

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

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  
1 0 / 1 7 / 2 0 0 5

**Transaction ID: A1769**

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)  
United Egg Producers / United Egg Association Egg PAC

Mailing Address 1720 Windward Concourse, #230

City State Zip Code  
Alpharetta GA 30005

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

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  
1 2 / 1 6 / 2 0 0 5

**Transaction ID: A1884**

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)  
United Fresh Fruit & Vegetable Association - FRESH PAC

Mailing Address 1901 Pennsylvania Avenue., NW,  
Ste. 1100

City State Zip Code  
Washington DC 20006

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

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  
1 0 / 2 1 / 2 0 0 5

**Transaction ID: A1767**

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 43 / 111  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Dennis Cardoza

**A.** Full Name (Last, First, Middle Initial)  
United Surgical Partners International, Inc. PAC

Mailing Address 15305 Dallas Parkway, Suite 1600,  
LB-28

City State Zip Code  
Addison TX 75001

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

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  
1 0 / 3 1 / 2 0 0 5

**Transaction ID: A1755**

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)  
Van Ness Feldman PC Political Action Committee

Mailing Address 1050 Thomas Jefferson Street, NW

City State Zip Code  
Washington DC 20007

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

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  
1 1 / 1 6 / 2 0 0 5

**Transaction ID: A1858**

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)  
Western Peanut Growers, PAC

Mailing Address Box 252

City State Zip Code  
Seminole TX 79360

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

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  
1 2 / 1 6 / 2 0 0 5

**Transaction ID: A1883**

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) ..... ► **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:		PAGE 44 / 111	
	(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)  
Friends of Dennis Cardoza

A. Full Name (Last, First, Middle Initial)  
Wine Institute PAC

Mailing Address 607 14th Street, NW, Suite 800

City State Zip Code  
Washington DC 20005

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

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
1	0	/	2	1	/	2	0	0	5

Transaction ID: A1766

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) .....	▶	500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	44650.00

**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 45 / 111
	<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)  
Friends of Dennis Cardoza

Full Name (Last, First, Middle Initial) <b>A.</b> Fremont Investment & Loan		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 0 5
Mailing Address 2727 East Imperial Highway		<b>Transaction ID:</b> A1879
City State Zip Code Brea CA 92821	Amount of Each Receipt this Period 411.25	
FEC ID number of contributing federal political committee. <b>C</b>	Interest Earned <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation	Election Cycle-to-Date ▼ 1802.02	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B.</b> Fremont Investment & Loan		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 1 / 2 0 0 5
Mailing Address 2727 East Imperial Highway		<b>Transaction ID:</b> A1965
City State Zip Code Brea CA 92821	Amount of Each Receipt this Period 434.19	
FEC ID number of contributing federal political committee. <b>C</b>	Interest Earned <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation	Election Cycle-to-Date ▼ 1802.02	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C.</b> Fremont Investment & Loan		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 1 / 2 0 0 5
Mailing Address 2727 East Imperial Highway		<b>Transaction ID:</b> A1967
City State Zip Code Brea CA 92821	Amount of Each Receipt this Period 956.58	
FEC ID number of contributing federal political committee. <b>C</b>	Interest Earned <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation	Election Cycle-to-Date ▼ 1802.02	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1802.02
<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 / 111
	<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)  
Friends of Dennis Cardoza

**A.** Full Name (Last, First, Middle Initial)  
U.S. Bank

Mailing Address 980 9th Street, Suite 1200

City State Zip Code  
Sacramento CA 95814

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Election Cycle-to-Date ▼ 348.89

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

**Transaction ID: A1837**

Amount of Each Receipt this Period  
25.66

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

**B.** Full Name (Last, First, Middle Initial)  
U.S. Bank

Mailing Address 980 9th Street, Suite 1200

City State Zip Code  
Sacramento CA 95814

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Election Cycle-to-Date ▼ 348.89

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

**Transaction ID: A1876**

Amount of Each Receipt this Period  
0.34

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

**C.** Full Name (Last, First, Middle Initial)  
U.S. Bank

Mailing Address 980 9th Street, Suite 1200

City State Zip Code  
Sacramento CA 95814

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Election Cycle-to-Date ▼ 348.89

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

**Transaction ID: A1878**

Amount of Each Receipt this Period  
23.31

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>49.31</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 47 / 111
	(check only one)	
<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)  
Friends of Dennis Cardoza

**A.** Full Name (Last, First, Middle Initial)  
U.S. Bank

Mailing Address 980 9th Street, Suite 1200

City State Zip Code  
Sacramento CA 95814

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
348.89

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

**Transaction ID: A1922**

Amount of Each Receipt this Period  
24.10

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

**B.** Full Name (Last, First, Middle Initial)  
U.S. Bank

Mailing Address 980 9th Street, Suite 1200

City State Zip Code  
Sacramento CA 95814

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
348.89

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

**Transaction ID: A1923**

Amount of Each Receipt this Period  
1.36

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	25.46
<b>TOTAL</b> This Period (last page this line number only) .....	▶	1876.79

**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)  
Friends of Dennis Cardoza

<b>A. AIPAC</b> Full Name (Last, First, Middle Initial) Mailing Address 440 First Street, NW City Washington State DC Zip Code 20001 Purpose of Disbursement Travel 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) ▼		<b>Transaction ID: B1502</b> Date of Disbursement 11 / 22 / 2005 Amount of Each Disbursement this Period 268.48 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
---	--	--

<b>B. AT &amp; T Universal Card</b> Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 8029 City South Hackensack State NJ Zip Code 07606 Purpose of Disbursement Office Supplies 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) ▼		<b>Transaction ID: B1548</b> Date of Disbursement 12 / 22 / 2005 Amount of Each Disbursement this Period 70.76 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Did not aggregate over \$2-00
---	--	--

<b>C. AT &amp; T Universal Card</b> Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 8029 City South Hackensack State NJ Zip Code 07606 Purpose of Disbursement Phone 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) ▼		<b>Transaction ID: B1589</b> Date of Disbursement 12 / 22 / 2005 Amount of Each Disbursement this Period 176.23 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Did not aggregate over \$2-00
---	--	---

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	515.47
<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)  
Friends of Dennis Cardoza

**A. AT & T Universal Card**

Full Name (Last, First, Middle Initial)  
Mailing Address P.O. Box 8029

City South Hackensack State NJ Zip Code 07606

Purpose of Disbursement Fundraising Beverages  
Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

**Transaction ID:** B1590  
Date of Disbursement  
12 / 22 / 2005

Amount of Each Disbursement this Period  
1777.15

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

**B. Chateau Morrisette, Inc.**

Full Name (Last, First, Middle Initial)  
Mailing Address 287 Winery Road SW

City Floyd State VA Zip Code 24091

Purpose of Disbursement Fundraising Beverages  
Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

**Transaction ID:** S306  
Date of Disbursement  
12 / 22 / 2005

Amount of Each Disbursement this Period  
1777.15

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

[MEMO ITEM]

**C. AT & T Universal Card**

Full Name (Last, First, Middle Initial)  
Mailing Address P.O. Box 8029

City South Hackensack State NJ Zip Code 07606

Purpose of Disbursement Fundraising Supplies  
Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

**Transaction ID:** B1591  
Date of Disbursement  
12 / 22 / 2005

Amount of Each Disbursement this Period  
71.43

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

Did not aggregate over \$2-00

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

1848.58

**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

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)  
Friends of Dennis Cardoza

<b>A. Dennis Cardoza</b> Full Name (Last, First, Middle Initial) Mailing Address 5576 Zeiner Court City Atwater State CA Zip Code 95301 Purpose of Disbursement Fundraising Supplies 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) ▼		<b>Transaction ID: B1493</b> Date of Disbursement 11 / 16 / 2005 Amount of Each Disbursement this Period 145.58 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>B. Costco</b> Full Name (Last, First, Middle Initial) Mailing Address 1200 South Fern Street City Alexandria State VA Zip Code 22301 Purpose of Disbursement Fundraising Supplies 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) ▼		<b>Transaction ID: S258</b> Date of Disbursement 11 / 16 / 2005 Amount of Each Disbursement this Period 145.58 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
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<b>C. Ceres Floral</b> Full Name (Last, First, Middle Initial) Mailing Address 2531 East Whitmore Avenue, #A City Ceres State CA Zip Code 95307 Purpose of Disbursement Flowers for Constituents 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) ▼		<b>Transaction ID: B1464</b> Date of Disbursement 10 / 22 / 2005 Amount of Each Disbursement this Period 495.13 <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) ..... ▶	640.71
<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)  
Friends of Dennis Cardoza

Full Name (Last, First, Middle Initial) <b>A. First USA Bank, N.A.</b>		<b>Transaction ID: B1407</b> Date of Disbursement 10 / 07 / 2005
Mailing Address P.O. Box 94014		Amount of Each Disbursement this Period 43.04
City Palatine State IL Zip Code 60094-4014	Purpose of Disbursement Phone 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) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  Did not aggregate over \$2-00

Full Name (Last, First, Middle Initial) <b>B. First USA Bank, N.A.</b>		<b>Transaction ID: B1446</b> Date of Disbursement 10 / 07 / 2005
Mailing Address P.O. Box 94014		Amount of Each Disbursement this Period 538.00
City Palatine State IL Zip Code 60094-4014	Purpose of Disbursement Website Maintenance 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) ▼	<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. Hugh Antonio Costa dba Beyond the Box, LLC</b>		<b>Transaction ID: S250</b> Date of Disbursement 10 / 07 / 2005
Mailing Address 1050 N. Carpenter, Suite O		Amount of Each Disbursement this Period 538.00
City Modesto State CA Zip Code 95351	Purpose of Disbursement Website Maintenance 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) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  <b>[MEMO ITEM]</b>

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	581.04
<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)  
Friends of Dennis Cardoza

Full Name (Last, First, Middle Initial) <b>A. First USA Bank, N.A.</b>		<b>Transaction ID:</b> B1447 Date of Disbursement 10 / 07 / 2005
Mailing Address P.O. Box 94014		Amount of Each Disbursement this Period 3680.00
City Palatine State IL Zip Code 60094-4014	Purpose of Disbursement Fundraising Catering 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) ▼	<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. Pea Soup Anderson's Restaurant</b>		<b>Transaction ID:</b> S251 Date of Disbursement 10 / 07 / 2005
Mailing Address 12411 South Highway 33		Amount of Each Disbursement this Period 3680.00
City Santa Nella State CA Zip Code 95322	Purpose of Disbursement Fundraising Catering 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) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>

Full Name (Last, First, Middle Initial) <b>C. First USA Bank, N.A.</b>		<b>Transaction ID:</b> B1448 Date of Disbursement 10 / 07 / 2005
Mailing Address P.O. Box 94014		Amount of Each Disbursement this Period 134.65
City Palatine State IL Zip Code 60094-4014	Purpose of Disbursement Fundraising Supplies 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) ▼	<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) ..... ▶	3814.65
<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)  
Friends of Dennis Cardoza

Full Name (Last, First, Middle Initial) <b>A. SaveMart</b>		<b>Transaction ID: S252</b> Date of Disbursement 10 / 07 / 2005
Mailing Address 1136 W. Main Street		Amount of Each Disbursement this Period 54.62
City Merced State CA Zip Code 95340	Purpose of Disbursement Fundraising Supplies Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		[MEMO ITEM] <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. First USA Bank, N.A.</b>		<b>Transaction ID: B1449</b> Date of Disbursement 10 / 07 / 2005
Mailing Address P.O. Box 94014		Amount of Each Disbursement this Period 47.19
City Palatine State IL Zip Code 60094-4014	Purpose of Disbursement Office Flag Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  Did not aggregate over \$2-00
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. First USA Bank, N.A.</b>		<b>Transaction ID: B1450</b> Date of Disbursement 10 / 07 / 2005
Mailing Address P.O. Box 94014		Amount of Each Disbursement this Period 171.80
City Palatine State IL Zip Code 60094-4014	Purpose of Disbursement Campaign Banner Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  Did not aggregate over \$2-00
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	218.99
<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)  
Friends of Dennis Cardoza

Full Name (Last, First, Middle Initial) <b>A. First USA Bank, N.A.</b>		<b>Transaction ID: B1473</b> Date of Disbursement 10 / 25 / 2005
Mailing Address P.O. Box 94014		Amount of Each Disbursement this Period 4343.69
City Palatine State IL Zip Code 60094-4014	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Fundraising Supplies Candidate Name	Category/Type 003	
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) ▼	

Full Name (Last, First, Middle Initial) <b>B. Party Perfect Rentals and Sales</b>		<b>Transaction ID: S283</b> Date of Disbursement 10 / 25 / 2005
Mailing Address 2100 Academy Drive		Amount of Each Disbursement this Period 1919.83
City Atwater State CA Zip Code 95301	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Fundraising Supplies Candidate Name	Category/Type 003	
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) ▼	

Full Name (Last, First, Middle Initial) <b>C. FBS Industries, Inc.</b>		<b>Transaction ID: S284</b> Date of Disbursement 10 / 25 / 2005
Mailing Address 4309 Daniel Drive		Amount of Each Disbursement this Period 430.00
City Bismarck State ND Zip Code 58504	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Fundraising Supplies Candidate Name	Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4343.69
<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)  
Friends of Dennis Cardoza

Full Name (Last, First, Middle Initial) <b>A. US Flags</b>		<b>Transaction ID: S285</b> Date of Disbursement 10 / 25 / 2005
Mailing Address 3 Wesco Drive		Amount of Each Disbursement this Period 447.81 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City Export	State PA	
Zip Code 15632		
Purpose of Disbursement Fundraising Supplies 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) ▼
		Category/Type 003

Full Name (Last, First, Middle Initial) <b>B. Image Masters, Inc.</b>		<b>Transaction ID: S286</b> Date of Disbursement 10 / 25 / 2005
Mailing Address 429 Grogan Avenue		Amount of Each Disbursement this Period 1546.05 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City Merced	State CA	
Zip Code 95340		
Purpose of Disbursement Fundraising Supplies 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) ▼
		Category/Type 003

Full Name (Last, First, Middle Initial) <b>C. First USA Bank, N.A.</b>		<b>Transaction ID: B1495</b> Date of Disbursement 11 / 16 / 2005
Mailing Address P.O. Box 94014		Amount of Each Disbursement this Period 150.40 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Palatine	State IL	
Zip Code 60094-4014		
Purpose of Disbursement Shipping 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) ▼
		Category/Type 001

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	150.40
<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)  
Friends of Dennis Cardoza

Full Name (Last, First, Middle Initial) <b>A. Federal Express, Inc.</b>		<b>Transaction ID: S262</b> Date of Disbursement 11 / 16 / 2005
Mailing Address P.O. Box 1140		Amount of Each Disbursement this Period 45.40 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City Memphis State TN Zip Code 38101-1140		
Purpose of Disbursement Shipping Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. FBS Industries, Inc.</b>		<b>Transaction ID: S263</b> Date of Disbursement 11 / 16 / 2005
Mailing Address 4309 Daniel Drive		Amount of Each Disbursement this Period 105.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City Bismarck State ND Zip Code 58504		
Purpose of Disbursement Shipping Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. First USA Bank, N.A.</b>		<b>Transaction ID: B1508</b> Date of Disbursement 11 / 16 / 2005
Mailing Address P.O. Box 94014		Amount of Each Disbursement this Period 232.75 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Palatine State IL Zip Code 60094-4014		
Purpose of Disbursement Phone Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	232.75
<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)

<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)  
Friends of Dennis Cardoza

<b>A. Verizon Wireless</b> Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 17464 City Baltimore State MD Zip Code 21297-1464 Purpose of Disbursement Phone 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) ▼		<b>Transaction ID: S264</b> Date of Disbursement 11 / 16 / 2005 Amount of Each Disbursement this Period 232.75 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
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<b>B. First USA Bank, N.A.</b> Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 94014 City Palatine State IL Zip Code 60094-4014 Purpose of Disbursement Advertisement 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) ▼		<b>Transaction ID: B1509</b> Date of Disbursement 11 / 16 / 2005 Amount of Each Disbursement this Period 229.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>C. Mid Valley Publications</b> Full Name (Last, First, Middle Initial) Mailing Address 2221 K Street City Merced State CA Zip Code 95340 Purpose of Disbursement Advertisement 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) ▼		<b>Transaction ID: S265</b> Date of Disbursement 11 / 16 / 2005 Amount of Each Disbursement this Period 229.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	229.50
<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)  
Friends of Dennis Cardoza

Full Name (Last, First, Middle Initial) <b>A. First USA Bank, N.A.</b>		<b>Transaction ID: B1510</b> Date of Disbursement 11 / 16 / 2005
Mailing Address P.O. Box 94014		Amount of Each Disbursement this Period 1791.70
City Palatine State IL Zip Code 60094-4014	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Fundraising Supplies Candidate Name	Category/Type 003	
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) ▼	

Full Name (Last, First, Middle Initial) <b>B. Jack Frost Ice Company</b>		<b>Transaction ID: S266</b> Date of Disbursement 11 / 16 / 2005
Mailing Address P.O. Box 843		Amount of Each Disbursement this Period 389.23
City Modesto State CA Zip Code 95353	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Fundraising Supplies Candidate Name	Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b>

Full Name (Last, First, Middle Initial) <b>C. Smart &amp; Final</b>		<b>Transaction ID: S267</b> Date of Disbursement 11 / 16 / 2005
Mailing Address 801 9th Street		Amount of Each Disbursement this Period 1210.21
City Modesto State CA Zip Code 95354	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Fundraising Supplies Candidate Name	Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b>

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1791.70
<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)  
Friends of Dennis Cardoza

<b>A. SaveMart</b> Full Name (Last, First, Middle Initial) Mailing Address 1136 W. Main Street City Merced State CA Zip Code 95340 Purpose of Disbursement Fundraising Supplies 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) ▼		<b>Transaction ID: S268</b> Date of Disbursement 11 / 16 / 2005 Amount of Each Disbursement this Period 42.89 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
--	--	--

<b>B. Pizza Guys</b> Full Name (Last, First, Middle Initial) Mailing Address 3675 J Street City Sacramento State CA Zip Code 95816 Purpose of Disbursement Fundraising Supplies 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) ▼		<b>Transaction ID: S269</b> Date of Disbursement 11 / 16 / 2005 Amount of Each Disbursement this Period 94.92 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
--	--	--

<b>C. First USA Bank, N.A.</b> Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 94014 City Palatine State IL Zip Code 60094-4014 Purpose of Disbursement Office Supplies 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) ▼		<b>Transaction ID: B1511</b> Date of Disbursement 11 / 16 / 2005 Amount of Each Disbursement this Period 268.75 <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) ..... ▶	268.75
<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)  
Friends of Dennis Cardoza

Full Name (Last, First, Middle Initial) <b>A. Office Max</b>		Transaction ID: S270 Date of Disbursement 11 / 16 / 2005	
Mailing Address 1707 J Street		Amount of Each Disbursement this Period 221.99	
City Sacramento State CA Zip Code 95814	Purpose of Disbursement Office Supplies Candidate Name	Category/Type 001	
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) ▼		

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial) <b>B. First USA Bank, N.A.</b>		Transaction ID: B1512 Date of Disbursement 11 / 16 / 2005	
Mailing Address P.O. Box 94014		Amount of Each Disbursement this Period 1421.99	
City Palatine State IL Zip Code 60094-4014	Purpose of Disbursement Fundraising Catering Candidate Name	Category/Type 003	
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) ▼		

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial) <b>C. Richwood Meat Co.</b>		Transaction ID: S271 Date of Disbursement 11 / 16 / 2005	
Mailing Address 2751 N. Santa Fe Avenue		Amount of Each Disbursement this Period 1041.99	
City Merced State CA Zip Code 95348	Purpose of Disbursement Fundraising Catering Candidate Name	Category/Type 003	
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) ▼		

**[MEMO ITEM]**

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1421.99
<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)  
Friends of Dennis Cardoza

Full Name (Last, First, Middle Initial) <b>A. ARC of Stanislaus</b>		<b>Transaction ID: S272</b> Date of Disbursement 11 / 16 / 2005
Mailing Address 1230 6th Street		Amount of Each Disbursement this Period 380.00
City Modesto State CA Zip Code 95354	Purpose of Disbursement Fundraising Catering 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) ▼	[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>B. First USA Bank, N.A.</b>		<b>Transaction ID: B1513</b> Date of Disbursement 11 / 16 / 2005
Mailing Address P.O. Box 94014		Amount of Each Disbursement this Period 6.36
City Palatine State IL Zip Code 60094-4014	Purpose of Disbursement Food & Beverage for meeting 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) ▼	Did not aggregate over \$2-00

Full Name (Last, First, Middle Initial) <b>C. First USA Bank, N.A.</b>		<b>Transaction ID: B1514</b> Date of Disbursement 11 / 16 / 2005
Mailing Address P.O. Box 94014		Amount of Each Disbursement this Period 185.00
City Palatine State IL Zip Code 60094-4014	Purpose of Disbursement Fundraising Postage 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) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	191.36
<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)  
Friends of Dennis Cardoza

<p><b>A. U.S. Postmaster</b></p> <p>Full Name (Last, First, Middle Initial) U.S. Postmaster</p> <p>Mailing Address Main Office</p> <p>City Merced State CA Zip Code 95344</p> <p>Purpose of Disbursement Fundraising Postage</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>Transaction ID: S273</p> <p>Date of Disbursement</p> <p>11 / 16 / 2005</p> <p>Amount of Each Disbursement this Period</p> <p>185.00</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>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p> <p>003</p>	

<p><b>B. First USA Bank, N.A.</b></p> <p>Full Name (Last, First, Middle Initial) First USA Bank, N.A.</p> <p>Mailing Address P.O. Box 94014</p> <p>City Palatine State IL Zip Code 60094-4014</p> <p>Purpose of Disbursement Newspaper Advertisement</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>Transaction ID: B1521</p> <p>Date of Disbursement</p> <p>10 / 25 / 2005</p> <p>Amount of Each Disbursement this Period</p> <p>1735.69</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>	
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p> <p>004</p>	

<p><b>C. Merced Sun-Star</b></p> <p>Full Name (Last, First, Middle Initial) Merced Sun-Star</p> <p>Mailing Address 3033 North G Street</p> <p>City Merced State CA Zip Code 95340</p> <p>Purpose of Disbursement Newspaper Advertisement</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>Transaction ID: S287</p> <p>Date of Disbursement</p> <p>10 / 25 / 2005</p> <p>Amount of Each Disbursement this Period</p> <p>1735.69</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>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p> <p>004</p>	

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p>1735.69</p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<p></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)  
Friends of Dennis Cardoza

Full Name (Last, First, Middle Initial) <b>A. First USA Bank, N.A.</b>		<b>Transaction ID: B1522</b> Date of Disbursement 10 / 25 / 2005
Mailing Address P.O. Box 94014		Amount of Each Disbursement this Period 6.68
City Palatine State IL Zip Code 60094-4014	Purpose of Disbursement Fundraising Photography 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) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  Did not aggregate over \$2-00

Full Name (Last, First, Middle Initial) <b>B. First USA Bank, N.A.</b>		<b>Transaction ID: B1523</b> Date of Disbursement 10 / 25 / 2005
Mailing Address P.O. Box 94014		Amount of Each Disbursement this Period 210.58
City Palatine State IL Zip Code 60094-4014	Purpose of Disbursement Phone 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) ▼	<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. Sprint PCS</b>		<b>Transaction ID: S288</b> Date of Disbursement 10 / 25 / 2005
Mailing Address P.O. Box 79255		Amount of Each Disbursement this Period 210.58
City City of Industry State CA Zip Code 91716-9357	Purpose of Disbursement Phone 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) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  <b>[MEMO ITEM]</b>

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	217.26
<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)  
Friends of Dennis Cardoza

Full Name (Last, First, Middle Initial) <b>A. First USA Bank, N.A.</b>		<b>Transaction ID: B1524</b> Date of Disbursement 10 / 25 / 2005	
Mailing Address P.O. Box 94014		Amount of Each Disbursement this Period 17.80	
City Palatine State IL Zip Code 60094-4014	Purpose of Disbursement Food & Beverage for Meeting Candidate Name	Category/Type 001 <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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Did not aggregate over \$2-00	

Full Name (Last, First, Middle Initial) <b>B. First USA Bank, N.A.</b>		<b>Transaction ID: B1525</b> Date of Disbursement 10 / 25 / 2005	
Mailing Address P.O. Box 94014		Amount of Each Disbursement this Period 12.66	
City Palatine State IL Zip Code 60094-4014	Purpose of Disbursement Gifts for Constituents Candidate Name	Category/Type 001 <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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Did not aggregate over \$2-00	

Full Name (Last, First, Middle Initial) <b>C. First USA Bank, N.A.</b>		<b>Transaction ID: B1526</b> Date of Disbursement 10 / 25 / 2005	
Mailing Address P.O. Box 94014		Amount of Each Disbursement this Period 216.49	
City Palatine State IL Zip Code 60094-4014	Purpose of Disbursement Fundraising Postage 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

**SUBTOTAL** of Disbursements This Page (optional) ..... ► **246.95**

**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)  
Friends of Dennis Cardoza

Full Name (Last, First, Middle Initial) <b>A. U.S. Postmaster</b>		<b>Transaction ID: S289</b> Date of Disbursement 10 / 25 / 2005	
Mailing Address Main Office		Amount of Each Disbursement this Period 216.49	
City Merced State CA Zip Code 95344	Purpose of Disbursement Fundraising Postage Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>	
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) ▼	Category/Type: 003	

Full Name (Last, First, Middle Initial) <b>B. First USA Bank, N.A.</b>		<b>Transaction ID: B1527</b> Date of Disbursement 10 / 25 / 2005	
Mailing Address P.O. Box 94014		Amount of Each Disbursement this Period 11.64	
City Palatine State IL Zip Code 60094-4014	Purpose of Disbursement Shipping Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>	
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) ▼	Category/Type: 001	

Full Name (Last, First, Middle Initial) <b>C. Federal Express, Inc.</b>		<b>Transaction ID: S290</b> Date of Disbursement 10 / 25 / 2005	
Mailing Address P.O. Box 1140		Amount of Each Disbursement this Period 11.64	
City Memphis State TN Zip Code 38101-1140	Purpose of Disbursement Shipping Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>	
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) ▼	Category/Type: 001	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	11.64
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	11.64

**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)  
Friends of Dennis Cardoza

Full Name (Last, First, Middle Initial) <b>A. First USA Bank, N.A.</b>		<b>Transaction ID: B1549</b> Date of Disbursement 12 / 22 / 2005
Mailing Address P.O. Box 94014		Amount of Each Disbursement this Period 120.00
City Palatine State IL Zip Code 60094-4014	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Website Services Candidate Name	Category/Type 001	
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) ▼	

Full Name (Last, First, Middle Initial) <b>B. Hugh Antonio Costa dba Beyond the Box, LLC</b>		<b>Transaction ID: S307</b> Date of Disbursement 12 / 22 / 2005
Mailing Address 1050 N. Carpenter, Suite O		Amount of Each Disbursement this Period 120.00
City Modesto State CA Zip Code 95351	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Website Services Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b>

Full Name (Last, First, Middle Initial) <b>C. First USA Bank, N.A.</b>		<b>Transaction ID: B1592</b> Date of Disbursement 12 / 22 / 2005
Mailing Address P.O. Box 94014		Amount of Each Disbursement this Period 179.03
City Palatine State IL Zip Code 60094-4014	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Fundraising Beverages Candidate Name	Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	299.03
<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)  
Friends of Dennis Cardoza

**A.** Full Name (Last, First, Middle Initial)  
Chateau Morrisette, Inc.

Mailing Address 287 Winery Road SW

City Floyd State VA Zip Code 24091

Purpose of Disbursement Fundraising Beverages

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

**Transaction ID:** S308  
Date of Disbursement  
12 / 22 / 2005

Amount of Each Disbursement this Period  
179.03

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

**[MEMO ITEM]**

**B.** Full Name (Last, First, Middle Initial)  
Joseph Gallo

Mailing Address 14030 West Vinewood Avenue

City Livingston State CA Zip Code 95334

Purpose of Disbursement Food & Beverage for Reception

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For: 2006  Primary  General  Other (specify) ▼

**Transaction ID:** B1640  
Date of Disbursement  
12 / 08 / 2005

Amount of Each Disbursement this Period  
2100.00

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

(Inkind)

**C.** Full Name (Last, First, Middle Initial)  
Micah Gallo

Mailing Address 10561 West Highway 140

City Atwater State CA Zip Code 95301

Purpose of Disbursement Food & Beverage for Reception

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For: 2006  Primary  General  Other (specify) ▼

**Transaction ID:** B1632  
Date of Disbursement  
12 / 08 / 2005

Amount of Each Disbursement this Period  
2100.00

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

(Inkind)

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

4200.00

**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)  
Friends of Dennis Cardoza

<p><b>A. Michael D. Gallo</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 10561 W. Highway 140, P.O. Box 775</p> <p>City Atwater State CA Zip Code 95301</p> <p>Purpose of Disbursement Food &amp; Beverage for Reception</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><b>Transaction ID: B1668</b></p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="5"/> <input type="text" value="5"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1890.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>(Inkind)</p>
<p>Disbursement For: 2006</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>

<p><b>B. Tiffany Gallo</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address P.O. Box 775</p> <p>City Atwater State CA Zip Code 95301</p> <p>Purpose of Disbursement Food &amp; Beverage for Reception</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><b>Transaction ID: B1631</b></p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="5"/> <input type="text" value="5"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="354.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>(Inkind)</p>
<p>Disbursement For: 2006</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>

<p><b>C. Tiffany Gallo</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address P.O. Box 775</p> <p>City Atwater State CA Zip Code 95301</p> <p>Purpose of Disbursement Food &amp; Beverage for Reception</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><b>Transaction ID: B1669</b></p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="5"/> <input type="text" value="5"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="210.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>(Inkind)</p>
<p>Disbursement For: 2006</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="2454.00"/></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)  
Friends of Dennis Cardoza

Full Name (Last, First, Middle Initial) <b>A. Mark Garrett</b>		<b>Transaction ID: B1466</b> Date of Disbursement 10 / 22 / 2005	
Mailing Address 780 West Olive Avenue		Amount of Each Disbursement this Period 1000.00	
City Merced State CA Zip Code 95340	Purpose of Disbursement Campaign Consulting 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 003	

Full Name (Last, First, Middle Initial) <b>B. Harry Broumas dba Harry's Affairs</b>		<b>Transaction ID: B1596</b> Date of Disbursement 11 / 08 / 2005	
Mailing Address 2760A Sherwood Avenue		Amount of Each Disbursement this Period 1500.00	
City Modesto State CA Zip Code 95350	Purpose of Disbursement Fundraising Beverages 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 003	

Full Name (Last, First, Middle Initial) <b>C. Kenny Jelacich</b>		<b>Transaction ID: B1630</b> Date of Disbursement 12 / 08 / 2005	
Mailing Address 4742 Walnut Avenue		Amount of Each Disbursement this Period 2100.00	
City Hughson State CA Zip Code 95362	Purpose of Disbursement Food & Beverage for Reception 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: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type (Inkind)	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4600.00
<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)  
Friends of Dennis Cardoza

<b>A. Linda Jelacich</b> Full Name (Last, First, Middle Initial)		<b>Transaction ID: B1626</b> Date of Disbursement 12 / 08 / 2005
Mailing Address 4742 Walnut Avenue		Amount of Each Disbursement this Period 2100.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 (Inkind)
City Hughson State CA Zip Code 95362		
Purpose of Disbursement Food & Beverage for Reception 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>B. Andrew R. Johnson</b> Full Name (Last, First, Middle Initial)		<b>Transaction ID: B1455</b> Date of Disbursement 10 / 14 / 2005
Mailing Address 1525 Morse Drive		Amount of Each Disbursement this Period 230.24 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Merced State CA Zip Code 95340		
Purpose of Disbursement Salary Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>C. Andrew R. Johnson</b> Full Name (Last, First, Middle Initial)		<b>Transaction ID: B1476</b> Date of Disbursement 10 / 31 / 2005
Mailing Address 1525 Morse Drive		Amount of Each Disbursement this Period 230.24 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Merced State CA Zip Code 95340		
Purpose of Disbursement Salary Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2560.48
<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)  
Friends of Dennis Cardoza

Full Name (Last, First, Middle Initial) <b>A. Andrew R. Johnson</b>		Transaction ID: B1484 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 5	
Mailing Address 1525 Morse Drive		Amount of Each Disbursement this Period 230.24	
City Merced State CA Zip Code 95340	Purpose of Disbursement Salary	Category/Type 001	
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Andrew R. Johnson</b>		Transaction ID: B1535 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 5	
Mailing Address 1525 Morse Drive		Amount of Each Disbursement this Period 230.24	
City Merced State CA Zip Code 95340	Purpose of Disbursement Salary	Category/Type 001	
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Andrew R. Johnson</b>		Transaction ID: B1545 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 5	
Mailing Address 1525 Morse Drive		Amount of Each Disbursement this Period 230.24	
City Merced State CA Zip Code 95340	Purpose of Disbursement Salary	Category/Type 001	
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	690.72
<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)  
Friends of Dennis Cardoza

Full Name (Last, First, Middle Initial) <b>A. Andrew R. Johnson</b>		<b>Transaction ID: B1555</b> Date of Disbursement M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 5	
Mailing Address 1525 Morse Drive		Amount of Each Disbursement this Period 230.24	
City Merced State CA Zip Code 95340	Purpose of Disbursement Salary Candidate Name Category/Type 001	<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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. La Guardia Security</b>		<b>Transaction ID: B1472</b> Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 5	
Mailing Address P.O. Box 621		Amount of Each Disbursement this Period 320.00	
City Merced State CA Zip Code 95341	Purpose of Disbursement Fundraising Event Security 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Lori LaFave dba LaFave &amp; Associates</b>		<b>Transaction ID: B1404</b> Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 5	
Mailing Address 200 East Jefferson Street		Amount of Each Disbursement this Period 1500.00	
City Falls Church State VA Zip Code 22046	Purpose of Disbursement Fundraising Consulting 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2050.24
<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)  
Friends of Dennis Cardoza

Full Name (Last, First, Middle Initial) <b>A. Lori LaFave dba LaFave &amp; Associates</b>		<b>Transaction ID: B1434</b> Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 5
Mailing Address 200 East Jefferson Street		Amount of Each Disbursement this Period 904.40
City Falls Church State VA Zip Code 22046	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Fundraising Catering Candidate Name	Category/Type 003	
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) ▼	

Full Name (Last, First, Middle Initial) <b>B. Lori LaFave dba LaFave &amp; Associates</b>		<b>Transaction ID: B1471</b> Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 5
Mailing Address 200 East Jefferson Street		Amount of Each Disbursement this Period 2500.00
City Falls Church State VA Zip Code 22046	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Fundraising Consulting Candidate Name	Category/Type 003	
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) ▼	

Full Name (Last, First, Middle Initial) <b>C. Lori LaFave dba LaFave &amp; Associates</b>		<b>Transaction ID: B1506</b> Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 3 / 2 0 0 5
Mailing Address 200 East Jefferson Street		Amount of Each Disbursement this Period 2000.00
City Falls Church State VA Zip Code 22046	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Fundraising Consulting Candidate Name	Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	5404.40
<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)  
Friends of Dennis Cardoza

<b>A. Randy Moore</b> Full Name (Last, First, Middle Initial) Mailing Address 1308 Fruitridge City Modesto State CA Zip Code 95351 Purpose of Disbursement Fundraising Supplies Candidate Name		<b>Transaction ID: B1411</b> Date of Disbursement 10 / 07 / 2005 Amount of Each Disbursement this Period 113.81 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Did not aggregate over \$2-00
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) ▼	Category/Type: 003

<b>B. Randy Moore</b> Full Name (Last, First, Middle Initial) Mailing Address 1308 Fruitridge City Modesto State CA Zip Code 95351 Purpose of Disbursement Fundraising Supplies Candidate Name		<b>Transaction ID: B1480</b> Date of Disbursement 11 / 08 / 2005 Amount of Each Disbursement this Period 420.24 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Did not aggregate over \$2-00
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) ▼	Category/Type: 003

<b>C. Nashoba Corporation, Inc.</b> Full Name (Last, First, Middle Initial) Mailing Address 3430 Tully Road, Suite 20-120 City Modesto State CA Zip Code 95350 Purpose of Disbursement Survey Candidate Name		<b>Transaction ID: B1417</b> Date of Disbursement 10 / 07 / 2005 Amount of Each Disbursement this Period 597.36 <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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type: 005

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1131.41
<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)  
Friends of Dennis Cardoza

Full Name (Last, First, Middle Initial) <b>A. National Democratic Club</b>		<b>Transaction ID: B1532</b> Date of Disbursement M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 5
Mailing Address 20 Ivy Street, S.E.		Amount of Each Disbursement this Period 823.11 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20003	Purpose of Disbursement Fundraising Catering Candidate Name Category/Type 003	
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) ▼	

Full Name (Last, First, Middle Initial) <b>B. National Democratic Club</b>		<b>Transaction ID: B1551</b> Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 5
Mailing Address 20 Ivy Street, S.E.		Amount of Each Disbursement this Period 155.97 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20003	Purpose of Disbursement Food & Beverages for Meeting Candidate Name Category/Type 001	
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) ▼	

Full Name (Last, First, Middle Initial) <b>C. Olson Hagel &amp; Fishburn LLP</b>		<b>Transaction ID: B1459</b> Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 5
Mailing Address 555 Capitol Mall, Suite 1425		Amount of Each Disbursement this Period 1676.12 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Sacramento State CA Zip Code 95814	Purpose of Disbursement Legal & Reporting Services Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2655.20
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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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)  
Friends of Dennis Cardoza

Full Name (Last, First, Middle Initial) <b>A. Olson Hagel &amp; Fishburn LLP</b>		<b>Transaction ID: B1483</b> Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 5
Mailing Address 555 Capitol Mall, Suite 1425		Amount of Each Disbursement this Period 4847.57
City Sacramento State CA Zip Code 95814	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Legal & Reporting Services Candidate Name		001 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Olson Hagel &amp; Fishburn LLP</b>		<b>Transaction ID: B1544</b> Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 5
Mailing Address 555 Capitol Mall, Suite 1425		Amount of Each Disbursement this Period 3100.13
City Sacramento State CA Zip Code 95814	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Legal & Reporting Services Candidate Name		001 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. The Quake Mobile D.J. #124</b>		<b>Transaction ID: B1465</b> Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 0 5
Mailing Address 2601 Oakdale Road, Suite C		Amount of Each Disbursement this Period 50.00
City Modesto State CA Zip Code 95355	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Fundraising Entertainment Candidate Name		003 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	7997.70
<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)  
Friends of Dennis Cardoza

Full Name (Last, First, Middle Initial) <b>A. Rita Copeland dba River City Business Services</b>		<b>Transaction ID: B1456</b> Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 5
Mailing Address 5435 Madison Avenue		Amount of Each Disbursement this Period 38.50
City Sacramento State CA Zip Code 95841	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Payroll Services	Category/Type 001	
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) ▼	

Full Name (Last, First, Middle Initial) <b>B. Rita Copeland dba River City Business Services</b>		<b>Transaction ID: B1457</b> Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 5
Mailing Address 5435 Madison Avenue		Amount of Each Disbursement this Period 54.39
City Sacramento State CA Zip Code 95841	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Payroll Taxes	Category/Type 001	
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) ▼	

Full Name (Last, First, Middle Initial) <b>C. Rita Copeland dba River City Business Services</b>		<b>Transaction ID: B1477</b> Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 5
Mailing Address 5435 Madison Avenue		Amount of Each Disbursement this Period 54.39
City Sacramento State CA Zip Code 95841	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Payroll Taxes	Category/Type 001	
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) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	147.28
<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)  
Friends of Dennis Cardoza

Full Name (Last, First, Middle Initial) <b>A. Rita Copeland dba River City Business Services</b>		<b>Transaction ID: B1478</b> Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 5
Mailing Address 5435 Madison Avenue		Amount of Each Disbursement this Period 38.50
City Sacramento State CA Zip Code 95841	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Payroll Services	Category/Type 001	
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) ▼	

Full Name (Last, First, Middle Initial) <b>B. Rita Copeland dba River City Business Services</b>		<b>Transaction ID: B1487</b> Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 5
Mailing Address 5435 Madison Avenue		Amount of Each Disbursement this Period 38.50
City Sacramento State CA Zip Code 95841	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Payroll Services	Category/Type 001	
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) ▼	

Full Name (Last, First, Middle Initial) <b>C. Rita Copeland dba River City Business Services</b>		<b>Transaction ID: B1488</b> Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 5
Mailing Address 5435 Madison Avenue		Amount of Each Disbursement this Period 54.39
City Sacramento State CA Zip Code 95841	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Payroll Taxes	Category/Type 001	
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) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	131.39
<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)

<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)  
Friends of Dennis Cardoza

Full Name (Last, First, Middle Initial) <b>A. Rita Copeland dba River City Business Services</b>		<b>Transaction ID: B1536</b> Date of Disbursement M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 5
Mailing Address 5435 Madison Avenue		Amount of Each Disbursement this Period 38.50
City Sacramento State CA Zip Code 95841	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Payroll Services		Category/Type 001
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) ▼	

Full Name (Last, First, Middle Initial) <b>B. Rita Copeland dba River City Business Services</b>		<b>Transaction ID: B1537</b> Date of Disbursement M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 5
Mailing Address 5435 Madison Avenue		Amount of Each Disbursement this Period 54.39
City Sacramento State CA Zip Code 95841	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Payroll Taxes		Category/Type 001
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) ▼	

Full Name (Last, First, Middle Initial) <b>C. Rita Copeland dba River City Business Services</b>		<b>Transaction ID: B1546</b> Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 5
Mailing Address 5435 Madison Avenue		Amount of Each Disbursement this Period 38.50
City Sacramento State CA Zip Code 95841	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Payroll Services		Category/Type 001
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) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	131.39
<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)

<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)  
Friends of Dennis Cardoza

Full Name (Last, First, Middle Initial) <b>A. Rita Copeland dba River City Business Services</b>		<b>Transaction ID: B1547</b> Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 5
Mailing Address 5435 Madison Avenue		Amount of Each Disbursement this Period 54.39
City Sacramento State CA Zip Code 95841	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Payroll Taxes	Category/Type 001	
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) ▼	

Full Name (Last, First, Middle Initial) <b>B. Rita Copeland dba River City Business Services</b>		<b>Transaction ID: B1556</b> Date of Disbursement M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 5
Mailing Address 5435 Madison Avenue		Amount of Each Disbursement this Period 39.75
City Sacramento State CA Zip Code 95841	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Payroll Services	Category/Type 001	
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) ▼	

Full Name (Last, First, Middle Initial) <b>C. Rita Copeland dba River City Business Services</b>		<b>Transaction ID: B1557</b> Date of Disbursement M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 5
Mailing Address 5435 Madison Avenue		Amount of Each Disbursement this Period 54.39
City Sacramento State CA Zip Code 95841	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Payroll Taxes	Category/Type 001	
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) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	148.53
<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)  
Friends of Dennis Cardoza

<b>A. Lori Rossi</b> Full Name (Last, First, Middle Initial) Mailing Address 2662 Atlantic City Merced State CA Zip Code 95340 Purpose of Disbursement Entertainment for Reception 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: B1628</b> Date of Disbursement 12 / 08 / 2005 Amount of Each Disbursement this Period 750.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 (Inkind)
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<b>B. Sprint PCS</b> Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 79255 City City of Industry State CA Zip Code 91716-9357 Purpose of Disbursement Phone 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) ▼		<b>Transaction ID: B1410</b> Date of Disbursement 10 / 07 / 2005 Amount of Each Disbursement this Period 100.89 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
--	--	--

<b>C. Sprint PCS</b> Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 79255 City City of Industry State CA Zip Code 91716-9357 Purpose of Disbursement Phone 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) ▼		<b>Transaction ID: B1416</b> Date of Disbursement 10 / 07 / 2005 Amount of Each Disbursement this Period 33.20 <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) ..... ▶	884.09
<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)

<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)  
Friends of Dennis Cardoza

Full Name (Last, First, Middle Initial) <b>A. Sprint PCS</b>		<b>Transaction ID: B1533</b> Date of Disbursement 11 / 30 / 2005
Mailing Address P.O. Box 79255		Amount of Each Disbursement this Period 20.78 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City State Zip Code City of Industry CA 91716-9357	001 Category/Type	
Purpose of Disbursement Phone 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) ▼	

Full Name (Last, First, Middle Initial) <b>B. Staples Credit Plan</b>		<b>Transaction ID: B1413</b> Date of Disbursement 10 / 07 / 2005
Mailing Address P.O. Box 689020		Amount of Each Disbursement this Period 306.88 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City State Zip Code Des Moines IA 50368-9020	001 Category/Type	
Purpose of Disbursement Office Supplies 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) ▼	

Full Name (Last, First, Middle Initial) <b>C. Staples Credit Plan</b>		<b>Transaction ID: B1531</b> Date of Disbursement 11 / 30 / 2005
Mailing Address P.O. Box 689020		Amount of Each Disbursement this Period 359.10 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City State Zip Code Des Moines IA 50368-9020	001 Category/Type	
Purpose of Disbursement Office Supplies 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) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	686.76
<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)  
Friends of Dennis Cardoza

Full Name (Last, First, Middle Initial) <b>A. State Compensation Insurance Fund</b>		<b>Transaction ID: B1460</b> Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 5
Mailing Address P.O. Box 254700		Amount of Each Disbursement this Period 10.25
City Sacramento State CA Zip Code 95865-9903	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Insurance Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. State Compensation Insurance Fund</b>		<b>Transaction ID: B1539</b> Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 6 / 2 0 0 5
Mailing Address P.O. Box 254700		Amount of Each Disbursement this Period 10.25
City Sacramento State CA Zip Code 95865-9903	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Insurance Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. State Compensation Insurance Fund</b>		<b>Transaction ID: B1540</b> Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 7 / 2 0 0 5
Mailing Address P.O. Box 254700		Amount of Each Disbursement this Period 10.25
City Sacramento State CA Zip Code 95865-9903	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Insurance Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	30.75
<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)

<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)  
Friends of Dennis Cardoza

<b>A. Stefanie Stout</b> Full Name (Last, First, Middle Initial) Mailing Address 1680 North Station Avenue City Merced State CA Zip Code 95340 Purpose of Disbursement Fundraising Supplies Candidate Name		<b>Transaction ID: B1408</b> Date of Disbursement 10 / 07 / 2005 Amount of Each Disbursement this Period 213.67 <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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type: 003

<b>B. Costco</b> Full Name (Last, First, Middle Initial) Mailing Address 1200 South Fern Street City Alexandria State VA Zip Code 22301 Purpose of Disbursement Fundraising Supplies Candidate Name		<b>Transaction ID: S333</b> Date of Disbursement 10 / 07 / 2005 Amount of Each Disbursement this Period 213.67 <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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type: 003 <b>[MEMO ITEM]</b>

<b>C. Stefanie Stout</b> Full Name (Last, First, Middle Initial) Mailing Address 1680 North Station Avenue City Merced State CA Zip Code 95340 Purpose of Disbursement Fundraising Supplies Candidate Name		<b>Transaction ID: B1494</b> Date of Disbursement 11 / 16 / 2005 Amount of Each Disbursement this Period 49.00 <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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type: 003

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	262.67
<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)  
Friends of Dennis Cardoza

Full Name (Last, First, Middle Initial) <b>A. Greg Thompson</b>		<b>Transaction ID: B1629</b> Date of Disbursement 12 / 08 / 2005	
Mailing Address P.O. Box 775		Amount of Each Disbursement this Period 300.00	
City Atwater State CA Zip Code 95301	Purpose of Disbursement Beverages for Reception Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 (Inkind)	
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	

Full Name (Last, First, Middle Initial) <b>B. Triple Shot Enterprises</b>		<b>Transaction ID: B1467</b> Date of Disbursement 10 / 22 / 2005	
Mailing Address 2029 Princeton Court		Amount of Each Disbursement this Period 500.00	
City Los Banos State CA Zip Code 93635	Purpose of Disbursement Fundraising Entertainment 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 003	

Full Name (Last, First, Middle Initial) <b>C. Triple Shot Enterprises</b>		<b>Transaction ID: B1482</b> Date of Disbursement 11 / 14 / 2005	
Mailing Address 2029 Princeton Court		Amount of Each Disbursement this Period 250.00	
City Los Banos State CA Zip Code 93635	Purpose of Disbursement Fundraising Entertainment 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 003	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1050.00
<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)  
Friends of Dennis Cardoza

Full Name (Last, First, Middle Initial) <b>A. U.S. Postmaster</b>		<b>Transaction ID: B1538</b> Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 5 / 2 0 0 5
Mailing Address 715 Kearney Avenue		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 Modesto State CA Zip Code 95350		
Purpose of Disbursement Postage Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. U.S. Bank</b>		<b>Transaction ID: B1458</b> Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 5
Mailing Address 980 9th Street, Suite 1200		Amount of Each Disbursement this Period 25.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Sacramento State CA Zip Code 95814		
Purpose of Disbursement Bank Fee Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. U.S. Bank</b>		<b>Transaction ID: B1481</b> Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 5
Mailing Address 980 9th Street, Suite 1200		Amount of Each Disbursement this Period 25.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Sacramento State CA Zip Code 95814		
Purpose of Disbursement Bank Fee Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2050.00
<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)  
Friends of Dennis Cardoza

Full Name (Last, First, Middle Initial) <b>A. U.S. Bank</b>		<b>Transaction ID: B1542</b> Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 5	
Mailing Address 980 9th Street, Suite 1200		Amount of Each Disbursement this Period 25.00	
City Sacramento State CA Zip Code 95814	Purpose of Disbursement Bank Fee Candidate Name	001 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. U.S. Bank</b>		<b>Transaction ID: B1468</b> Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 5	
Mailing Address P.O. Box 790408		Amount of Each Disbursement this Period 58.40	
City St. Louis State MO Zip Code 63179-0408	Purpose of Disbursement Postage Candidate Name	001 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. U.S. Postmaster</b>		<b>Transaction ID: S254</b> Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 5	
Mailing Address Main Office		Amount of Each Disbursement this Period 58.40	
City Merced State CA Zip Code 95344	Purpose of Disbursement Postage Candidate Name	001 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	83.40
<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)  
Friends of Dennis Cardoza

Full Name (Last, First, Middle Initial) <b>A. U.S. Bank</b>		<b>Transaction ID: B1469</b> Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 5
Mailing Address P.O. Box 790408		Amount of Each Disbursement this Period 82.87
City St. Louis State MO Zip Code 63179-0408	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Food & Beverage for Meeting Candidate Name	Category/Type 001	Did not aggregate over \$2-00
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) ▼	

Full Name (Last, First, Middle Initial) <b>B. U.S. Bank</b>		<b>Transaction ID: B1470</b> Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 5
Mailing Address P.O. Box 790408		Amount of Each Disbursement this Period 52.64
City St. Louis State MO Zip Code 63179-0408	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Bank Fees Candidate Name	Category/Type 001	Did not aggregate over \$2-00
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) ▼	

Full Name (Last, First, Middle Initial) <b>C. U.S. Bank</b>		<b>Transaction ID: B1496</b> Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 7 / 2 0 0 5
Mailing Address P.O. Box 790408		Amount of Each Disbursement this Period 582.62
City St. Louis State MO Zip Code 63179-0408	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Food & Beverage for Meeting Candidate Name	Category/Type 001	Did not aggregate over \$2-00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	718.13
<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)  
Friends of Dennis Cardoza

<b>A. La Tasca</b> Full Name (Last, First, Middle Initial) Mailing Address 722 7th Street, NW City Washington State DC Zip Code 20001 Purpose of Disbursement Food & Beverage for Meeting 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) ▼		<b>Transaction ID: S259</b> Date of Disbursement 11 / 17 / 2005 Amount of Each Disbursement this Period 582.62 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
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<b>B. U.S. Bank</b> Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 790408 City St. Louis State MO Zip Code 63179-0408 Purpose of Disbursement Food & Beverage for Meeting 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) ▼		<b>Transaction ID: B1497</b> Date of Disbursement 11 / 17 / 2005 Amount of Each Disbursement this Period 256.20 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>C. Mandarin Shogun</b> Full Name (Last, First, Middle Initial) Mailing Address 1204 W. Olive Avenue City Merced State CA Zip Code 95348 Purpose of Disbursement Food & Beverage for Meeting 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) ▼		<b>Transaction ID: S261</b> Date of Disbursement 11 / 17 / 2005 Amount of Each Disbursement this Period 256.20 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	256.20
<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)  
Friends of Dennis Cardoza

Full Name (Last, First, Middle Initial) <b>A. U.S. Bank</b>		Transaction ID: B1498 Date of Disbursement 11 / 17 / 2005	
Mailing Address P.O. Box 790408		Amount of Each Disbursement this Period 410.59	
City St. Louis State MO Zip Code 63179-0408	Purpose of Disbursement Food & Beverage for Meeting Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. La Tasca</b>		Transaction ID: S279 Date of Disbursement 11 / 17 / 2005	
Mailing Address 722 7th Street, NW		Amount of Each Disbursement this Period 129.24	
City Washington State DC Zip Code 20001	Purpose of Disbursement Food & Beverage for Meeting Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. U.S. Bank</b>		Transaction ID: B1503 Date of Disbursement 10 / 24 / 2005	
Mailing Address P.O. Box 790408		Amount of Each Disbursement this Period 1980.00	
City St. Louis State MO Zip Code 63179-0408	Purpose of Disbursement Fundraising Catering Candidate Name	003 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2390.59
<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)  
Friends of Dennis Cardoza

<p><b>A. Red Sage</b></p> <p>Full Name (Last, First, Middle Initial) Red Sage</p> <p>Mailing Address 605 14th Street NW</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement Fundraising 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><b>Transaction ID: S256</b></p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="5"/> <input type="text" value="5"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1980.00"/></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>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p> <p><input type="text" value="003"/></p>

<p><b>B. U.S. Bank</b></p> <p>Full Name (Last, First, Middle Initial) U.S. Bank</p> <p>Mailing Address P.O. Box 790408</p> <p>City St. Louis State MO Zip Code 63179-0408</p> <p>Purpose of Disbursement Gifts for Constituents</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><b>Transaction ID: B1507</b></p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="5"/> <input type="text" value="5"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="35.96"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>Did not aggregate over \$2-00</p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p> <p><input type="text" value="001"/></p>

<p><b>C. US House of Representatives</b></p> <p>Full Name (Last, First, Middle Initial) US House of Representatives</p> <p>Mailing Address Independence Avenue &amp; Capitol Street</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Gifts for Constituents</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><b>Transaction ID: S260</b></p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="5"/> <input type="text" value="5"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="35.96"/></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>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p> <p><input type="text" value="001"/></p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="35.96"/></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<p><input type="text" value=""/></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)  
Friends of Dennis Cardoza

Full Name (Last, First, Middle Initial) <b>A. U.S. Bank</b>		<b>Transaction ID: B1515</b> Date of Disbursement 10 / 24 / 2005
Mailing Address P.O. Box 790408		Amount of Each Disbursement this Period 108.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City St. Louis	State MO	
Zip Code 63179-0408		
Purpose of Disbursement Gifts for Constituents 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) ▼
Category/Type: 001		

Full Name (Last, First, Middle Initial) <b>B. US House of Representatives</b>		<b>Transaction ID: S274</b> Date of Disbursement 10 / 24 / 2005
Mailing Address Independence Avenue & Capitol Street		Amount of Each Disbursement this Period 108.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City Washington	State DC	
Zip Code 20003		
Purpose of Disbursement Gifts for Constituents 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) ▼
Category/Type: 001		

Full Name (Last, First, Middle Initial) <b>C. U.S. Bank</b>		<b>Transaction ID: B1516</b> Date of Disbursement 10 / 24 / 2005
Mailing Address P.O. Box 790408		Amount of Each Disbursement this Period 647.95 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City St. Louis	State MO	
Zip Code 63179-0408		
Purpose of Disbursement Food & Beverages for Meeting 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) ▼
Category/Type: 001		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	755.95
<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)  
Friends of Dennis Cardoza

<b>A. Tratoria Browns</b> Full Name (Last, First, Middle Initial) Mailing Address 2436 18th Street City Washington State DC Zip Code 20009 Purpose of Disbursement Food & Beverage for Meeting 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) ▼		<b>Transaction ID: S275</b> Date of Disbursement 10 / 24 / 2005 Amount of Each Disbursement this Period 230.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
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<b>B. Georgia Browns</b> Full Name (Last, First, Middle Initial) Mailing Address 950 15th Street, NW City Washington State DC Zip Code 20005 Purpose of Disbursement Food & Beverage for Meeting 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) ▼		<b>Transaction ID: S276</b> Date of Disbursement 10 / 24 / 2005 Amount of Each Disbursement this Period 260.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
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<b>C. US House Members Dining</b> Full Name (Last, First, Middle Initial) Mailing Address US Capitol, Room H154 City Washinton State DC Zip Code 20515 Purpose of Disbursement Food & Beverage for Meeting 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) ▼		<b>Transaction ID: S277</b> Date of Disbursement 10 / 24 / 2005 Amount of Each Disbursement this Period 157.95 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
--	--	---

<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)  
Friends of Dennis Cardoza

Full Name (Last, First, Middle Initial) <b>A. U.S. Bank</b>		<b>Transaction ID: B1517</b> Date of Disbursement 10 / 24 / 2005
Mailing Address P.O. Box 790408		Amount of Each Disbursement this Period 51.15
City St. Louis      State MO      Zip Code 63179-0408	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Phone Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State:      District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Verizon Air Phone</b>		<b>Transaction ID: S278</b> Date of Disbursement 10 / 24 / 2005
Mailing Address 2809 Butterfield Drive		Amount of Each Disbursement this Period 51.15
City Oak Brook      State IL      Zip Code 60522	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Phone Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State:      District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b>

Full Name (Last, First, Middle Initial) <b>C. U.S. Bank</b>		<b>Transaction ID: B1518</b> Date of Disbursement 11 / 17 / 2005
Mailing Address P.O. Box 790408		Amount of Each Disbursement this Period 50.22
City St. Louis      State MO      Zip Code 63179-0408	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Phone Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State:      District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	101.37
<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)  
Friends of Dennis Cardoza

Full Name (Last, First, Middle Initial) <b>A. Verizon Air Phone</b>		<b>Transaction ID: S280</b> Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 7 / 2 0 0 5
Mailing Address 2809 Butterfield Drive		Amount of Each Disbursement this Period 50.22 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City Oak Brook State IL Zip Code 60522		
Purpose of Disbursement Phone Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. U.S. Bank</b>		<b>Transaction ID: B1519</b> Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 7 / 2 0 0 5
Mailing Address P.O. Box 790408		Amount of Each Disbursement this Period 1696.77 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City St. Louis State MO Zip Code 63179-0408		
Purpose of Disbursement Office Equipment Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Best Buy</b>		<b>Transaction ID: S281</b> Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 7 / 2 0 0 5
Mailing Address 1201 South Hayes Street		Amount of Each Disbursement this Period 1696.77 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City Arlington State VA Zip Code 22202		
Purpose of Disbursement Office Equipment Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1696.77
<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)  
Friends of Dennis Cardoza

Full Name (Last, First, Middle Initial) <b>A. U.S. Bank</b>		<b>Transaction ID: B1520</b> Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 7 / 2 0 0 5
Mailing Address P.O. Box 790408		Amount of Each Disbursement this Period 351.84
City St. Louis State MO Zip Code 63179-0408	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Candidate Travel Candidate Name	Category/Type 002	
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) ▼	

Full Name (Last, First, Middle Initial) <b>B. Hertz-Rent-a-Car</b>		<b>Transaction ID: S282</b> Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 7 / 2 0 0 5
Mailing Address 1025 16th Street		Amount of Each Disbursement this Period 351.84
City Sacramento State CA Zip Code 95814	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Candidate Travel Candidate Name	Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b>

Full Name (Last, First, Middle Initial) <b>C. U.S. Bank</b>		<b>Transaction ID: B1552</b> Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 5
Mailing Address P.O. Box 790408		Amount of Each Disbursement this Period 29.89
City St. Louis State MO Zip Code 63179-0408	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Office Supplies Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	381.73
<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)  
Friends of Dennis Cardoza

Full Name (Last, First, Middle Initial) <b>A. Staples</b>		<b>Transaction ID: S294</b> Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 5
Mailing Address 20 West Olive Avenue		Amount of Each Disbursement this Period 29.89 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City Merced State CA Zip Code 95348		
Purpose of Disbursement Office Supplies Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. U.S. Bank</b>		<b>Transaction ID: B1553</b> Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 5
Mailing Address P.O. Box 790408		Amount of Each Disbursement this Period 37.44 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Did not aggregate over \$2-00
City St. Louis State MO Zip Code 63179-0408		
Purpose of Disbursement Food & Beverage for Meeting Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. U.S. Bank</b>		<b>Transaction ID: B1554</b> Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 5
Mailing Address P.O. Box 790408		Amount of Each Disbursement this Period 113.53 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City St. Louis State MO Zip Code 63179-0408		
Purpose of Disbursement Food & Beverage for Meeting Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	150.97
<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)  
Friends of Dennis Cardoza

Full Name (Last, First, Middle Initial) <b>A. Hunan Dynasty Restaurant</b>		<b>Transaction ID: S292</b> Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 5
Mailing Address 215 Pennsylvania Avenue, S.E.		Amount of Each Disbursement this Period 82.40
City Washington State DC Zip Code 20003	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Food & Beverage for Meeting Candidate Name	Category/Type 001	<b>[MEMO ITEM]</b>
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) ▼	

Full Name (Last, First, Middle Initial) <b>B. U.S. Bank</b>		<b>Transaction ID: B1577</b> Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 5
Mailing Address P.O. Box 790408		Amount of Each Disbursement this Period 15.13
City St. Louis State MO Zip Code 63179-0408	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Gifts for Constituents Candidate Name	Category/Type 001	Did not aggregate over \$2-00
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) ▼	

Full Name (Last, First, Middle Initial) <b>C. U.S. Bank</b>		<b>Transaction ID: B1578</b> Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 5
Mailing Address P.O. Box 790408		Amount of Each Disbursement this Period 1690.48
City St. Louis State MO Zip Code 63179-0408	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Office Equipment Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1705.61
<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)  
Friends of Dennis Cardoza

Full Name (Last, First, Middle Initial) <b>A. Best Buy</b>		Transaction ID: S293 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 5
Mailing Address 1201 South Hayes Street		Amount of Each Disbursement this Period 1690.48 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City Arlington State VA Zip Code 22202	Purpose of Disbursement Office Equipment Candidate Name Category/Type 001	
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) ▼	

Full Name (Last, First, Middle Initial) <b>B. U.S. Bank</b>		Transaction ID: B1579 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 5
Mailing Address P.O. Box 790408		Amount of Each Disbursement this Period 214.20 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City St. Louis State MO Zip Code 63179-0408	Purpose of Disbursement Gifts for Constituents Candidate Name Category/Type 001	
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) ▼	

Full Name (Last, First, Middle Initial) <b>C. US House of Representatives</b>		Transaction ID: S295 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 5
Mailing Address Independence Avenue & Capitol Street		Amount of Each Disbursement this Period 214.20 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City Washington State DC Zip Code 20003	Purpose of Disbursement Gifts for Constituents Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	214.20
<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)

PAGE 100 / 111

<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)  
Friends of Dennis Cardoza

Full Name (Last, First, Middle Initial) <b>A. U.S. Bank</b>		<b>Transaction ID: B1580</b> Date of Disbursement 12 / 23 / 2005
Mailing Address P.O. Box 790408		Amount of Each Disbursement this Period 243.83
City St. Louis      State MO      Zip Code 63179-0408	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Food & Beverage for Reception		001 Category/ Type
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:      District:		

Full Name (Last, First, Middle Initial) <b>B. Harris Teeter</b>		<b>Transaction ID: S296</b> Date of Disbursement 12 / 23 / 2005
Mailing Address 2425 N. Harrison Street		Amount of Each Disbursement this Period 243.83
City Arlington      State VA      Zip Code	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Food & Beverage for Reception		001 Category/ Type
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:      District:	<b>[MEMO ITEM]</b>	

Full Name (Last, First, Middle Initial) <b>C. U.S. Postmaster</b>		<b>Transaction ID: B1534</b> Date of Disbursement 11 / 30 / 2005
Mailing Address Main Office		Amount of Each Disbursement this Period 150.00
City Merced      State CA      Zip Code 95344	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Bulk Permit Fee		001 Category/ Type
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:      District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	393.83
<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 101 / 111

<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)  
Friends of Dennis Cardoza

<b>A. Verizon Wireless</b> Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 17464 City Baltimore State MD Zip Code 21297-1464 Purpose of Disbursement Phone 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) ▼		<b>Transaction ID: B1405</b> Date of Disbursement 10 / 05 / 2005 Amount of Each Disbursement this Period 66.75 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>B. Verizon Wireless</b> Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 17464 City Baltimore State MD Zip Code 21297-1464 Purpose of Disbursement Phone 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) ▼		<b>Transaction ID: B1474</b> Date of Disbursement 10 / 25 / 2005 Amount of Each Disbursement this Period 67.14 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Non-Federal In-Kind Contribution to No on 77 Committee
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<b>C. Roger Wayne Photography</b> Full Name (Last, First, Middle Initial) Mailing Address 110 West 28th Street City Merced State CA Zip Code 95340 Purpose of Disbursement Photography 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) ▼		<b>Transaction ID: B1541</b> Date of Disbursement 12 / 13 / 2005 Amount of Each Disbursement this Period 445.44 <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) ..... ▶	579.33
<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 102 / 111

<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)  
Friends of Dennis Cardoza

Full Name (Last, First, Middle Initial)

**A.** Winton-Ireland, Strom & Green Insurance, Inc.

Mailing Address P.O. Box 3277

City State Zip Code  
Turlock CA 95381-3277

Purpose of Disbursement  
Insurance for event

Candidate Name

003  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: B1529

Date of Disbursement

11 / 30 / 2005

Amount of Each Disbursement this Period

25.00

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

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

25.00

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

67516.20

**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 103 / 111

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

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)  
Friends of Dennis Cardoza

Full Name (Last, First, Middle Initial) <b>A. Melissa Bean for Congress</b>		<b>Transaction ID: B1597</b> Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 4 / 2 0 0 5
Mailing Address P.O. Box 3068		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 Barrington State IL Zip Code 60011	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Melissa Bean		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 8	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Boswell for Congress</b>		<b>Transaction ID: B1500</b> Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 2 / 2 0 0 5
Mailing Address P.O. Box 660		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 Des Moines State IA Zip Code 50309	011 Category/ Type	
Purpose of Disbursement Contribution - Primary 2006		
Candidate Name Leonard Boswell		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 03	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. Democratic Congressional Campaign Committee</b>		<b>Transaction ID: B1505</b> Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 3 / 2 0 0 5
Mailing Address 430 South Capitol Street, SE, 2nd Floor		Amount of Each Disbursement this Period 20000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20003	011 Category/ Type	
Purpose of Disbursement Excess Funds to National Party Committee		
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) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	22000.00
<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)

PAGE 104 / 111

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

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NAME OF COMMITTEE (In Full)  
Friends of Dennis Cardoza

Full Name (Last, First, Middle Initial) <b>A. Nashoba Corporation, Inc.</b>		<b>Transaction ID: B1598</b> Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 6 / 2 0 0 5
Mailing Address 3430 Tully Road, Suite 20-120		Amount of Each Disbursement this Period 290.42
City Modesto State CA Zip Code 95350	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Phonebank	Candidate Name	Non-Federal Independent Expenditure
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) ▼	

Full Name (Last, First, Middle Initial) <b>B. Nashoba Corporation, Inc.</b>		<b>Transaction ID: B1599</b> Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 6 / 2 0 0 5
Mailing Address 3430 Tully Road, Suite 20-120		Amount of Each Disbursement this Period 2609.01
City Modesto State CA Zip Code 95350	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Phonebank	Candidate Name	Non-Federal Independent Expenditure
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) ▼	

Full Name (Last, First, Middle Initial) <b>C. No on 77</b>		<b>Transaction ID: B1475</b> Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 8 / 2 0 0 5
Mailing Address 8665 Wilshire Blvd., #306		Amount of Each Disbursement this Period 25000.00
City Beverly Hills State CA Zip Code 90211	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Non Federal Contribution	Candidate Name	Non-Federal Independent Expenditure
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>27899.43</b>
<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)

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

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NAME OF COMMITTEE (In Full)  
Friends of Dennis Cardoza

Full Name (Last, First, Middle Initial) <b>A. Oasis of Hope</b>		<b>Transaction ID:</b> B1409 Date of Disbursement 10 / 07 / 2005
Mailing Address 1439 Michael Avenue		Amount of Each Disbursement this Period 1000.00
City Stockton State CA Zip Code 95206	Purpose of Disbursement Civic Donation 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) ▼	<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. Bank</b>		<b>Transaction ID:</b> B1504 Date of Disbursement 10 / 24 / 2005
Mailing Address P.O. Box 790408		Amount of Each Disbursement this Period 427.63
City St. Louis State MO Zip Code 63179-0408	Purpose of Disbursement Fundraising Catering 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) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  Non-Federal In-Kind Contribution for No on 77 Committee

Full Name (Last, First, Middle Initial) <b>C. Tortilla Coast Catering, Inc.</b>		<b>Transaction ID:</b> S291 Date of Disbursement 10 / 24 / 2005
Mailing Address 400 1st Street, SE		Amount of Each Disbursement this Period 427.63
City Washington State DC Zip Code 20003	Purpose of Disbursement Fundraising Catering 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) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  <b>[MEMO ITEM]</b> Non-Federal In-Kind Contribution to No on 77 Committee

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>1427.63</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>51327.06</b>

**SCHEDULE D (FEC Form 3 )**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 106 / 111
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
 Friends of Dennis Cardoza

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor First USA Bank, N.A.	Nature of Debt (Purpose): Fundraising Supplies
Mailing Address P.O. Box 94014	
City State ZIP Code Palatine IL 60094-4014	

Outstanding Balance Beginning This Period 134.65	<b>Transaction ID: D56</b>	
Amount Incurred This Period 0.00	Payment This Period 134.65	Outstanding Balance at Close of This Period 0.00

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor First USA Bank, N.A.	Nature of Debt (Purpose): Phone
Mailing Address P.O. Box 94014	
City State ZIP Code Palatine IL 60094-4014	

Outstanding Balance Beginning This Period 43.04	<b>Transaction ID: D62</b>	
Amount Incurred This Period 0.00	Payment This Period 43.04	Outstanding Balance at Close of This Period 0.00

<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor First USA Bank, N.A.	Nature of Debt (Purpose): Website Maintenance
Mailing Address P.O. Box 94014	
City State ZIP Code Palatine IL 60094-4014	

Outstanding Balance Beginning This Period 538.00	<b>Transaction ID: D63</b>	
Amount Incurred This Period 0.00	Payment This Period 538.00	Outstanding Balance at Close of This Period 0.00

<b>1) SUBTOTALS</b> This Period This Page (optional).....	0.00
<b>2) TOTALS</b> This Period (last page this line number only).....	
<b>3) TOTALS 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)  
Friends of Dennis Cardoza

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor First USA Bank, N.A.	Nature of Debt (Purpose): Fundraising Catering
Mailing Address P.O. Box 94014	
City State ZIP Code Palatine IL 60094-4014	

Outstanding Balance Beginning This Period 3680.00	<b>Transaction ID: D64</b>	
Amount Incurred This Period 0.00	Payment This Period 3680.00	Outstanding Balance at Close of This Period 0.00

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor First USA Bank, N.A.	Nature of Debt (Purpose): Office Flag
Mailing Address P.O. Box 94014	
City State ZIP Code Palatine IL 60094-4014	

Outstanding Balance Beginning This Period 47.19	<b>Transaction ID: D65</b>	
Amount Incurred This Period 0.00	Payment This Period 47.19	Outstanding Balance at Close of This Period 0.00

<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor First USA Bank, N.A.	Nature of Debt (Purpose): Campaign Banner
Mailing Address P.O. Box 94014	
City State ZIP Code Palatine IL 60094-4014	

Outstanding Balance Beginning This Period 171.80	<b>Transaction ID: D66</b>	
Amount Incurred This Period 0.00	Payment This Period 171.80	Outstanding Balance at Close of This Period 0.00

<b>1) SUBTOTALS</b> This Period This Page (optional).....	0.00
<b>2) TOTALS</b> This Period (last page this line number only).....	
<b>3) TOTALS 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)	PAGE 108 / 111
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
 Friends of Dennis Cardoza

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Gowans Printing Co.	Nature of Debt (Purpose): Printing
Mailing Address 1310 H Street	
City State ZIP Code Modesto CA 95354	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID: D25</b>	
Amount Incurred This Period 3115.59	Payment This Period 0.00	Outstanding Balance at Close of This Period 3115.59

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Lori LaFave dba LaFave & Associates	Nature of Debt (Purpose): Fundraising Catering
Mailing Address 200 East Jefferson Street	
City State ZIP Code Falls Church VA 22046	

Outstanding Balance Beginning This Period 904.40	<b>Transaction ID: D61</b>	
Amount Incurred This Period 0.00	Payment This Period 904.40	Outstanding Balance at Close of This Period 0.00

<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Morongo Band of Mission Indians	Nature of Debt (Purpose): Fundraising Event Expenses
Mailing Address 300 North Lee Street, Suite 500	
City State ZIP Code Arlington VA 22314	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID: D69</b>	
Amount Incurred This Period 1776.44	Payment This Period 0.00	Outstanding Balance at Close of This Period 1776.44

<b>1) SUBTOTALS</b> This Period This Page (optional).....	<b>4892.03</b>
<b>2) TOTALS</b> This Period (last page this line number only).....	
<b>3) TOTALS 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)	PAGE 109 / 111
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
Friends of Dennis Cardoza

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Nashoba Corporation, Inc.	Nature of Debt (Purpose): Survey
Mailing Address 3430 Tully Road, Suite 20-120	
City State ZIP Code Modesto CA 95350	

Outstanding Balance Beginning This Period <input type="text" value="597.36"/>	<b>Transaction ID: D60</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="597.36"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor National Democratic Club	Nature of Debt (Purpose): Fundraising Catering
Mailing Address 20 Ivy Street, S.E.	
City State ZIP Code Washington DC 20003	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	<b>Transaction ID: D18</b>	
Amount Incurred This Period <input type="text" value="589.11"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="589.11"/>

<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Schneider Signs	Nature of Debt (Purpose): Fundraiser Banner
Mailing Address 442 Kansas Avenue, #E	
City State ZIP Code Modesto CA 95351	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	<b>Transaction ID: D67</b>	
Amount Incurred This Period <input type="text" value="429.50"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="429.50"/>

<b>1) SUBTOTALS</b> This Period This Page (optional).....	<input type="text" value="1018.61"/>
<b>2) TOTALS</b> This Period (last page this line number only).....	<input type="text"/>
<b>3) TOTALS OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text"/>
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

**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)  
 Friends of Dennis Cardoza

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor U.S. Bank	Nature of Debt (Purpose): Food & Beverages for Meeting
Mailing Address P.O. Box 790408	
City State ZIP Code St. Louis MO 63179-0408	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID: D7</b>	
Amount Incurred This Period 415.01	Payment This Period 0.00	Outstanding Balance at Close of This Period 415.01

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor U.S. Bank	Nature of Debt (Purpose): Postage
Mailing Address P.O. Box 790408	
City State ZIP Code St. Louis MO 63179-0408	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID: D9</b>	
Amount Incurred This Period 37.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 37.00

<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor U.S. Bank	Nature of Debt (Purpose): Fundraising Catering
Mailing Address P.O. Box 790408	
City State ZIP Code St. Louis MO 63179-0408	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID: D15</b>	
Amount Incurred This Period 147.63	Payment This Period 0.00	Outstanding Balance at Close of This Period 147.63

<b>1) SUBTOTALS</b> This Period This Page (optional).....	<b>599.64</b>
<b>2) TOTALS</b> This Period (last page this line number only).....	
<b>3) TOTALS 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)	PAGE 111 / 111
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
 Friends of Dennis Cardoza

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor U.S. Bank	Nature of Debt (Purpose): Food & Beverage for Reception
Mailing Address P.O. Box 790408	
City State ZIP Code St. Louis MO 63179-0408	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID: D52</b>	
Amount Incurred This Period 433.28	Payment This Period 0.00	Outstanding Balance at Close of This Period 433.28

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor U.S. Bank	Nature of Debt (Purpose): Phone
Mailing Address P.O. Box 790408	
City State ZIP Code St. Louis MO 63179-0408	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID: D68</b>	
Amount Incurred This Period 66.23	Payment This Period 0.00	Outstanding Balance at Close of This Period 66.23

1) <b>SUBTOTALS</b> This Period This Page (optional).....	499.51
2) <b>TOTALS</b> This Period (last page this line number only).....	7009.79
3) <b>TOTALS 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)	